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## SOCIO-ECONOMIC STATUS OF YOUTH AS A FACTOR DETERMINING ATTITUDES TOWARDS TOBACCO SMOKING

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**DOI: 10.5958/2249-7315.2021.00146.5**

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### ABSTRACT

*The article provides an analysis of various factors affecting attitudes towards health of both young people and adults, in particular, attitudes towards bad habits. Human health is a complex category and has many definitions, for example, the World Health Organization (WHO) defines individual human health as a state of complete physical, mental and social well-being (not only the absence of illness or illness). Traditionally, all issues related to the level of the nation's health are attributed to the health sector. However, modern scientific studies indicate a significant expansion of the range of factors that affect the health of the population, but are not controlled within the framework of the health care system.*

**KEYWORDS:** *Tobacco Smoking, Value Attitude To Health, Socio-Economic Status, Health, Young People, Social Psychology.*

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### INTRODUCTION

Analysis of recent studies and publications, which considered aspects of this problem and on which the author justifies; highlighting previously unresolved parts of the general problem. Health factors are largely determined by a person's socioeconomic status (SES), which includes educational levels, income levels and occupations, and differences in which are the most fundamental cause of health inequalities. The main components of SES are considered in many scientific studies.[1]

The relationship between socio-economic status (SES) and health has been studied by scientists from different scientific fields for a long time. In the 1960s, scientists generally believed that with advances in medical technology and economic development, health inequalities would diminish, at least in developed countries. [2] In the 1980s, however, Black found that health inequalities in the UK had not only increased, but had not decreased. [3] Studies in the United States and European countries also support this finding, that the health status of the group with higher SES is clearly better than that of the group with lower SES. [4] These studies have confirmed the profound effect of SES on health.

At the same time, as the study of literature shows, the mechanism of this phenomenon remains a subject of discussion. Scientists have proposed two different perspectives: social causation theory and selection theory for health.[5] The first suggests that differences in SES are the main cause of health inequities. [6] In contrast, the latter means that people in good health tend to move upward and therefore have a higher SES. [7] Despite these arguments, there seems to be growing agreement that the health effects of SES are closely related to people's lifestyles. [8] In a more specific context, health is maintained and improved through the efforts and choices of people to live healthily. [9]

Healthy living refers to the range of behaviors that people use to maintain and promote health based on specific motives, norms, abilities and knowledge of what constitutes healthy, stress-

relieving or enjoyable behavior. [10] Lifestyles include both health risk behaviors such as smoking, drinking alcohol and sedentary lifestyles [11] and health promoting behaviors such as exercise, interpersonal interaction, stress management, and spiritual growth. [12] Research results have shown that health is closely related to the way people live in a wide variety of social contexts. For example, a US study found that the actual leading causes of death were behavioral risk factors such as smoking, poor diet and physical inactivity. The study concluded that lifestyle-related behavioral factors account for nearly 40% of deaths. [13] Moreover, lifestyles can be passed down from generation to generation. A study of mother-child pairs showed that if the mother of a child from birth to 3 years of age leads a healthy lifestyle, the probability that the child will be healthy and will lead the same lifestyle is 27% higher. [14] It has been noted that in addition to physical health, lifestyle is also associated with psychological health. People with unhealthy lifestyles tend to have poorer mental health than healthy people. For example, risky behaviors such as smoking have been reported to be associated with poor mental health [15]; In contrast, health-promoting behaviors such as exercising have been recommended as effective treatments for depression relief. [16] Recently, a large social study conducted among adults in New Zealand showed that people who lead healthier lifestyles are more likely to have optimal well-being. [17] It is noteworthy that although lifestyle is closely related to health, it is not a purely personal choice. In fact, many social factors affect the way of life, especially the SES of a person.

In this context, it is important to study the impact of socio-economic status on tobacco use. Tobacco use is an important public health problem around the world. Tobacco use is a significant health burden: in 2016, tobacco use is estimated to have caused more than 7 million deaths, often premature, and many years of healthy life lost due to morbidity and disability. Tobacco use is also associated with enormous economic losses to society, both direct through meeting health care needs and indirectly through lost productivity, fire damage, environmental damage from littering with cigarette butts, and destructive farming practices.

In modern social psychology of health in the context of a holistic and systemic understanding of health, the focus of attention of researchers is aimed at studying the value attitude to health, a healthy lifestyle and healthy behavior. The value-based attitude to health is one of the fundamental characteristics of human existence, is filled with certain meanings associated with the values and traditions of a particular culture, acts as a system of attitudes linking the individual with society. The study of the value attitude of the individual to health also involves the study of psychological mechanisms that promote or impede the implementation of self-preserving behavior by a person. The need to study the attitude to health in representatives of all age groups is due, on the one hand, to the characteristics of the state of health and psychosocial characteristics of the state of health and psychosocial characteristics of people in different age periods, and, on the other hand, to the importance of forming the responsibility of the individual for a healthy lifestyle.

The importance of studying the socio-psychological determination of a person's value attitude to health is clearly reflected in the discussion of the role of factors of a person's lifestyle in determining the state of his health. Thus, statistics show that among risk factors, lifestyle factors account for approximately 50-57% of the share of all factors (genetic factors, environment, quality and efficiency of medical care). According to the WHO, 80% of premature heart attacks and strokes can be prevented through measures such as proper diet, regular physical activity and abstinence from tobacco use. [18]

Tobacco smoking in Uzbekistan is represented by few studies, the results of some of them show that the share of the population smoking by 2019 increased and amounted to 2.4 million people against 2.38 million in 2018. In 2016, this figure was slightly less and amounted to 2.21 million people. The portrait of the average smoker as of 2019 presents the following picture. 6% are young people aged 22-24, the largest group of smokers aged 25-34 is 30%. Further, the older the

age category, the smaller the share, so in the 35-44 age category they are 23%, 45-54 - 22%. Among the pre-retirement and retirement age, the share of smokers is sharply decreasing, 55-65 years old - 14%, and 65+ - only 5%. The legal regulation of the prevention of tobacco smoking is covered in the Law of the Republic of Uzbekistan "On protecting the health of citizens", and Uzbekistan has joined the Framework Convention of the World Health Organization on tobacco control ( N ZRU-326 of 24.04.2012).

The Convention, adopted on May 21, 2003 at the Fifty-sixth World Health Assembly, is not a direct document, but only defines a strategy for government regulation of the tobacco industry. The main provisions of the document cover such areas as pricing and taxation of tobacco products, protection of people from tobacco smoke, regulation of ingredients of tobacco products, requirements for information on packaging, as well as advertising, combating illegal trade in tobacco products, preventing the sale of tobacco products to minors.

The preamble of this document states that the increase in world consumption and production of cigarettes and other tobacco products, called the "spread of the tobacco epidemic", has devastating consequences not only for human health, but also for the economy, social sphere and ecology, and therefore requires wider international cooperation and participation of all countries". According to projections based on adult smoking prevalence rates in Uzbekistan (1), over 1.4 million of the 2.8 million current smokers are at risk of premature death due to smoking (Table 1), and in the absence of stronger tobacco control measures, this figure is may increase. [19]

**TABLE 1. INDICATORS OF SMOKING PREVALENCE AND PREDICTED NUMBER OF PREMATURE DEATHS, %**

Smoking prevalence (%)		Smokers (n)	Predicted number of premature deaths among current smokers (n)			
men	Women	Total	men	Women	Total (men)	Total (women)
26.8	1.4	2 884 800	1 366 800	75600	1 442 400	937560

The relationship between the above determinants and continued smoking is clear, but the social environment seems to be very influential. The long-term nature of smoking-related illnesses appears to impede the achievement of the goal of discouraging young people from smoking. In addition, initiatives aimed at smoking adults need to be considered in preventive school work and advocacy campaigns for young people. Parental smoking is a major factor in the initiation of smoking by their children. Thus, interventions that reduce parenting smoking may lead children to grow up in environments where smoking is not acceptable. Measures for young people and adults include general and special education, quit smoking, tax increases and an increase in non-smoking areas. Since smoking among young people is largely dependent on opportunities to do so, the availability of cigarettes and tobacco products should be limited. Along with restricting advertising, such measures have led to a reduction in tobacco use among young people in some countries. [20]

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