



INCIDENCE OF ORGANIZED AND UNORGANIZED GROUPS OF PRESCHOOL CHILDREN IN THE BUKHARA REGION

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✓ *Resume*

The results of the study show that with age, both among organized and unorganized children, their health index increases, and there is also an increase in the formation of chronic diseases among them.

Many manifestations of psychophysiological disorders in preschool children remain unnoticed by medical workers, educators and parents, which is the result of insufficient organization of activities to prepare children for educational institutions in the Bukhara region.

Keywords: incidence of organized and unorganized groups of children, preschoolers, Bukhara city, Bukhara region.

BUXORO VILOYATIDA MAKTABGACHA BOLALARNING UYUSHGAN VA UYUSHMAGAN GURUHLARNI KASALANISH DARAJASINI O'RGANIB CHIQUISH

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Tadqiqot natijalari shuni ko'rsatadiki, uyushgan va uyushmagan bolalarning yoshi bilan ularning salomatlik ko'rsatkichi oshadi, ular orasida surunkali kasalliklarning shakllanishi ham ko'payadi. Maktabgacha yoshdagi bolalarda psixofiziologik buzilishlarning ko'plab ko'rinishlari tibbiyot xodimlari, pedagoglar va ota-onalar e'tiboridan chetda qolmoqda, bu esa Buxoro viloyatida bolalarni ta'lim muassasalariga tayyorlash bo'yicha tadbirlar yetarli darajada tashkil etilmagani natijasidir.

Kalit so'zlar: uyushgan va uyushmagan bolalar guruhlari, maktabgacha tarbiyachilar, Buxoro shahri, Buxoro viloyati.

ЗАБОЛЕВАЕМОСТЬ ОРГАНИЗОВАННЫХ И НЕОРГАНИЗОВАННЫХ ГРУПП ДОШКОЛЬНИКОВ В БУХАРСКОЙ ОБЛАСТИ

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✓ *Резюме*

Результаты исследования показывают, что с возрастом как у организованных, так и у неорганизованных детей индекс их здоровья увеличивается, а также отмечается рост формирования у них хронических заболеваний.

Многие проявления психофизиологических нарушений у дошкольников остаются незамеченными медицинскими работниками, воспитателями и родителями, что является следствием недостаточной организации деятельности по подготовке детей к общеобразовательным учреждениям Бухарской области.

Ключевые слова: заболеваемость организованных и неорганизованных групп детей, дошкольники, город Бухара, Бухарский регион.

Relevance

The Republic of Uzbekistan, like other Commonwealth of Independent States, after gaining independence in all spheres of social life, faced great problems inherent in the transition period. The recession of the economy, inflation, production cuts, the problem of employment, the reduction of pre-school institutions and other circumstances had a strong impact on the socio-economic situation and health of the population, where children of preschool age suffered more. In connection with the factors and conditions of education, deviations in the state of health of preschool children were detected mainly with systematic dispensary observation, mandatory mass medical examinations of preschoolers, before entering school [1,2,3]. It was noted that lipid metabolism disorders were significantly higher among patients with HA [9]. It should be noted that adjuvant therapy in the treatment of HD-antiaggregant and hypolipidemic therapy should be given to all patients, regardless of the stage of the disease, AH level and risk group. A retrospective analysis of 70 lactating women was carried out according to a specially compiled questionnaire in the obstetric complex Bukhara region Karakul district in women with obesity and dyslipidemia, this condition affects uterine involution [8-10].

The purpose of the study: to determine the health status of organized and unorganized preschool children.

Material and methods

For this purpose, we have developed a sociological questionnaire for parents with the following questions: social and hygienic conditions of life of children in the family, preschool institutions, observance of the daily routine, conditions of education in the family and kindergartens. Morbidity among children was studied based on the materials of primary medical documents of the city's polyclinics and preschool institutions, statistical coupons.

Results and discussions

We have studied 600 preschool children. The analysis of the data obtained showed that the number of parents in medical institutions regarding the child's illness in the region remains low. This is confirmed by the low rates of diseases in children of all ages, recorded in the primary medical documents of medical institutions and preschool institutions in the city of Almaty Bukhara. The rate of application to medical institutions is especially low among children from unorganized groups. Thus, the level of general morbidity of children according to primary medical documents in the conditions of Bukhara at the age of up to 1 year was 613.8, at the age of 1 to 2 years - 1108.7, from 2 to 3 years - 1126.4, from 3 to 4 years - 1164.8, from 4 to 5 years - 1211.4, from 5 to 6 years - 924.6 per 1000 children of the corresponding ages (Fig. 1.1). As can be seen, the peak of children's referral to medical institutions falls on the 3-4th year of life for organized children. This is explained by the fact that in the conditions of the Bukhara region, parents from this age send their children to preschool institutions, which leads to an expansion of their contact with the outside world, their peers and, to a certain extent, with the tension of the body's adaptive mechanisms to new conditions of education.

In organized groups, the level of general morbidity of children in terms of access to medical workers in each age group is 11-37% higher than among children brought up at home. The above facts testify to the unsatisfactory organization of preventive work in the pediatric area and measures to increase the medical activity of families in children's medical institutions in the region.

In order to get a complete picture of the level of spread of various diseases among preschool children in the region, at the end of the year we conducted an in-depth medical examination of each age group of children with the involvement of narrow specialists. The level of morbidity by seeking medical attention and the results of medical examinations together gave us the opportunity to judge the level of the so-called "exhausted" morbidity among the studied age groups of preschool children.

Due to the low level of parents' appeal to medical institutions regarding the diseases of their children, during medical examinations, they revealed a significant number of additional diseases that were not registered in medical documents. Thus, in children under 1 year of age, the level of additionally diagnosed diseases was 464.6; years - 197.3, at 5-6 years old - 240.0 per 1000 children of the constituent age groups. Among the additionally identified diseases in children of early (up to 3 years) age, a large place is occupied by diseases associated with nutritional and metabolic disorders,

the consequences of perinatal pathology, skin and subcutaneous tissue diseases, and some others. With age, the detection of chronic diseases of the respiratory system, gastroduodenal system, urinary system, and cardiovascular pathologies is growing.

Thus, by studying the incidence of children in medical institutions and conducting in-depth medical examinations with the participation of narrow specialists, the level of "exhausted" incidence of preschool children in the conditions of the Bukhara region was established. "Exhausted" morbidity among unorganized groups of preschool children in the conditions of the city of Bukhara today is 1416.1 ppm, and organized - 1767.6 per 1000 children of the corresponding age. Among all preschool children in the city of Bukhara, the level of "exhausted" general morbidity is 1591.8 ppm. In early childhood, the incidence in boys is higher than in girls. This is also confirmed by the work of many other authors.

Respiratory diseases are in the first place in the structure of children's morbidity (55.2% of all registered diseases). This is followed by malnutrition, metabolism and endocrine diseases (11.2%), infectious and parasitic diseases (9.0%), diseases of the skin and subcutaneous fat (5.6%), nervous system and sensory organs (7, 32%), digestive organs (3.0%) and others (9.45%).

It should be noted that with age there is an increase in infectious and parasitic diseases, while reducing diseases of the respiratory system, nervous system and sensory organs, skin and subcutaneous fat, and some other classes of diseases.

In the first year of life, diseases related to the class of diseases of the endocrine system, metabolic and nutritional disorders (rickets, malnutrition, etc.), diseases of the skin and subcutaneous fat are quite common, which is associated with errors in the organization of feeding and nutrition, poor care for a child at home. Respiratory diseases occupy a high proportion in all age groups of children, which are formed mainly due to SARS. The share of acute respiratory viral infections in the structure of respiratory diseases in the region is 81.7%, with age the proportion of chronic diseases (tonsillitis, sinusitis, etc.) increases. Among the diseases of the nervous system and sensory organs, a significant proportion of otitis media (48.6% of all diseases of this class). In the structure of gastroenterological morbidity at an early age, the main place is occupied by acute gastritis, enteritis, hernia, and at an older age, chronic diseases of the biliary tract, gastritis, gastroduodenitis take the first place.

Our studies have shown that the incidence of infectious diseases and respiratory diseases is much higher among children of organized groups than among unorganized children. In children brought up at home, metabolic diseases (rickets, malnutrition), digestive organs (acute gastritis, enteritis, gastroduodenitis, etc.), helminthiasis and others are more often recorded, which is associated with the conditions for raising and caring for children, family lifestyle.

Thus, it has been established that in the conditions of the Bukhara region, infectious and parasitic diseases, diseases of the respiratory system, nervous system and sensory organs, skin and subcutaneous tissue, and digestive organs occupy a dominant position in the structure of the incidence of preschool children. These five classes of diseases practically exhaust all the parents' visits to the polyclinic for diseases of all children. Consequently, the efforts of medical workers of children's medical and preventive institutions and the entire pediatric service of the region should be directed to the prevention of the above-mentioned classes of pathology.

According to the frequency of recurrence of acute diseases suffered by children, we formulated groups of frequently ill and episodically ill children (FIC and ECD, respectively) with a subsequent analysis of the socio-economic conditions of life, the nature of the upbringing and medical activity of the family. Children with a number of acute illnesses during the year 4 or more were classified as FIC, as is customary in pediatric practice and by many researchers.

The analysis of the material revealed statistically significant differences in a number of positions. Thus, the number of mothers with below-secondary and secondary education in the FBI group was 1.5-2 times higher than in the EBD group ($P < 0.01$). Families with FIC lived in less favorable conditions 1.5 times more often than in the comparison group ($P < 0.05$). In low-income families, the number of FIA was 1.3 times more common than in families that were prosperous in this regard ($P < 0.05$). Among FDI, 56.8±4.6% of children were artificially and early mixed-fed, and among EBD there were 13.7±2.4% ($P < 0.001$). Among children cared for mainly by mothers (especially in the 1st year of life), the number of FIAs was 2 times less; when cared for by a grandmother, a nanny and other

family members, NAIs were registered 2 times more often ($P < 0.001$). Among FICs, 78.2% in the first year of life repeatedly had pneumonia and bronchitis.

In the block of signs characterizing the medical activity of the family, both in raising a healthy child and in his illness, differences were also established between the compared groups of children. Thus, in families with FDI, the regimen of the day, food, and walks was observed only in 20.2% of cases, and in families with FDI - 83.2% ($P < 0.001$). Regular hardening, morning exercises were carried out in 20.3% of families with FIC, and in families with FCD - 67.9% ($P < 0.001$). In families with FIC, when a child fell ill, 38.6% of parents immediately went to the doctor, and in the comparative group of children, 72.3% of parents ($P < 0.001$). Parents with frequently ill children called the doctor only when the child's condition deteriorated sharply, if the illness did not go away, in most cases they did not follow or partially follow the instructions and recommendations of medical workers, did not try to help the sick child until the doctor arrived. There were 2.3-3 times fewer such negative events in families with PID than in families with FDI ($P < 0.001$). Parents rarely met in such families who take their child to kindergarten with obvious signs of illness (cough, runny nose, fever, etc.) and to the clinic without calling a doctor at home, which should be taken into account in the work of district medical workers.

The health of children is inextricably linked with the organization of education in the family, the creation of an atmosphere of warmth, calmness and benevolent exactingness. When analyzing this block of features, it was revealed that in families with FDI, fewer children had sanitary and hygienic skills according to age ($34.7 \pm 3.3\%$ versus $80.9 \pm 5.2\%$ in families with FDI). At the same time, 27.2% of mothers who are not sufficiently engaged in raising children answered during the survey that they do not consider it necessary.

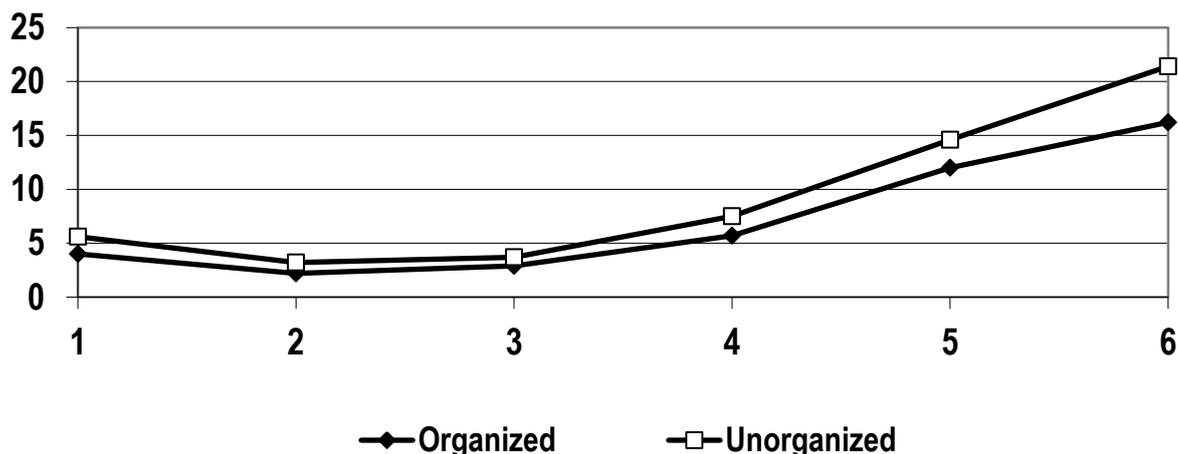
Measures of influence in case of disobedience of children also testified to the lack of knowledge on the upbringing of children among some parents or their unwillingness to follow them. Thus, inadequate punishment measures in families with EBD, quarrels between parents more often took place in the presence of children. All this, no doubt, was a strong stress for the child and influenced not only his behavior, but also the state of the nervous system. This was aggravated by the fact that in almost 80.0% of families, children experienced negative emotions when going to a preschool institution. Probably, the manifestations of nervousness, irritability, and the use of inadequate measures of punishment in case of disobedience of children are largely explained by the general psychological climate of the family.

In families with frequently ill children, in the presence of children, parents smoked 3 times more than in the comparative group of children, guests and friends often gathered, and various family and other events were held.

When assessing risk factors, it becomes clear that the negative impact of many of them can be completely eliminated or weakened by persistent work in families to raise a healthy child. And in this lie great reserves for improving the health of children and reducing their morbidity.

An analysis of the dynamics of the incidence of children shows that the number of FIC in organized groups of children is significantly higher (46.8%) than among children brought up at home (23.4%) - $P < 0.01$. However, with age, the number of such children in both groups (organized and unorganized) gradually decreases. The highest level of frequently ill children is recorded in the 2nd and 3rd years of life. In the 1st, 2nd and 3rd years of life in the conditions of Bukhara, more than half of young children belong to the category of frequently ill children. Starting from the 4th year of life, there is a decrease in this indicator, however, even in these years it remains at a fairly high level. According to the level of general morbidity and frequently ill children, there was also a change in the dynamics of the children's health index (the number of children who never fell ill during the year).

According to our data, the index of children's health in the first year of life was 4.8%. The lowest health index in the surveyed group of children is observed in the 2nd and 3rd years of life (2.7 and 3.3%, respectively). With age, both among organized and unorganized, the number of children who were not sick increases and, on average, for both groups of children at the 4th, 5th, 6th years of life is 6.6%, 13.3% and 18.8 %, respectively (Fig. 1.1).



1.1. Dynamics of the index of health of preschool children in Bukhara, brought up in different conditions (%)

A comprehensive assessment of the health status of children by years of life in two groups of families made it possible to establish that in organized groups of children the proportion of practically healthy (health groups 1 and 2A) in each year of life was significantly lower than among children in unorganized groups ($P < 0.01$).

An analysis of the dynamics of health groups in the first 6 years of life showed that from organized 1 and 2A health groups of children of 1 year of life up to 26.6% and unorganized - 12.8% in the 2nd and 3rd year of life move into the 3rd health group. Chronic pathology by the age of 5-6 is formed mainly in children from groups 2B and 3 health groups.

Conclusions

1. Low level of education of parents, low material wealth in the family, unfavorable living conditions, low level of general and sanitary culture, bad habits of parents who are inattentive to their health and the health of children, **poor** relationships between spouses, often stressful situations in the process of raising children, low social and medical activity of the family are the main factors contributing to high morbidity and the formation of frequently ill children in preschool age.

2. When planning preventive work on the site, one of its main sections should be differentiated measures for the hygienic education of children, parents and the family as a whole, taking into account its social and hygienic characteristics. The number of FBI among organized children is significantly higher (46.8) than among children brought up at home (23.4%) $p < 0.01$.

3. With age, both among organized and unorganized children, their health index increases, which on average for both groups at the 4th, 5th, 6th years of life is respectively 6.6%, 13.3% and 18.8%, and there is also an increase in the formation of chronic diseases among them.

4. Many manifestations of psychophysiological disorders in preschool children remain unnoticed by medical workers, educators and parents, which is the result of insufficient organization of measures to prepare children for educational institutions in the Bukhara region.

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