



METHODS AND MEASURES FOR ASSESSING THE HEALTH STATUS OF CHILDREN AND ADOLESCENTS.

Sharipova G.I.

sharipova.gulnihol@bsmi.uz

<https://orcid.org/0009-0009-0825-0534>

Head of Department of Hygiene No.

2, Bukhara State Medical Institute, DSc., associate professor

<https://doi.org/10.5281/zenodo.18298311>

Abstract. This article presents an analysis of factors affecting the health of children and adolescents. To characterize the health status of the children and adolescents contingent, the following indicators are widely used, taking into account the prevalence of diseases and pathological injuries: morbidity by referral, health index, episodic morbidity, the number of frequently ill children, and pathological injuries.

Key words. Acceleration, deceleration, compensation, subcompensation, decompensation.

The health of the younger generation is the key to the development of any society. The issue of hygienic education and the formation of a healthy lifestyle, especially in children and adolescents, is one of the most urgent issues today. Since the organism at this age is in the stage of growth and formation, any hygienic violations or negligence in health care can lead to negative consequences[6].

Hygiene means organizing personal hygiene, nutrition, living environment and daily habits at a safe level for health. Simple hygiene rules for children, such as morning washing, washing hands, cleaning nails, dressing in between, serve to strengthen the child's health. Prevention is a set of measures aimed at preventing diseases[5].

Sanitary and educational work carried out in schools, vaccinations, proper nutrition and physical activity are integral parts of preventive work. Proper hygiene and strong immunity are especially important in preventing seasonal infections, colds, and viral diseases. Also, hygienic education should begin in the family[3].

The personal example of parents directly affects the observance of hygiene rules by their children. In addition, since the body is very sensitive during adolescence, improper nutrition, lack of sleep, and failure to observe hygiene can cause serious harm to health. In modern medicine, the concept of a healthy lifestyle based on hygiene and prevention has gained wide acceptance. This can prevent many infectious and chronic diseases and form a healthy life position in the younger generation. Hygiene and prevention are decisive factors in forming a healthy lifestyle for children and adolescents. Their scientifically based organization serves as the foundation not only for today's health, but also for the health of future generations[2,6].

The number of appeals for illness is the sum of appeals for medical care due to illness over a certain period of time. To determine the incidence of appeals, extracts are taken from polyclinic cards (form 112) and medical certificates issued to children due to illness. Accounting for all appeals for medical care helps to determine the composition, structure of diseases prevalent among the contingent of children and adolescents, and the relative severity of each nosological form. For this, percentage indicators of the ratio of appeals for a given nosological form to the total number of appeals for medical care are taken. Analysis of the incidence of

appeals helps to determine the number of appeals, as well as to identify children who are not sick at all and who are sick several times [2,5].

Children who are sick 4 or more times during a year are included in the group of children who are often sick. In practice, the percentage of the number of children who are frequently ill to the total number of children examined is used:

Health index (SI) is a percentage indicator of the ratio of the number of children who are not sick at all during the year to the total number of children examined.

Pathological lesions - the prevalence of chronic diseases and functional shifts - are determined as a result of medical examinations and are widely used to assess the health status of the children's contingent[1,3].

In our republic, great importance is attached to preserving and strengthening the health of children and adolescents. Periodically, children and adolescents attending preschool educational organizations (PTOs), schools, lyceums, colleges and other organized institutions undergo in-depth medical examinations on a planned basis. The constant participation of narrow specialists (oculist, otolaryngologist, endocrinologist, rheumatologist, orthopedist, hematologist, etc.) in medical examinations helps in the early detection of functional shifts and diseases, in the timely and effective implementation of treatment and health-improving measures[2].

Information about the health of children and adolescents is contained in primary documents and reporting documents of the treatment and prevention institution in form 26-h - the child's individual card, form 25-h - the adolescent's medical card.

Currently, the assessment of the health status of children and adolescents is carried out on the basis of 4 criteria recommended by S.M. Grombach:

The presence or absence of chronic diseases during the examination period;

The level of functional state of the main body systems;

The level of resistance of the body to adverse effects;

The level of physical development achieved and its harmony.

According to the proposed scheme, children and adolescents are divided into five health groups, taking into account their health status:

The first group is practically healthy children, these are children who do not suffer from chronic diseases, have harmonious physical development and normal functional indicators for their age.

The second group is practically healthy children, but have morphological or functional deviations, are often sick. This group includes children with mild myopia, defects in the structure of the body, flat feet, etc.

The third group is children with chronic diseases in the compensation period (chronic tonsillitis, inactive period of rheumatism, etc.), children with congenital or acquired physical defects that negatively affect the functioning of the body.

The fourth group is children with chronic diseases in the subcompensation period. Children included in this group attend organized children's institutions.

The fifth group is children with low mobility disabilities suffering from severe chronic diseases in the decompensation period. Children included in this group do not have the opportunity to attend educational institutions.

At the level of Uzbekistan, when dividing young children into health groups, it is recommended to divide group II into three separate subgroups:

Group II-A - children with certain morphological defects that do not interfere with the normal functioning of individual organs and systems and the whole organism.

Group II-B - children with various socio-hygienic and other negative factors that contribute to the development of diseases.

Group II-V - children who often get sick.

Various environmental factors affect children's health, many of which are considered risk factors and have a negative effect on the children's body.

Important factors affecting the health of children and adolescents are divided into three groups: endogenous, exogenous and social factors.

Biological. Social and environmental factors act together with biological (including hereditary) factors. This once again demonstrates the inextricable link between the incidence of diseases in children and adolescents and environmental factors, as well as the biological laws of growth and development and genotype.

According to the World Health Organization (WHO), the influence of social factors on the formation of human health is 50%, biological factors - about 20%, anthropogenic factors - about 20%, medical care - 10%. However, these indicators are conditional, averaged and do not take into account the age characteristics of growth and development, the prevalence of pathologies at a particular period, and the influence of risk factors. The influence of environmental risk factors varies at different ages and genders[2].

Among the social factors affecting the health of children under one year of age, family composition and parental education are of great importance, while at 1-4 years of age the influence of these factors decreases, but becomes decisive. However, at this age, living conditions and family income, keeping poultry and pets at home, as well as smoking of family members play a significant role. The child's participation in a preschool educational organization (PSE) is of great importance at 1-4 years of age. At 7-10 years of age, family income, living conditions, keeping animals and smoking have a significant impact on the formation of children's health[3].

The following methods are used to describe the health status of children and adolescents: general, infectious, temporary disability, hospitalization. For all these types of morbidity, the data source is the type of registration and reporting. General morbidity is of the greatest importance for assessing the level of health status of children and adolescents and is a tool for planning and evaluating the effectiveness of preventive measures[2,4].

The main source of data is the study, the appeal for medical care. This data is stored in special statistical reports of the adolescent office of the adult polyclinic, which includes the registration of general morbidity, which is the place of identification of diseases that have caused or caused disability (according to the appeals) and the number of diseases that are considered to be the place of identification (at home, in the polyclinic, during a medical examination). The unit of observation is the first diagnosis made with this disease in the current year, based on the appeals made with the help of a medical examination, which is included in the statistical report [3].

References:

1. Sharipova Gulnihol Idiyevna. DISCUSSION OF RESULTS OF PERSONAL STUDIES IN THE USE OF MIL THERAPY IN THE TREATMENT OF TRAUMA TO THE ORAL MUCOSA// European Journal of Molecular medicine volume 2, No.2, March 2022 Published by ejournals PVT LTDDOI prefix: 10.52325 Issued Bimonthly Requirements for the authors.
2. Sharipova Gulnihol Idiyevna. THE EFFECTIVENESS OF THE USE OF MAGNETIC-INFRARED-LASER THERAPY IN TRAUMATIC INJURIES OF ORAL TISSUES IN PRESCHOOL CHILDREN//Academic leadership. ISSN 1533-7812 Vol:21 Issue 1
3. Karimov I. Karimov I.A. "High spirituality is an invincible force."- T.: Spirituality, 2008.
4. Law of the Republic of Uzbekist. Karimov I.A. "High spirituality is an invincible force."- T.: Spirituality, 2008.
5. Karimov I.A. "High spirituality is an invincible force."- T.: Spirituality, 2008. 4. Law o. . Karimov I.A. "High spirituality is an invincible force."- T.: Sr, 2022.