

**REASONS BEHIND DISTINCTION IN LIFE EXPECTANCY OF
DEVELOPED COUNTRIES AND DEVELOPING COUNTRIES**

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ABSTRACT

In the medieval ages, people usually had concise life spans but life expectancy grew as the standard of life and medicine grew. Today life expectancy is different in all countries, however, people in developed countries are known to live longer than those in developing countries. In this article we will learn about the main factors leading to longer life spans in developed countries and the causes of shorter life expectancy in developing countries and make a general conclusion.

Keywords: life expectancy, developed countries, developing countries, factors

INTRODUCTION: Life expectancy refers to the number of years, a person is expected to live based on the statistical average. It depends upon the geographical background of the area. In pre modernization of world, life expectancy was round about 30 years in all regions of the world. Life expectancy increased in the early 19th century but in the same countries, it stayed low in the rest of the world. It shows that health standards are not the same across the globe. In the 20th century this global inequality decreased and similarly today the life expectancy is approaching up to 70 to 75 years and similarly no country in the world today has a lower life expectancy than the countries with high life expectancy in 1800 This table shows the life expectancy between males and females in different countries. From the chart, we can see the difference between the life spans of people in developed countries and developing countries.

Male		Female	
Country	Years	Country	Years
Highest		Highest	
Switzerland	81.3	Japan	86.8
Iceland	81.2	Singapore	86.1
Australia	80.9	Spain	85.5
Sweden	80.7	Republic of Korea	85.5
Israel	80.6	France	85.4
Japan	80.5	Switzerland	85.3
Italy	80.5	Australia	84.8
Canada	80.2	Italy	84.8
Spain	80.1	Israel	84.3
Singapore	80.0	Iceland	84.1
Lowest		Lowest	
Lesotho	51.7	Chad	54.5
Chad	51.7	Côte d'Ivoire	54.4
Central African Republic	50.9	Central African Republic	54.1
Angola	50.9	Angola	54.0
Sierra Leone	49.3	Sierra Leone	50.8

1. HEALTH QUALITY AND ACCESS DEVELOPED COUNTRIES. Access and Quality of Healthcare in Developed Countries: Because healthcare systems in developed countries are usually universal or heavily subsidized, most people there have access to healthcare. These countries have facilities that can handle a range of medical ailments, highly qualified medical professionals, and cutting-edge medical equipment. Prioritizing preventative care, which includes vaccines, routine screenings, and early disease identification, lowers mortality rates. For example, conditions such as cancer and heart disease are often detected early and effectively treated.

DEVELOPING COUNTRIES. Many developing nations have inadequately equipped and underfunded healthcare systems. Particularly in rural locations, there can be a serious lack of hospitals, clinics, and medical staff. Exorbitant expenses frequently discourage people from obtaining medical attention, which results in complications and untreated illnesses. The lack of widespread access to preventive care contributes to the persistence of diseases including HIV/AIDS, malaria, and tuberculosis.



2. ECONOMIC STABILITY DEVELOPED COUNTRIES. Governments may invest in public health infrastructure, including sewage treatment, clean water systems, and disease prevention initiatives, when their economies are stable. People with high per capita wages can afford better housing, food, and healthcare, among other aspects of healthier living. Additionally, having financial stability lowers stress and worry, which are linked to dangers to one's bodily and mental well-being.

DEVELOPING COUNTRIES. Widespread poverty is frequently caused by economic instability, which also restricts access to wholesome food, education, and basic medical care. These nations' governments find it difficult to devote enough money to public welfare and healthcare initiatives. Many people are forced to live in filthy, crowded conditions due to economic challenges, which makes them more susceptible to infectious diseases.

3. NUTRITION AND FOOD SECURITY DEVELOPED COUNTRIES. A vast range of foods, such as fresh fruits, vegetables, meats, and fortified staples, are available to people in industrialized nations. Except in underprivileged societies, malnutrition is uncommon. While safety regulations guarantee food quality and hygiene, public awareness campaigns promote healthy eating habits. Healthcare institutions are prepared to handle associated disorders including diabetes and heart disease, but overnutrition (obesity) presents a problem.

DEVELOPING COUNTRIES. A recurring problem in many emerging nations is food insecurity. Famine and undernutrition, especially in children and pregnant women, are caused by poor farming practices, climate change, and unstable economies. Because malnutrition impairs immunity, people are more vulnerable to illnesses like diarrhea or pneumonia. Children frequently have developmental delays and stunted growth.

4. EDUCATION DEVELOPED COUNTRIES. Widespread access to high-quality education and high literacy rates enable people to make knowledgeable decisions about their health. Education improves one's understanding of illness prevention, cleanliness, and nutrition. Health activities including immunization drives and anti-smoking campaigns are frequently held in schools. Access to health resources is further enhanced by the fact that educated persons typically earn more money.

DEVELOPING COUNTRIES. Lack of education limits knowledge of proper cleanliness and health habits, particularly for girls. People who are illiterate may not comprehend medical instructions, which could result in incorrect prescription administration or a failure to identify symptoms of a disease. Poor health outcomes are perpetuated by uneducated populations' decreased likelihood of seeking healthcare or adhering to preventive measures.

5. SANITATION AND CLEAN WATER DEVELOPED COUNTRIES. Exposure to dangerous diseases is decreased by contemporary sanitation systems, such as sewage treatment plants and waste disposal facilities. The widespread availability of safe drinking water helps to reduce waterborne illnesses like cholera and typhoid. Campaigns for public health make sure that people know how important it is to wash their hands and practice good hygiene.

DEVELOPING COUNTRIES. Widespread water source contamination results from a lack of access to sanitary facilities and clean water. Diseases spread more easily when garbage is not managed properly. In these areas, diarrheal illnesses are a major cause of death for kids. Rapid urbanization and a lack of money can impede efforts to improve sanitation.

6. LIFESTYLE AND PREVENTIVE CARE DEVELOPED COUNTRIES. Regular health examinations and screenings are typical in industrialized countries, enabling the early detection of diseases including cancer, high blood pressure, and cholesterol. Medical therapies are used to treat lifestyle diseases, and public health campaigns encourage good diet, exercise, and abstaining from smoking and excessive alcohol use.

DEVELOPING COUNTRIES. Preventive care is frequently inaccessible or prohibitively expensive. Many patients wait until their symptoms worsen before seeking medical attention, which results in late-stage disease diagnosis. There is little knowledge of the long-term effects of bad habits like smoking or eating poorly. Although they are more common, lifestyle-related diseases including diabetes and heart disease are frequently left untreated.

TECHNOLOGICAL ADVANCEMENTS DEVELOPED COUNTRIES. AI-driven diagnostics and robotic surgery are only two examples of the many applications for advanced technology. Modern medications and medical equipment make it possible to treat rare and chronic illnesses more effectively. Once-fatal illnesses are now controllable thanks to ongoing research and development improvements in therapy.

DEVELOPING COUNTRIES. A lot of medical facilities use antiquated or broken equipment. Contemporary therapies and diagnostic equipment are frequently inaccessible or unaffordable. This makes it more difficult to successfully manage complicated illnesses or handle medical emergencies.

SOCIAL SAFETY NETS DEVELOPED COUNTRIES. Welfare programs lower poverty and related health risks by giving elderly, disabled, or jobless people cash support. Programs like food aid and public housing guarantee that basic necessities are satisfied, shielding disadvantaged groups from severe adversity.

DEVELOPING COUNTRIES. Vulnerable groups are left without assistance by inadequate or nonexistent social safety nets. Families can be swiftly thrust into poverty by economic shocks, natural disasters, or medical emergencies, which exacerbate health issues and hunger.

CONCLUSION

A complex interaction of healthcare, economic, social, and environmental factors shapes the difference in life expectancy between industrialized and poor nations. Strong healthcare systems, stable economies, cutting-edge technology, and effective public health regulations all contribute to developed nations' advantages in providing access to high-quality healthcare, wholesome living environments, and preventative measures. High levels of education and literacy also promote improved health awareness and decision-making.

On the other hand, developing nations deal with a number of serious issues, such as inadequate access to education, poor sanitation, malnutrition, and healthcare infrastructure. The persistence of infectious diseases, poor governance, and economic instability frequently make these problems worse. Health disparities are made worse by political unrest and a lack of social safety nets, which puts vulnerable groups at greater risk of dying young. A multifaceted strategy is needed to address these gaps, one that includes funding economic growth and education, guaranteeing clean water and sanitation, bolstering public health systems, and expanding access to healthcare. To overcome these obstacles and raise life expectancy generally, poor nations can benefit from targeted finance, technology transfer, and international cooperation. In the end, reducing the disparity in life expectancy and attaining sustainable global development depend on fair investments in health and wellbeing.

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[The tables shows the countries with the highest and lowest life -a-](https://www.bing.com/images/search?view=detailV2&ccid=RBPGeaKx&id=07A3DDC84A6C5445E2461698C346176D94EB6BB2&thid=OIP.RBPGeaKxtwuWbir8HZ_lkgHaHS&mediaurl=https%3a%2f%2fi.dailymail.co.uk%2fi%2fpix%2f2016%2f05%2f19%2f14%2f3460F18A00000578-3598617-59_1463663995256.jpg&cdnurl=https%3a%2f%2fth.bing.com%2fth%2fid%2fR.4413c679a2b1b70b966e2afc1d9fe592%3frik%3dsmvrlG0XRsoYFg%26pid%3dImgRaw%26r%3d0&exph=946&expw=962&q=countries+with+lovs+life+expectancy&simid=608040376436226177&FORM=IRPRST&ck=09180B74B23C06B73ACDFDC439D5C617&selectedIndex=4&itb=0)

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