

THE RISK OF NON-COMMUNICABLE DISEASES (NCDS) IN RELATION TO DIETARY HABITS AMONG MEDICAL STUDENTS AT TASHKENT MEDICAL ACADEMY, UZBEKISTAN

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Abstract .Non – communicable diseases risk factors include poor eating habits, being overweight and obesity are becoming predominant. Concerns about lifestyle, diet and good habits are important when it comes to medical students' health. This study aimed to identify dietary habits and the prevalence of non-communicable diseases among undergraduate medical students at Tashkent Medical Academy, Uzbekistan.

Methods: The cross-sectional study conducted among undergraduate students from 1st year to 6th year of Faculty of Medicine at Tashkent Medical Academy, Uzbekistan. Data were gathered using Google forms covering questions on socio- demographics and eating patterns. Analysis of research was done by percentage.

Results: A total of students including 39.5% males and 63.5% females were studied. Age group 17.9% (19yrs), 23.1% (20yrs), 28.2% (21yrs), 17.9% (22yrs), 2.6% (23yrs), 2.6% (25yrs), 2.6% (30yrs).

Weight About 39.5% had 3 regular meals ;55.8% had 2 regular meals and 4.7% had >3 meals per day. Eating without hungry 34.9% (yes);63.1% (no).

48.8% eat at home; 23.3% at mess;16.3% other. Water consumption 25% (>2litres);45% (1.5-2 litres); 12.5% (1litre);17.5% (<1 litre) Meat 64.2% (1-3 days per week); 21.4% (never); 9.5% (everyday) 5.9% (4-8 days per week)

Daily sweet or sugary beverages 56.5% (daily); 43.5% (1-3days per week)

Vegetables 62.2% (everyday); 18.1% (1-3days per week); 14% (4-6 days per week); 2% everyday; 3.1% (never)

Fruits 60.4% (1-3days per week); 25.6 % (4-6 days per week); 14% (never).

Dairy 34.9% (1-3 days per week) 16.3% (never); 25.6% (everyday)

Desserts 55.8% (1-3days per week);18.6% (never); 9.3% (everyday)

Breakfast everyday 20.9% (yes); 79.1% (no)

Snacks 41.9% (yes) 58.1% (no)

Eating late night 55.8% (yes) 44.2% (no)

Supplement 64.5% (no)

Cuisine 57.5% (Indian)

About 58.1% had no fixed mealtime.

About 19% interested in following good dietary habit.

Conclusion: Poor lifestyles and unhealthy eating patterns among medical students were noticed. These findings made them prone to non-communicable diseases. Therefore, organised dietary education program and guidelines should be implemented targeting new students. Organisations and policymakers should increase healthy lifestyle choices and dietary plans

inside universities and encourage medical students to stick to and integrate health education programmes regarding healthy lifestyle practice in students' curriculum.

Recommendations: It is necessary to teach medical students and practising healthcare professions about the routine changes that are needed to avoid developing NCDs. The students need to avoid excessive sweet and sugary beverages, consume less calories and eat healthy diet enriched with more fresh fruits and vegetables. They need to engage in daily physical activities as well. Students should also practice meditation. Medical students should be aware of all health and hygiene aspects which will help them address their patients prescribe accurately. Plans and regular monitoring of health are needed particularly not only to the medical students but also for all of youths. To address NCDs risk factors among posterity, it is necessary to implement innovative and affordable diagnostic methods and plans.

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