

ный режим питания. При этом мужчины в большем числе случаев считают, что они придерживаются принципов здорового питания — 25,4 % против 14,1 % у женщин. Полученные данные свидетельствуют, что 12,9 % респондентов не знакомы с принципами здорового питания, причем доля мужчин в этой группе в два раза больше, чем женщин (19,1 и 8,7 % соответственно).

Проведенное исследование показало, что ежедневное употребление свежих фруктов и овощей характерно только для 58,2% граждан, остальные употребляют фрукты и овощи не чаще 1–3 раз в неделю или еще реже.

Полученные данные свидетельствуют о довольно благоприятной ситуации с потреблением мяса и мясных продуктов населением: более половины респондентов (55,7 %) потребляют мясо ежедневно и более трети (36,1 %) несколько раз в неделю. Практически такое же соотношение в группах было определено при оценке потребления молока и молочных продуктов: 46,8 % употребляют ежедневно и 36,1 % несколько раз в месяц. При этом принципиальных различий в употреблении мяса и молока среди разных полов не выявлено.

На вопрос о регулярности употребления рыбы и морепродуктов 39,2 % опрошенных граждан указали на регулярное наличие этих продуктов в их рационе (1–3 раза в неделю), но, в то же время, практически такая же доля респондентов (38 %) отметила редкое употребление, не чаще 1–2 раз в месяц.

Результаты опроса свидетельствуют, что в целом доля респондентов, не добавляющих сахар в чай или кофе, составила почти половину (43,1 %), но мужчины склонны употреблять чистый сахар в большем количестве, чем женщины: среди женщин доля пьющих чай без сахара составила 55,9 %, а среди мужчин — 24,6 %. При этом доля женщин, добавляющих 2–3 ложки сахара в напиток, составила 24,7 %, а мужчин — 66,2 %.

Значительная доля респондентов (39,9 %) указала, что практически не употребляют в пищу фаст-фуд, при этом распределение по гендерному признаку не имело принципиальных отличий.

### ***Выводы***

Изучение уровня мотивации населения к ведению здорового образа жизни, показало средний уровень заинтересованности граждан (62,7 %), при этом мужчины в меньшей степени интересуются этой информацией. Принципов здорового питания придерживаются лишь 18,7 % граждан, менее половины (44,5 %) делают это нерегулярно. Полученные данные свидетельствуют о довольно регулярном потреблении гражданами мяса и мясных продуктов, молочных продуктов. Анализ употребления рыбы и рыбных продуктов свидетельствует о практически равных долях, употребляющих этот продукт регулярно (39,2%) и крайне редко (38 %). Также установлено, что мужчины в большей степени склонны к употреблению «простых» углеводов.

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**INFANT MORTALITY RATE BETWEEN INDIA AND BELARUS**

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### ***Introduction***

Infant Mortality Rate (IMR) is considered to be an important indicator of the health status of a society. IMR (per 1000 live births) in India has continuously declined to 30.9 in 2019 from 47.3 in 2009. However, wide variation of IMR from 11 to 91 amongst states necessitates

the need to adopt different especially designed strategies to lessen the observed gap between states. The attempts were to identify the factors attributable to IMR in India. While in Belarus IMR (per 1000 live births) in 2019, infant mortality rate for Belarus was 2.4. Between 2009 and 2019, infant mortality rate of Belarus was declining at a moderating rate to shrink from 4.7 deaths (per 1,000 live births) in 2009 to 2.4 deaths (per 1,000 live births) in 2019. Currently, the National Statistical Committee of Belarus (Belstat) is responsible for collecting, processing and disseminating population data for Belarus. Therefore, Infant Mortality Rate is defined as the number of infants dying under a year of age divided by the number of live births during the year and is reported as number of live infants dying under a year of age per 1,000 live births. Reduction of IMR has been accorded high priority in improving the health situation of the population in India and Belarus. The National Population Policy, 2010 aims at a reduction of IMR to less than 30 by 2019. However, in spite of continuous decrease in IMR, India still lags while making comparison with Belarus and other neighbouring countries [1, 2].

#### ***Aims***

The purpose of this abstract is to understand the infant mortality rate between India and Belarus by making a comparative study along with neighbouring countries and bringing some source of valuable life by providing a proper medical care and education among the worldwide.

#### ***Material and methods***

Information was collected from several databases. We searched articles published in UNICEF, PubMed, and the Web of science between January 2009 and June 2019 by using the keywords infant mortality rate, poverty, education and the demographic review of relevant documents regarding research and current medical practices.

#### ***Results and discussion***

According to the abstract, Belarus was carried out with low mortality rate among infants and young children, chief pediatrician at the Belarusian Health Ministry Valentina Volchok mentioned that Belarus successfully operates a multilevel system of medical care for mothers and children and 80 % of babies with a birth weight less than 1,000 grams survive, which attests to the high level of secondary care services and high qualifications of medical staff in Belarus. Meanwhile, comparing with Belarus there is a major difference for high infantile mortality rate in India. A major factor believed to influence the rate of infant mortality is poverty. Official estimates place 21.9 percent of Indians below the poverty line (BPL). This may indicate that a large portion of the population is only technically considered above the poverty line due to subsidised food expenditure. With mainly simple carbohydrates providing the bulk of the diet provided, the nutritional value of the individual's diet is very low. Lack of access to healthcare both during and after the pregnancy can have severe consequences to the health of the child. Without regular check-ups, the health of both mother and child are at risk. This is worsened by the lack of medical assistance during the birth itself. Simple interventions such as feeding an infant with breast milk within 6–8 hours of birth is essential as it was found to potentially reduce the infant mortality rate by over 10 % annually (Figures 1, 2).

In 2018 it was revealed that India's under five mortality rates had fallen by 66 percent since 1990. This is a considerable amount of progress, though still falls short of current goals. This shows that year upon year India is making strides towards reducing infant mortality like taking measurements for prevention and the need for vaccination. Polio is the clearest example of this, its elimination in India sparing countless children from disability, or, in its worst case, fatality. However, immunisation coverage in many areas remains low. This limits the benefits the entire population receive from vaccination. Due to this it has become mandatory by law that children are vaccinated before being admitted to schools, for fear of spreading otherwise preventable infections [1, 2].

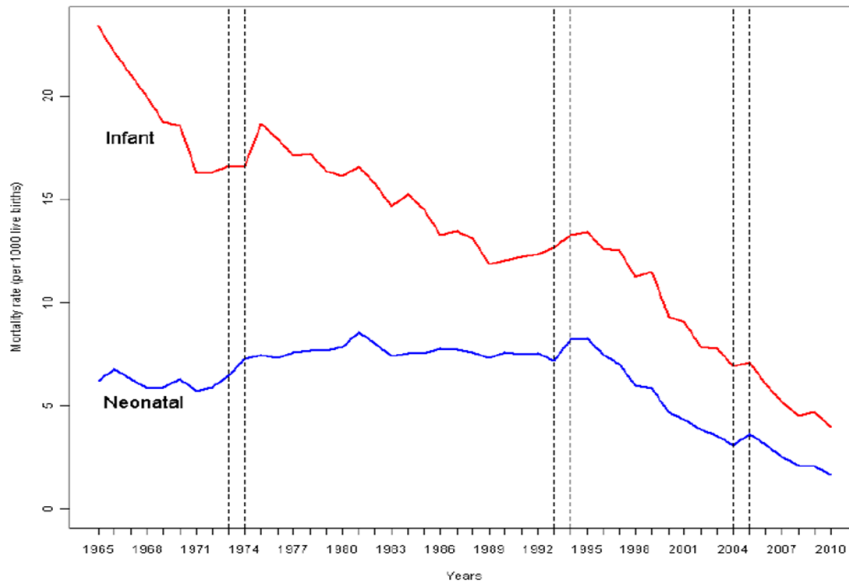


Figure 1 — IMR (deaths per 1000 live births) between four — five age groups involving both sex of population in Belarus

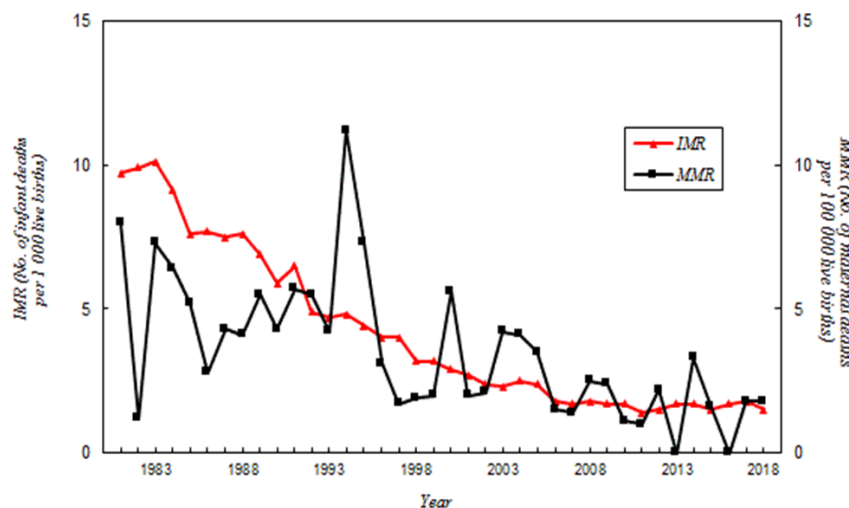


Figure 2 — IMR (deaths per 1000 livebirths) between four — five age groups involving both sex of population in India.

### Conclusion

The Infant mortality rate in India during the study period is still very high comparing with Belarus, so there is a need to strengthen the existing surveillance strategies for monitoring maternal and child morbidity and mortality rate in India. Improving the maternal and child morbidity and mortality surveillance systems would allow more reliable to compare with Belarus and provide a rational basis for public health prevention, strategies and improvement of health care services.

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