

demonstrated full awareness of this topic, confirming the need to strengthen the relevant educational component in medical training.

Primary analysis of responses, with identification of high-risk variants, showed that male students had a higher number of risk practices ( $M = 6.9 \pm 1.8$ ), whereas among female students this figure was lower ( $M = 5.6 \pm 1.7$ ). In contrast, students with prior knowledge of microplastic hazards reported, on average,  $M = 5.4 \pm 1.6$  risk practices, compared with  $M = 6.2 \pm 1.9$  among those without such awareness. Among dormitory residents, the mean number of risk habits was  $M = 7.5 \pm 1.5$ , compared to students living in rented or privately owned accommodation, it was  $M = 6.3 \pm 1.8$ .

**Conclusions.** The most prevalent behavioural risk factors among respondents were storing food in plastic containers and using reusable plastic bottles. Around 80.0% of students reported being ready or highly likely to change their habits, while 92.1% supported preventive patient counselling on microplastic risks – pointing to real potential to embed hygienic recommendations into medical education and clinical practice.

## EUROPEAN MODEL OF LEGAL REGULATION IN THE SPHERE OF URBAN ENVIRONMENT MANAGEMENT AS A COMPONENT OF PUBLIC HEALTH: THE EXPERIENCE OF THE REPUBLIC OF POLAND

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**Relevance.** The relevance of this study is determined by the need to improve the legal framework governing urban environment management as a crucial component of public health formation and preservation. The quality of the urban environment, environmental conditions, level of sanitary and epidemiological safety, and accessibility of green spaces and safe infrastructure directly affect the physical and mental health of the population. In the context of European integration and the

implementation of sustainable development principles, particular importance is given to studying and adapting effective European approaches to legal regulation of urban management to minimize health risks and improve the population's quality of life.

**Materials and Methods.** The study materials included legislative and subordinate legal acts of the Republic of Poland, as well as scientific publications by Ukrainian and foreign authors. Comparative-legal analysis and analytical methods were applied.

**Results.** The European model of legal regulation of urban environment management as a component of public health demonstrates a systematic integration of environmental and sanitary requirements into the activities of public authorities. In Poland, particular importance is given to the **Act on Maintaining Cleanliness and Order in Municipalities** (Ustawa o utrzymaniu czystości i porządku w gminach), which defines the responsibilities of local self-government bodies regarding the management of municipal waste, maintenance of public areas, and ensuring proper sanitary conditions in settlements as a prerequisite for preserving public health. Complementing this model is the **Act on the State Sanitary Inspection** (Ustawa o Państwowej Inspekcji Sanitarnej), which establishes mechanisms for state sanitary and epidemiological supervision and control over compliance with hygiene standards in the population's living environment. Together, these legal acts form a comprehensive legal framework aimed at disease prevention, minimization of environmental risks, and the creation of a safe and healthy urban environment in accordance with European standards of public administration.

It has been established that these legal acts are part of a comprehensive regulatory framework in Poland, which combines national legislation with local government decisions, spatial planning, and rules for maintaining public areas. At the municipal level, regulations are adopted to ensure cleanliness, maintain green spaces, and develop engineering and social infrastructure, integrating environmental, spatial, and public health-oriented components. This approach creates a safe and healthy living environment, reduces risks to public health, and promotes environmental awareness among the population in accordance with European standards of public administration.

**Conclusions.** The experience of the Republic of Poland demonstrates that effective legal regulation of urban environment management is an integral component of the public health system. The European model is based on a clear division of powers between state authorities and local self-government, as well as the integration of sanitary, environmental, and spatial requirements into public administration. For Ukraine, the implementation of a comprehensive approach to urban management is relevant as a tool for disease prevention and the creation of a safe living environment, particularly through strengthening the role of communities, improving sanitary supervision, and harmonizing legislation with European standards. The adoption of such approaches will contribute to improving the quality of the urban environment, strengthening public health, and promoting the sustainable development of local communities in Ukraine.

## **THE INFLUENCE OF WARTIME STRESS FACTORS ON VARIOUS ASPECTS OF THE HEALTH OF THE UKRAINIAN POPULATION**

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**Background.** The ongoing full-scale war in Ukraine has exacerbated a number of problems related to the life, livelihoods and health of citizens. The stress factors of war negatively affect the mental and physical health, emotional state, intellectual development, level of sociability and spirituality of the population. A questionnaire survey can be an effective tool for collecting data on the health and socio-economic status of the population in wartime conditions.

**Materials and Methods.** A methodology for compiling questionnaires to identify the impact of various social factors of wartime has been developed to identify changes in all components of the health of different segments of the population.

The source of initial information was data from online surveys of citizens in various cities of Ukraine and abroad. 1290 people aged 17 to 86 years participated in