УДК 614.2:303.425:316.64:304.3:616-056.8-053.8(574)

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LINK BETWEEN SUBJECTIVE HEALTH ASSESSMENT AND HEALTH-SAVING BEHAVIOR IN MIDDLE-AGED ADULTS

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Individuals' perceptions of their health are an important source of complex social, medical, and sociological information. Subjective health assessment has informative value only when we consider self-evaluation as a behavioral determinant of factors contributing to health protection and promotion, and the most important means of prevention involve lifestyle and behavioral risk factors. This article explores the characteristics of men and women aged 30–49 years with different subjective health assessment results, according to lifestyle and risk factors.

Study design. *Descriptive, cross-sectional, multicluster study. The objective of the study is to analyze correlation between subjective health assessment and lifestyle and health risk factors in men and women aged 30–49 years.*

Material and methods. *Data for men and women aged 30–49 years, obtained from the sixth national health behavior sociological survey, conducted in the Republic of Kazakhstan in 2015, were used in this study.*

Result and discussions. *Men. The proportion of obese men who evaluated their health as "good" (6.3%) was significantly lower than that of those who evaluated their health as "satisfactory"(11.1%). The proportions of men with "satisfactory" health who used tobacco (49.6%) and consumed alcohol (53.0%) were significantly higher than those of men with "good" health (39.6% and 39.4%, respectively). The proportions of men with "good" health who engaged in regular exercise (55.6%) and mobile sports (49.7%) were almost twice those observed in men with "satisfactory" health (30.2% and 26.4%, respectively).*

Women. The proportion of obese women with "satisfactory" health (14.2%) was significantly higher than that of those with "good" health (9.0%). The proportion of women with "good" health who consumed alcohol (23.7%) was significantly lower than that of those with "satisfactory" health (32.2%). The proportions of women with "good" health who engaged in regular exercise(53.2%) and mobile sports (44.7%) were significantly higher than those of women with "satisfactory" health (29.9% and 25.5%, respectively).

Conclusion. *These data suggest that self-reported health is an important indicator of health and provides an objective view of individuals' health-saving behavior.*

Key words: *health, self assessment, behavior, risk factors, overweight, obesity, physical activity.*

Individuals' personal responsibility for their health and that of their families, self-evaluation, and health-related self-control play important roles in healthy lifestyle development [1, 2]. Many studies examining health problems have included self-evaluation as a reference point in describing various aspects of health. Self-assessment of health provides unique health-related information and varies according to specific conditions [2, 3].

Perception of health, as an integral indicator, involves assessment of not only the presence or absence of symptoms but also psychological well-being. Subjective evaluation is not entirely reliable in determining true health, but research has shown a high degree of congruence between self-assessment results and objective health characteristics. These indicators are of informative value only when self-esteem is considered as a behavioral determinant of factors contributing to health preservation and promotion, and the most important means of prevention involve lifestyle and behavioral risk factors [4-10].

Individuals play a determining role in strengthening and protecting their own health. Numerous controlled and uncontrolled factors determine the population's levels of objective and subjective health. If we consider manageable, (i.e., controlled) factors, lifestyle and behavioral risks are positioned in the foreground and the focus of key preventive activities including broad and targeted public information within the framework of national and integrated health programs.

This study compared the characteristics of men and women aged 30–49 years with different subjective health assessment results, according to lifestyle and risk factors. It should be noted that middle-aged adults have been involved in a small proportion of studies but constitute the majority of the working population.

Therefore, diversity in health-related self-assessment serves as both a motivational behavioral determinant of factors that promote or threaten health and a health indicator (current and perspective) in middle-aged individuals, which verifies the feasibility of study and analysis of the problem.

MATERIAL AND METHODS

Data were obtained from the results of the sixth national health behavior sociological survey, conducted in the Republic of Kazakhstan in 2015, which included individuals aged 11 years or older. The national sociological surveys, which were based on World Health Organization methodology, included representative samples categorized into eight age groups: 11–14, 15–17, 18–19, 20–29, 30–39, 40–49, 50–59, and ≥60

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years. This study examined the data collected from adults aged 30–49 years.

The study was a descriptive, cross-sectional, multicluster study. Study groups were formed via cluster random sampling, with schoolchildren in Grades 6–11 (aged 11–17 years) recruited from secondary schools and adults (aged ≥18 years) recruited from therapeutic sites in urban and rural areas.

Data regarding indicators of lifestyle, living conditions, and health for the population of Kazakhstan were collected from 24,000 people from two cities (Astana and Almaty) and 14 regions in the Republic of Kazakhstan.

The survey questionnaire included the following types of questions in Russian and Kazakh: general (sex, age, social status); medical activity; harmful habits; self-assessment of health; health condition; exposure to secondhand smoke; and nutrition, physical activity, and sources of information regarding a healthy lifestyle.

RESULTS

To determine the basis of respondents' subjective health assessment, we compared the prevalence of factors, such as obesity, overweight, behavioral risk (tobacco use [cigarettes, pipes, chewing tobacco, snuff, or nasvay] and alcohol consumption), and commitment to a healthy lifestyle (physical activity and healthy nutrition), between groups. The comparative analysis necessitated the inclusion of groups with similar numbers of respondents; therefore, as the proportion of respondents who rated their health as "poor" was 9–10 times lower relative to those of respondents who evaluated their health as "good" and "satisfactory," we excluded them from the analysis. The materials obtained for the average age group in the population could be of interest in subjective assessment of the relationship between health and indicators of behavior and lifestyle. Analysis of this information could confirm or refute hypotheses regarding the influence of choice on human health-saving behavior and some components of lifestyle. In addition to the influence of risk factors, such as being overweight or obese, on health-related self-assessment, self-evaluation plays an important role in quality of life, as it has been associated with objective health indicators.

Men aged 30–49 years

The survey included 2,840 men aged 30–49 years, who were asked to rate their health. Of these, 50,4%, 39,4%, and 5,2% evaluated their health as "good," "satisfactory," and "poor," respectively, and 4,9% did not answer the question. Excluding those who did not respond or evaluated their health as "poor," the proportions of men with "good" and "satisfactory" health were 56,1% and 43,9%, respectively.

To estimate respondents' body weight, we compared body mass index (overweight and obesity) and waist circumference (the norm for men is≤94 cm) between groups. The proportions of men with "good" health who were classified as obese (6,3%, 95% CI: 5,0–7,6) and overweight (42,8%, 95% CI: 40,2–45,3) were significantly lower relative to those of men who evaluated their health as "satisfactory" (11,1%, 95% CI: 9,2–12,9 and 46,5%,95% CI: 43,5–49,4, respectively; $\chi^2 = 28,2$, p <0,001).

The proportion of men with "satisfactory" health (41,1%, 95% CI: 38,1–44,0) who had a waist circumference of>94 cm was significantly higher relative to that of men with "good" health (31,1%, 95% CI:28,6–33,5; $\chi^2 = 26,1$,p <0,001; Figure 1).

Figure 1 – Prevalence of overweight, obesity, and waist circumference of >94 cm in men according to health-related self-assessment results (%)

Analysis of the prevalence of behavioral risk factors, such as tobacco use and alcohol consumption, showed a similar dominance of people with harmful habits in men with "satisfactory," rather than "good," health. The proportions of men with "satisfactory health" who used tobacco (49,6%, 95% CI: 46,7-52,6) and consumed alcohol (53,0%, 95% CI: 50,0–56,0) were significantly higher relative to those of men with "good" health (39,6%,95% CI:37,1–42,1,$\chi^2 = 25,6$, p <0.001 and 39,4%, 95% CI: 36,8–42,1, $\chi^2 = 44,0$, p <0,001, respectively; Figure 2). These findings indicate that the risk factors examined contributed to reductions in both objective and subjective health assessment results.

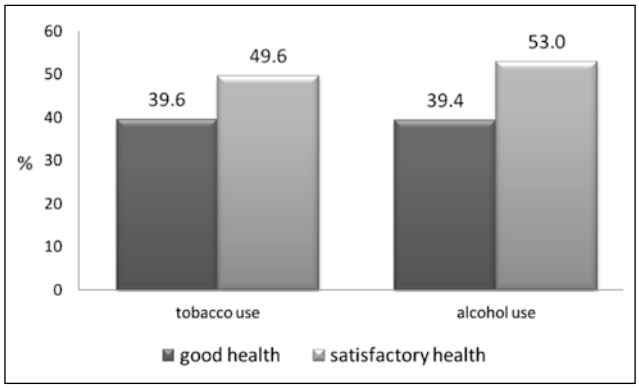

Figure 2 – Prevalence of tobacco use and alcohol consumption in men according to healthrelated self-assessment results (%)

The questions concerning physical activity pertained to the following factors: regular exercise, mobile sport, and intensive physical activity at home or work. Data regarding physical activity showed that it played a significant role in subjective health assessment. The proportions of men with "good" health who engaged in regular exercise (55,6%, 95% CI: 53,0–58,2) and mobile sports (49,7%, 95% CI: 47,1–52,3) were significantly higher relative to those of men with "satisfactory" health (30,2%, 95% CI:27,5–32,9, $\chi^2 = 161,4$, p <0,001 and 26,4%, 95% CI: 23,8–29,0, $\chi^2 = 139,1$, p <0,001, respectively).

The questionnaire also included the following question pertaining to intensive physical activity: "Do you perform intensive physical activity at home or work for more than 2,5

hours per week?" The proportion of men with "good" health who responded in the affirmative (57,1%, 95% CI: 54,6–59,7) was significantly higher relative to that of those with "satisfactory" health (42,8%, 95% CI: 39,9–45,7; $\chi^2 = 51,0$, $p < 0,001$).

Respondents were asked the following question pertaining to healthy eating: "Have you changed your nutrition in the past 3 years to ensure a healthy lifestyle?" The proportion of men with "good" health who responded in the affirmative (49,5%, 95% CI: 46,9–52,1) was significantly higher relative to that in those with "satisfactory" health (40,1%, 95% CI: 37,2–42,9; $\chi^2 = 22,4$, $p < 0,001$; Figure 3).

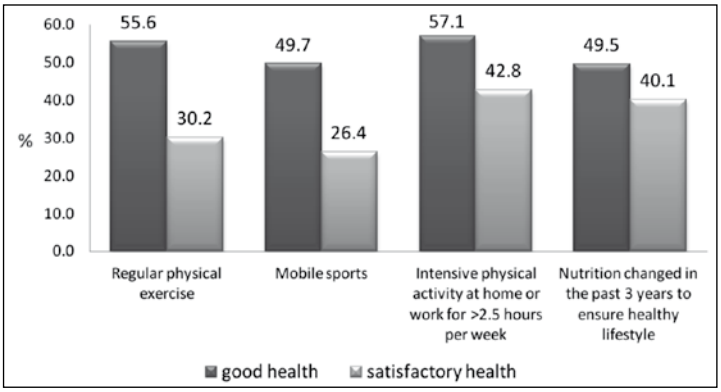

Figure 3 – Proportions of men who were physically active and adhered to a healthy diet according to health-related self-assessment results (%)

Women aged 30–49 years

The results observed for women were similar to those observed for men. The survey included 3,121 women aged 30–49 years. Of these, 48.8%, 42.3%, and 5.4% evaluated their health as "good,""satisfactory," and" poor," respectively, and 3.5% did not provide a response. Excluding those who did not respond or evaluated their health as "poor," the proportions of women with "good" and "satisfactory" health were 53.6% and 46.4%, respectively.

The results regarding obesity and overweight showed that the proportions of women with "satisfactory" health who were classified as obese (14.2%,95% CI: 12.3–16.1) and overweight (37.9%,95% CI: 35.2–40.5) were significantly higher relative to those of women with "good" health (9.0%, 95% CI: 7.5–10.4 and 31.3%, 95% CI: 28.9–33.6, respectively; $\chi^2 = 43.5$, $p < 0.001$).

Figure 4 – Prevalence of overweight, obesity, and waist circumference of>80 cm in women according to health-related self-assessment results (%)

The proportion of women with "satisfactory" health (50.0%,95% CI: 47.2–52.8) who had a waist circumference of>80 cm was significantly higher relative to that of those with "good" health (41.6%, 95% CI: 39.0–44.2; $\chi^2 = 18.8$, $p < 0.001$; Figure 4).

Comparison of tobacco use and alcohol consumption between groups showed that the proportions of women with "satisfactory" health who used tobacco (15.8%, 95% CI: 13.8–17.8) and consumed alcohol (32.2%, 95% CI: 29.6–34.7) were significantly higher relative to those of women with "good" health (11.1%, 95% CI: 9.5–12.7, $\chi^2 = 12.6$, $p < 0.001$ and 23.7%, 95% CI: 21.5–26.0, $\chi^2 = 23.2$, $p < 0.001$, respectively; Figure 5).

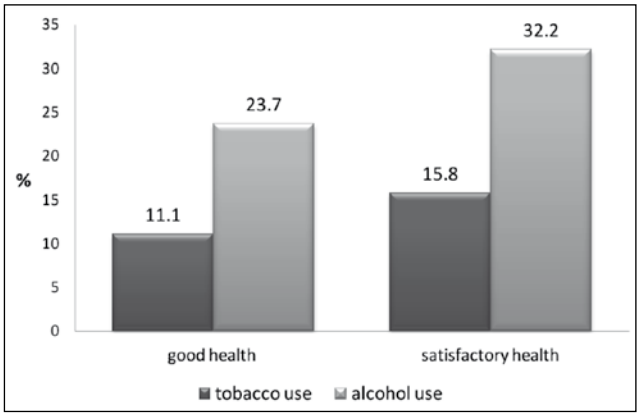

Figure 5 – Prevalence of tobacco use and alcohol consumption in women according to healthrelated self-assessment results (%)

The results regarding physical activity showed that the proportions of women with "good" health who engaged in regular exercise (53.2%, 95% CI: 50.7–55.7) and mobile sports (44.7%, 95% CI: 42.1–47.2) were significantly higher relative to those of women with "satisfactory" health (29.9%, 95% CI: 27.4–32.4, $\chi^2 = 25.6$, $p < 0.001$ and 25.5%, 95% CI: 23.2–27.9, $\chi^2 = 108.8$, $p < 0.001$, respectively). Responses to the question pertaining to intensive physical activity showed that the proportion of women with "good" health who responded in the affirmative (58.5%, 95% CI: 56.0–61.0) was significantly higher relative to that of those with "satisfactory" health (45.0%,95% CI: 43.0–47.7; $\chi^2 = 51.0$, $p < 0.001$).

Responses to the question regarding changing nutrition during the preceding 3 years to ensure healthy eating showed that the proportion of women with "good" health who responded in the affirmative (54.9%, 95% CI: 52.4–57.4) did not differ significantly from that of those with "satisfactory" health (54.8%, 95% CI: 52.1–57.5; Figure 6).

DISCUSSION

Individuals' perceptions of their own health are an important source of social, medical, and sociological information. In addition to data collected via objective medical research, self-assessment of health, with correct identification of its determinants, can be an important indicator of the state and dynamics of a population's health. Attitudes to health are based on objective circumstances, developed during the process of education and learning, and shaped by the inevitable influence

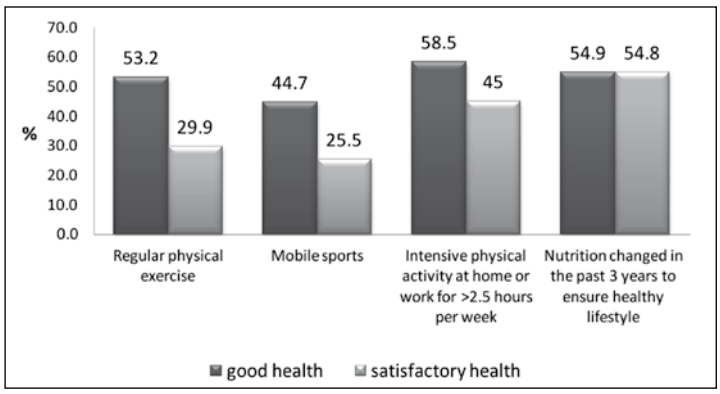

Figure 6 – Proportions of women who were physically active and adhered to a healthy diet according to health-related self-assessment results (%)

of the surrounding society. Attitudes to health manifest as actions, deeds, perspectives, and opinions regarding factors that affect physical and mental well-being. In differentiating between adequate (reasonable) and improper (careless) attitudes to health, we conventionally identify two opposing types of human behavior related to factors that enhance or threaten human health. In addition to the regulatory requirements of medicine, sanitation, and hygiene, the degree of compliance with the requirements for a healthy lifestyle, demonstrated via action and behavior, could be used as a criterion for adequacy in measures of health behavior. Individuals' statements regarding opinions and judgments that reflect their attitudes toward their own health demonstrate their knowledge and competence levels. Attitudes toward health include self-assessment regarding physical and mental conditions. Self-assessment is an indicator and regulator of behavior (health saving or destroying) and reflects individuals' health, as the congruence between self-assessment results and objective health is high (70–80%).

Unfortunately, most authors of scientific publications omit discussion regarding the theoretical and methodological problems involved in studying self-assessment of health and issues arising from individuals' social and practical health-related attitudes. Personality mechanisms and strategies involving self-protecting behavior are often intertwined with self-rated health and constitute one of the central problems of medical and sociological analysis. Authors describing and analyzing self-assessment of health have described the structure of self-assessment within a population or compared data from different studies, which is interesting in scientific terms.

In accordance with the measurement of human responsibility for safety and health promotion, it makes sense to distinguish between two types of orientation (relationship) toward health. In the first type of orientation, health protection focuses primarily on the efforts of the individual, or "him/herself," and in the second type of orientation, the individual's efforts play a secondary role, and "external factors" affecting health protection are emphasized. The first type is held mainly by individuals who evaluate their health as good and tend to attribute responsibility for the results of their activities to their own efforts and abilities. The second type is held primarily by individuals who evaluate their health as poor or satisfactory and attribute responsibility for the results of their activities to external forces and circumstances. Consequently, the nature of healthcare is related to personal characteristics. This implies that the development of an adequate attitude toward health is inseparable from the formation of overall personality and implies differences in the content, means, and methods of targeted actions.

The issue regarding improvement and expansion of the influence of information on the population's behavior and lifestyles, through both learning and perspectives on the future, remains unaddressed. It is necessary to promote and support positive and active attitudes toward individual health issues, health-seeking behavior, improvement of sports facilities, formation of cultural attitudes toward harmful habits and awareness of their negative effects, and increased motivation to develop a healthy lifestyle, using effective educational programs, assessment of individual health potential, and prevention recommendations provided by health centers to improve the quality of care. Balanced, inter institutional collaboration between healthcare organizations, the education sector, and other interested parties would facilitate achievement of the required levels of individual and public health.

The results showed that the prevalence of risk factors in those who rated their health as "good"was significantly lower relative to that observed in those who rated their health as "satisfactory."Overall, the data suggested that self-reported health is an important indicator of health and provided an objective view of respondents' health status at the time of the survey and in the future and refelcted their attitudes toward health-saving (self-protecting) behavior. Conscious development of a lifestyle aimed at the preservation and promotion of health is achieved in the process of targeted formation of consciousness and behavior that is appropriate to the requirements of health preservation.

Research transparency

Research did not have a sponsorship. The authors are absolutely responsible for presenting the release script for publication.

Declaration about financial and other relations

All authors took part in elaboration of article conception and writing the script. The release script was approved by all authors. The authors did not get the honorary for the article.

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Т Ұ Ж Ы Р Ы М

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ҚР Денсаулық сақтау және әлеуметтік даму министрлігінің Салауатты өмір салтын қалыптастыру мәселелері жөніндегі ұлттық орталығы, Алматы қ., Қазақстан

ОРТАША ЖАСТАҒЫ АДАМДАРДА ДЕНСАУЛЫҚТЫ СУБЪЕКТИВТІ БАҒАЛАУ МЕН ДЕНСАУЛЫҚТЫ КҮТУ МІНЕЗ-ҚҰЛҚЫНЫҢ ӨЗАРА БАЙЛАНЫСЫ

Денсаулық туралы дербес түсінік–әлеуметтік-медициналық және социологиялық ақпарат кешенін қалыптастырудың маңызды көзі болып табылады. Денсаулықты сақтау мен күшейтуге ықпал етуші факторларға байланысты детерминант ретінде қаралған жағдайда ғана денсаулықты субъективті бағалау информативті құндылыққа ие болмақ. Онда профилактикалық жолдардың бірі адамның өмір сүру салты мен тәуекелдік іс-қимылдары факторларына байланысты қаралады.

Зерттеудің мақсаты. 30-49 жас аралығындағы ерлер мен әйелдерде денсаулықты субъективті бағалау және өмір сүру салтының денсаулық үшін тәуекелдіктің бірқатар факторларымен арасындағы корреляцияны сараптау болып табылады.

Материал және әдістері. Зерттеу материалдары Қазақстан Республикасында 2015 жылы ересектер мен 11 жастан бергі балалар арасында жүргізілген алтыншы ұлттық социологиялық зерттеудің нәтижелері бойынша алынды. Мақалада 30-49 жас аралығындағы әйелдер мен ер адамдардан алынған сауалнама деректері келтірілген. Зерттеу дизайны: суреттеуші кроссекциялық көп рет іріктелген зерттеу.

Нәтижелері және талқылауы. Ер адамдарға сауалнама жүргізілген. Өз денсаулығын «жақсы» деп бағалаған ер адамдар тобында семіз делінген тұлғалар үлесі 6,3%, бұл өз денсаулығын «қанағаттанарлық» деп бағалаған топқа қарағанда шынайы түрде төмен, ол топтағы көрсеткіш – 11,1%. «Денсаулығы қанағаттанарлық» деп танылған ер адамдар арасында темекі тартатындар – 49,6%, «денсаулығы жақсы» делінгендер тобында – 39,6%. Денсаулығы «қанағаттанарлық» деп бағаланған тұлғалар тобындағы алкоголь ішімдіктерін тұтынатындар саны – 53,0%, «денсаулығы жақсы» деген топтағысы – 39,4%. Денсаулықтарын «жақсы» деп бағалаған сауалнамаға қатысқан ер адамдар арасында дене шынықтыру қимылдарын тұрақты түрде жасайтындар екі есе артық (55,6%) спорттың қимыл жасаушы түрлерімен айналысатындар саны (49,7%), ал денсаулығын «қанағаттанарлық» деп бағаланған топтағылар сәйкесінше (30,2% және 26,4%).

Әйелдердің сауалнамаға жауап беруі.Өз денсаулығын «қанағаттанарлық» деп бағалаған әйелдер арасында семіздік 14,2% жағдайда байқалған, ал денсаулығы «жақсы» делінген респонденттер арасында шынайы түрде төмен – 9,0%. Алкоголь тұтынатын әйелдер үлесі денсаулығы «жақсы» деп бағаланған топта азырақ – 23,7%, орташа топта – 32,2%. Өз денсаулығын «жақсы» деп субъективті бағалаған тұлғалар арасында дене шынықтыру жаттығуларын тұрақты түрде жасайтындардың пайызы біршама жоғары (53,2%), «қанағаттанарлық» деп бағалағандардың көрсеткіші (29,9%). Спорттың қимылдаушы түрлерімен денсаулығы «жақсы» деген топтағы әйелдер едәуір жиірек айналысады – 44,7%, денсаулығы «қанағаттанарлық» деген топтағы тұлғалардың үлесі небары 25,5% құрады.

Қорытынды. Беріліп отырған деректер денсаулықты өздігінен бағалаушылық денсаулықтың мәнді информативті көрсеткіші болып табылады деген қорытынды жасауға мүмкіндік береді, бұл өз кезегінде тұлғаның денсаулықты күту мінез-құлқына қатысты ұстанымы бойынша әжептәуір объективті түсінік алуға жол ашады.

Негізгі сөздер: *денсаулықты өздігінен бағалау, тәуекелдіктің мінез-құлық факторлары, дененің артық салмағы, семіздік, денешынықтыру белсенділігі.*

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СВЯЗЬ СУБЪЕКТИВНОЙ ОЦЕНКИ ЗДОРОВЬЯ И ЗДОРОВЬЕСБЕРЕГАЮЩЕГО ПОВЕДЕНИЯ У ЛИЦ СРЕДНЕГО ВОЗРАСТА

Индивидуальное представление о здоровье – важный источник формирования комплекса социально-медицинской и социологической информации. Информативную ценность субъективная оценка здоровья приобретает только в связи с рассмотрением самооценки в качестве детерминанты поведения относительно факторов, способствующих сохранению и укреплению здоровья, где один из важнейших профилактических путей касается образа жизни человека и поведенческих факторов риска.

Цель исследования. Проанализировать корреляцию между субъективной оценкой здоровья и образом жизни, рядом факторов риска для здоровья среди мужчин и женщин 30-49 лет.

Материал и методы. Материалы исследования получены по результатам шестого национального социологического исследования Республики Казахстан, проведенного в 2015 году среди взрослого и детского населения с 11 лет. В статье приведены данные по опросу мужчин и женщин в возрасте 30-49 лет. Дизайн исследования: описательное кроссекционное многовыборочное исследование.

Результаты и обсуждение. Опрос мужчин. В группе мужчин с самооценкой здоровья «хорошее» доля лиц с ожирением 6,3%, что достоверно меньше, чем в группе с самооценкой «удовлетворительное» – 11,1%. Распространенность курения среди мужчин с «удовлетворительным здоровьем» – 49,6%, с «хорошим здоровьем» – 39,6%. Потребителей алкогольных напитков в группе лиц с «удовлетворительной» оценкой здоровья – 53,0%, а в группе с «хорошим здоровьем» – 39,4%. Среди опрошенных с «хорошей»

самооценкой в два раза больше мужчин, которые регулярно выполняют физические зарядки (55,6%) и занимаются подвижными видами спорта (49,7%), чем в группе с «удовлетворительной» самооценкой здоровья (30,2% и 26,4% соответственно).

Опрос женщин. Ожирение среди женщин, оценивших свое здоровье как «удовлетворительное», встречалось в 14,2% случаев, тогда как среди респондентов с «хорошим» здоровьем достоверно меньше – 9,0%. Доля женщин, употребляющих алкоголь, меньше в группе с «хорошей» самооценкой здоровья – 23,7%, чем со средней – 32,2%. Процент лиц с «хорошей» субъективной оценкой здоровья, регулярно выполняющих физические упражнения, значительно выше (53,2%), чем с «удовлетворительной» оценкой (29,9%). Подвижными видами спорта также значительно чаще занимаются женщины из группы с «хорошим» здоровьем – 44,7%, в группе лиц с «удовлетворительным» здоровьем их доля составила только 25,5%.

Вывод. Представленные данные позволяют сделать вывод о том, что самооценка здоровья является значимым информативным показателем здоровья, позволяющим получить достаточно объективное представление о его позиции по отношению к здоровьесберегающему поведению.

Ключевые слова: *самооценка здоровья, поведенческие факторы риска, избыточная масса тела, ожирение, физическая активность.*

For citation: *Battakova Z.E., Mukasheva S.B., Adayeva A.A., Abdrakhmanova S.Z., Akimbaeva A.A. Link between subjective health assessment and health-saving behavior in middle-aged adults // Medicine (Almaty). – 2016. – No 11 (173). – P. 2-7*

The article received by 17.10.2016.

Accepted for publication 14.11.2016