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Health State and Actual Nutrition of Preschool Children

F.I. Salomova[1], Sh.Kh. Bakieva, N.F. Yarmukhamedova, A.F. Dusmukhamedova

ABSTRACT

The analysis of domestic and foreign scientific publications devoted to the study of indicators of physical development, health status and actual nutrition of preschool children was carried out. The analysis showed a negative trend in the health status of preschoolers. The number of children belonging to the I health group decreases from 3 to 7 years of age, and the number of children in the III health group increases. This confirms the opinion that the preschool age is a period of the formation of chronic diseases. The study of the functional state of the body of preschoolers, and their morbidity to assess the impact on these indicators of the conditions of their upbringing, the development and implementation of preventive measures to optimize these conditions are currently an urgent problem.

Keywords. Preschool children, health status, physical development, morbidity, actual nutrition.

In calendars all over the world June 1, is noted as the International Day of Children. This day is a reminder of mankind about the responsibility of all people on the ground for the fate and upbringing of the growing generation. One of the most important medical and social health tasks is to preserve and strengthen the health of the growing generation, the education of physically healthy, mentally balanced and morally sustainable children [1-6].

The Republic of Uzbekistan is characterized by a high birth rate, traditional many and high specific grapes of the children's population. Due to the functional immatures of the central nervous system and a number of other organs and systems, and high extension of exchange processes, the growing body of the child quickly responds to adverse factors of the external environment by changing the most important functions - a violation of physical and mental development, the disorder of the activities of the bodies that carry the basic functional load on the provision of homeostasis, a weakening of the natural and acquired immunity [6, 61].

Many authors studied health indicators in various groups of children's population [18, 20, 23, 26, 29-30, 38-39, 46].

Among the various social groups of the children's population are most incoming childbirth children of preschool age visiting children's preschool institutions [7, 13, 16, 37].

In the 80s of the 20th century, the coverage of preschool children in public US education was about 45%, and in individual cities and large industrial centres reached 80% - 90%. In preschool institutions, children are within 10-12 hours, and some part - around the clock, and from the correct organization of regime moments

[1] Corresponding Authors: Tashkent Medical Academy, Tashkent, Uzbekistan. e-mail: fsalomova@mail.ru

and nutrition in these institutions, the health of children and their level of morbidity depends largely on.

Long-term studies (for more than 30 years) of the state of health of preschool children showed that when admitted to preschool institutions, up to 20% of children have chronic diseases, a significant number of functional deviations, and a high level of acute incidence. The number of children related to the I Group of Health decreases from 3 to 7 years, and the number of children in the III Group of Health is increasing. As a result, the indicators of the health of school children are worsened. The Russian Federation lives 38.8 million children, of which no more than 20% of school-age children are healthy, deviations in health status have 45% of schoolchildren, 30-35% have chronic pathology, 58% of schoolchildren are limited in the choice of the profession at health [28, 38, 44, 48].

The children's population is exposed to various environmental factors, many of which are considered risk factors for the development of adverse changes in the body. The defining role of the health of the children's population is played by three groups of factors:

-biological factors, including characterizing the genotype of the population;

-lifestyle;

-state of the environment.

Social and medium factors are not active but in combination with biological (including hereditary) factors. This causes the dependence of the human incidence of both the environment in which it is, both from the genotype and the biological laws of growth and development. The literature is often given common general sections WHO, according to which the contribution of social factors to the formation of human health is about 50%, biological factors - about 20%, anthropogenic factors - also about 20% and medical care - up to 10%. However, these values are averaged and do not consider the age features of growth and development of children, the formation of pathology in certain periods of their life, and the prevalence of risk factors. The role of certain factors in the development of adverse effects in a state of health is different depending on the floor and age of the individual [41].

The study of the role of social and hygienic factors in the development of diseases among children in the population in modern socio-economic and ecological and hygienic conditions has shown that the amounts of the contribution of social, biological, and anthropogenic factors are rather close to the WHO indicators. Thus, social factors are 24.8-39.5%, including lifestyle - 2.8-10.8%, biological factors - from 17.4 to 35.4% and anthropogenic - from 10.0 to 56.9%.

The value of the contribution of individual factors depends on the age of the children.

Under the age of 1 year, among the social factors, the family's characteristics and the education of the parents are decisive, for aged 1-4 years the importance of these factors decreases but remains quite significant. However, at the age of age, the role of the housing conditions and family income, the content of animals and smoking of relatives in the house is increasing. It is important that a visit to the child of the preschool kindergarten (PK) is important. The greatest value it has is exactly in the age group of 1-4 years. At the age of 7-10 years, housing conditions, income, animal content and smoking of relatives in the house were also of greatest importance [8-9, 11, 14, 22, 24].

The risk of repeated ARI is higher in children visiting kindergartens and other preschool institutions and in families with unsatisfactory material and housing and sanitary hygienic conditions [25, 47, 50-51].

It is known that the health of children of influences by many biological and other factors: the age of parents at the time of the birth of the child [6,44,90], the weight of the child at the time of birth [1], the nature of feeding, the complication of pregnancy (especially toxicosis of the second half of pregnancy) and birth, chronic diseases of the mother and acute diseases of her during pregnancy, reception during pregnancy of various drugs, psychodrama during pregnancy, the psychological climate in the family, the attitude of parents to the implementation of preventive and treatment measures, helping relatives of the children's education, etc. [22, 26, 32, 35, 43, 53].

Among the biological factors in all age groups of children, the main factors that have the greatest impact on morbidity are diseases of the mother during pregnancy and complications of the flow of pregnancy and childbirth. Socio-hygienic factors that have the greatest impact on the development and health of the growing organism can be conditionally divided into favorable and unfavorable.

Saidova L.B. and others studied the structure of the overall incidence in environmentally adverse regions of the Republic of Uzbekistan; It was revealed that the state of health of children living there is characterized by the worst indicators of the incidence of ARD 2-3 times higher than in general in the republic [37].

Karimbaev Sh.D., Karimov A.A., Kayumova X.I., Mamatkulov B.M., Salomova F.I., and others studied the incidence of children in various regions of the republic and concluded that the disease of the pre-organic diseases of the breath, infectious and parasitic diseases, diseases of the nervous system and sense organs play.

Thus, the 3 main classes of diseases that determine the general incidence of children have basically infectious aetiology. Their emergence and development are possible with an increased susceptibility of the child's body, because in children's age due to the tension of metabolic processes due to intensive growth and development in combination with the immolarness of their regulation, the immune system is tense [18-19, 20, 26, 38].

Thus, the problem of respiratory diseases in children is among the most acute medical problems, which is tested by numerous research throughout the world. [2, 4, 9-10, 12, 55-57].

In this regard, the problem of broncho-year diseases in children remains one of the current problems in modern pediatrics.

In the last decade, the trend towards the growing number of tight pneumonia and recurrent bronchitis flowing aptypically, little to methods of traditional antibiotic therapy and pathogenetic methods of treatment was notary [17, 58, 60].

Over the past two decades, respiratory diseases have become more common than earlier, on average every child is transferred from 3 to 5 officially recorded respiratory diseases. The most prone to respiratory diseases are children aged 1 year to 7 years [31].

It is known that resistance to infections is determined by the three main factors - age, nutrition and genotype, and children aged 1- 3 years are characterized as a group of physiological risk. Party respiratory morbidity proposes to determine in different age groups along the next multiplicity of diseases per year: for children aged 2-3 years - 6 diseases a year and more, 4 years - 5 or more, 5-6 years - 4 or more, but in general this definition implies at least 4-6 diseases a year, and about 30% of children are ill with monthly [31, 42].

One of the reasons for repeated respiratory morbidity is considered to be an abundance and strict specificity of respiratory viruses, the immolarness of the thermoregulation system, the reduction of immunological reactivity, as well as the reduced stability of the child's organism to the changing climatic factors of the external environment [52].

The body of a healthy child without the features of the use of sensitiveness proximity to the sharp oscillations of the meteorological conditions by an adequate physiological reaction. In patients, as well as weakened children, the change in the weather is intensive solar radiation, sudden daily and seasonal fluctuations in air temperature, humidity and wind speed, and significant barometric oscillations - leads to significant shear in the body, which is often manifested by a deterioration of the state of the child or the aggravation of the disease. A hot climate and adverse environmental conditions determine the temperate “oppression” of the immunity cell [61].

One of the most important risk factors for the incidence of ARD children attracts the smoking of the mother or both parents [22, 36].

The long stay of children on the premises where the air environment is contaminated with tobacco smoke leads to a violation of bronchial parking and an increase in the number of children with reduced resistance, i.e., often diseased children. It should be noted that the problem of smoking, especially among women, is becoming increasingly important and causes an increasing alarm. Comparison of the prevalence of smoking among parents in 1989-1990 [24]. In 1998-1999 showed that if the number of smoking fathers remains at a high level, slightly decreased - from 57.7% in 1989-1990, the number of smokers at the same time increased almost 2.5 times. In 1989-1990. The number of smokers was 8.8% in 1998-1999. In addition, the number of mothers, which began to smoke at the age of 18 has also significantly increased [40, 49].

In environmentally unfavorable areas, it is almost 2 times more children with a body weight of 2500 g and with congenital development anomalies, for three years they have been created for reliable lymph and eosinophilic, a decrease in the number of T-lymphocytes [1]. It is established that morbidity and mortality are higher in children born with body weight below 3000 g. And above 4500g [19].

Uzbekistan is a region with a developed industry, peculiarly-climate-geographical and ethnic features. The growth in the capacities of industrial enterprises, energy and agricultural assemblies, and transport systems lead to an increase in the volume and change in environmental pollution. It is believed that the public living in large industrial cities is currently under the impact of 500 thousand different substances polluting the biosphere.

A special role belongs to agriculture as a source of pollution of the environment in connection with the intensive application of a wide range of pesticides. These

reports of sanitary-epidemiological stations of areas and regions indicate that in recent years, by a halved area in the RUz, an average of about 15 kg of pesticides occur (in the CIS - 3 kg/ha, in the US - 1.2 kg/ha), and per capita more than 2 kg [19].

Various air pollutants (weighted particles, carbon monoxide and sulfur and nitrogen, pesticides) cause changes in the immune reactivity of the organism (the level of serum immunoglobulins, phagocytic activity of neutrophils, the deviation of the T-cell of immunity) develop, leading primarily to the growth of diseases of the respiratory tract and allergic states [52, 54].

The drying of the Aral Sea led to a sharp increase in the mineralization of water, its rigidity and the content of its dry residue is 2-3 times higher than the permissible sanitary norms, which led to a sharp deterioration in the health of the children's population. Over the past decade, the oncological morbidity grew 9 times, blood, and anaemia disease 3.8 times, tuberculosis 2 times, etc. [20, 59].

In the world, 50% of children suffer from iron deficiency anaemia. And in Uzbekistan, this indicator reaches 60%. One of the main reasons for the development of anaemia in children is the iron deficiency in their body associated with the anaemia of mothers, which is observed in 60-70% of pregnant women, the presence of chronic foci of infection, frequent diseases, insufficient iron content in food, calvary invasions, etc. [38].

Studies conducted by N.F. Yarmuhammedova showed that in Iron-deficiency anemia the child's evidence and cellular immunity change the level of t-lymphocytes, their subpopulations, and all groups of immunoglobulins. In his turn, the IDA aggravates infectious-inflammatory processes: in children with the IDA frequency of the ARVI, the ARD 3 times more often than in children without anaemia [61].

Broncholygent diseases often occur against the background of timomegal. Timomegalia in most cases develops with an insufficient ironing diet with food and water. In addition, insufficient admission of proteins, fats, carbohydrates, vitamins and mineral elements contributes to the emergency of iodine deficiencies [26].

According to UNICEF, the globe 1/4, of the part of children suffers from diseases associated with iodine insufficiency. 15-30% of the world's interest population of the city of Tashkent, depending on the area of the residence, it was affected by the endemic goiter [38].

In certain families, children are painful acute respiratory infections and pneumonia more often than in a whole population, and the age of the child, anthropometric data at birth, a blood group and Rh-belonging, which are signs of a multifactorial disease (phenotypic and genotypic factors) are of great importance [31].

The overall level of the incidence of ARDs in boys is higher than that of girls; The frequency of ARD increases in children who are artificial feeding [31].

Medical and biological factors contributing to frequent ARDs in young people refer to the genetic anamnesis of allergic, broncholyging, cardiovascular and gastrointestinal diseases. A large role is played in acute diseases during pregnancy, receiving medicines, the retirement of the midwife of the mouth washing: anticosis pathology, nephropathy, threat of miscarriage, molar, perpolation, premise, intrauterine infection of the fetus, intrauterine hypoxia and hypotrophy; Pathology of birth, large fruit, asphyxia, generic injury, diseases during the newborn - hemolytic disease of newborns, perinatal encephalopathy, heavy OR, pneumonia, septic and other infectious diseases; The presence of a pathological premorbid background is hypotrophy, allergic diathesis, rachitis or its residual phenomena, dysbacteriosis of the intestine. Broncholygental diseases in children of preschool age often develop against the background of timomegal, iron deficiency anaemia, dysbacteriosis of chronic foci of infection in nosochostob, allergic manifestations in the anamnesis, gelmintosis [31, 45].

Artificial or mixed feeding leads to a decrease in the functional activity of immune protection and frequent infections because Breast milk, in addition to antibodies to pneumococci and other microorganisms, contains phagosteric cells, complement, lactoferrin, lagosym, interferon and existing mixtures completely not compensate for natural feeding [31].

Frequent respiratory infections affect the state of the gastrointestinal tract, causing intestinal enzymopathy manifested in small absorption, obvious signs of nutrition deficit, hypopolyititlenose and meteorism. In half of the patients with enzyme, dysbacteriosis was diagnosed. Violation of eubiosis in children the bifidoflora deficiency is accompanied by a violation of mineral exchange contributes to the development of racists, and iron deficiency anaemia. The normal microflora of the intestine is an anonist of the relation to pathogenic and conditionally pathogenic bacteria, has an immunomodulating effect (stimulates the formation of hypophysitis, plasma cells, immunoglobulins, regulates the content of lysozyme, proper sprint, complement and its fractions) lactobacillies determine the adjuvant effect, stimulates migration of monocytes, their phagocytic activity and activity of polymorphoniore drug leukocytes are activated [35].

Antibiotic therapy is the main treatment event in broncholygental diseases [61]. Antibiotics of a wide range of spectrum cause generally earlier and more pronounced imbalances of normal microflora. From the foregoing, it follows that not only frequent ARI but also a pre-conflagrant background, contributing to their development, induces the formation of dysbacteriosis, thereby creating a vicious circle: immunodeficiency underlies the frequent ARI and causes the dysbiosis of the intestine.

Broncholygental diseases are characterized by a decrease in the content of T-lymphocytes and their active fraction, a violation of the relative T-helpers and t-suppressors by reducing the level of T-helpers, increasing the relative amount of in-lymphocytes, a decrease in serum IgA level, increasing the level of the CEC and serum IgM and IgG, a change in the migration activity of leukocytes, a decrease in the activity of lysozyme, the content of secretory JgA in nose secret, the ability of leukocytes to the production of interferon. Therefore, in the treatment of broncho-year diseases, monochromatic therapy is of great importance [61].

Health and prevention of ARIs are important tasks and include first of all the treatment and recreational activities: appointment in epidemic seasons of antiviral drugs (interferon, alkaline ointment), vitamins C, a, provitamins, metabolic correctors (lipoic acid, yeast drink, vegetable oils), physiotherapy (herbal vitaminized cocktails, inhalation with herbs at the first signs of respiratory disease), the purpose of probiotics for the treatment of dysbacteriosis, sanitation of chronic foci infection in the nasopharynx, treatment of concomitant diseases (anaemia, parasitosis, etc.). The effectiveness of these measures can be substantially higher than using some additional measures, in particular foods enriched with biologically active substances [15].

Correctly organized food, with full and balanced content of the main food substances, provides harmonious, age-up development of the childhood organics, and has a significant impact on the resistance and immunity of the child in relation to different diseases and various adverse environmental influences [21, 33].

Food is the only source of vital substances: proteins, fats and carbohydrates, mineral substances, microelements and vitamins necessary for the growth and formation of the body, its active activity and resistance to adverse effects of the external environment. It is known that every year, more than 600 food substances are received in the body, there are more vitamins and more than 20 minerals, and macro- and microelements are more than there. Most of them are indispensable, not synthesized in the human body, and are contained in food in micro-doses, but without them, a person cannot live. For example, if a solution is used in iodine, goiter develops, with a depletion of selenium-tumour, the defender of fluorine is destroyed by teeth, etc. The human body is not able to synthesize some vitamins, and the deficit of these vitamins modifies the inter-movement relationship.

This is undoubtedly negatively affected by the metabolism of food substances. In this case, the interaction of immunocompetent cells and the synthesis of antibodies is disrupted. Consequently, the decrease in the sustainability of the body to the influence of adverse environmental factors leads to an increased susceptibility of the body to the disease factors of the habitat and, in the final the incidence of is increasing [34, 41, 49].

At the International Food Nation House, organized in 1992, FAO / WHO in Rome was indicated to be widely discharged by the micro-trending deficit as a crucial energy problem not only in developing, and developed countries, and the need for large-scale measures at the state level for the effective correction of this deficit. Correction and prevention of existing deficits, and optimization of qualitative and quantitative composition of food products obtained by the main population of the population is the most important task of modern medicine and hygiene nutrition [38].

In Russia, since 1983, mass surveys of nutrition of various groups of the population are given: children of preschool age, students at general education schools, students, workers of various professions and pregnant women. The results of the studies indicate that the country's diet of the country's population in the whole and its individual regions is characterized by insufficient content of vitamins, microelements, food fibers and other essential factors of human power, which does not allow adequately satisfy the physiological need for several foods and primarily in vitamins [23].

According to Kuchma V.R. (2002), and Onishchenko G.G. (2004) individual groups of the Russian population are Insufficiently consuming meat and meat products, milk and dairy products, fish and fish products, vegetable oil, fresh vegetables, and fruits. This led to a lack of content in the average daily fate proteins, incl. animal origin, PSE, food fibers, macro- and microelements [24, 30].

Similar results were obtained in studies conducted in the southern regions of Uzbekistan (Bukhara, Kashkadarya and Surkhandarya regions) [37].

The most acute problem is the problem of vitamin security. According to Disthenko G.G., Baranov A.A., and Kuchma V.R., the study of actual food over 6,3000 people showed that the deficiency of ascorbic acid (vitamin C) is manifested in 70-100% of cases, vitamins Bi, Bg, Bv and folic acid - in 40-80%, and in carotin - in 40-60% of cases [30].

Insufficient admission of vitamins with foods is particularly adversely affected by physical development indicates, the incidence, of the work of the children, contributes to the constant development of exchange disorders, and chronic diseases and ultimately prevents the formation of a healthy generation [39].

The study of the vitamin status of the children's contingent of the Tashauz region of Turkmenistan showed that in the serum of the children, the content of the vitamins A and B2 are on the lower limit of the norm, several lower normal values were determined by the content of vitamins E. Pronounced deficiency of vitamins PP and C installed in the morning urine [38].

The generalization of the available data allows you to describe the screen with a case of the children with the provision of children's and adult population by vitamins, macro- and microelements:

1. The detected deficit is characterised of the combined failure of vitamins C, group B and carotene, i.e. polygypovitaminosis.

2. The deficit of vitamins is detected not only in the spring but also in the summer, most, it seems, the favourable period of the year and thus is a constantly effective adverse factor.

3. In a significant part of the children, pregnant and colourizes, the multi-vibrational deficit is combined with the lack of women and is caused by the disadvantage of iron, which causes the widespread spread of hidden and explicit forms of vitamin-iron deficiency anaemia.

4. In a number of regions of polyhypovitaminosis admission of iodine, selenium, calcium and a number of other macro- and microelements.

5. The deficiency of micronutrients is detected in almost all population groups.

The problem of micronutrient insufficiency is not connected so much with a violation of the structure of the power supply (consumption of products underwent processing, preservation and long-term storage, which lose a significant part of the essential foods - vitamins as a result of these processes), as long as with objective reality - a significant and sharp decrease in the last 30 years, the human energy and respectively with a decrease in the amount of food consumed by them. With a decrease in the amount of food consumed, the consumption of irreplaceable food substances contained in it is investigated vitamins [39].

A significant increase in the role of the consumption of refined, high-calorie products, practically devoid of vitamins and other indices of the vitamins, and other preparations, the same bread, etc.) play.

As a result of these trends, the diet of a modern person sufficient for coating energy does not provide recommended norms for the consumption of essential foods vitamins and critical mineral elements. At the same time, in the conditions of the scientific and technological revolution, the increase in neuroton-emotional voltage, the impact of unfavourable factors of production and the volatile environment, the need for a person in micronutrients as an important protective factor not only decreases but vice versa, significantly ageing that there is a need to preserve or even increase the level of consumption of irreplaceable food substances, despite a significant decrease in the daily energy value of food, is a common problem for all economically developed countries that is formulated as a task of increasing the food density of the diet (Food density).

Under these conditions, the most intelligent and effective way to improve the population's protection of micronutrients is the additional enrichment of micronutrients of mass consumption products. In most countries of the world, flour, pasta and bakery products, margarine, sugar, fruit juices, dairy products, soft drinks, etc. are being performed. vitamins, calcium, iron, and iodine [38].

Along with this, wide propaganda of regular reception of poly vitamin drugs is carried out. The number of people regularly taking vitamins for preventive purposes reaches the US ads among the adult population, England, and other countries to 50-60%; Among children, pregnant and lactating women are 90-100%. These activities significantly improve the food value of food, vitamin security and health of the population [38].

Enrichment of food by vitamins is a necessary condition for further rationalization of the supply and prevention of a number of diseases. Regular reception for 6-8 months in the school year of the drug “Undevit” poly vitamin almost completely normalized the vitamin security of students, which was expressed in achieving normal levels of vitamins in the blood and urine [30].

An additional reception of multivitamin drugs significantly reduced the morbidity of students, especially colds. Thus, vitaminization among students at the general education school (1250 preschool children) in Tallinn

with Undevit, from January to May 1987, reduced the incidence in the number of 24% by tax, by the number of missing days by 28% (compared with all over the group controls that did not receive poly-vitamins).

In Tbilisi, vitaminization decreased the incidence of total skills by 19%. In Moscow (1987-1988, 1000 students) as a result of vitaminization, the total incidence of children by 30% decreased. In Baku after preventive vitaminization among students of the age of 6 years, their incidence in the number of cases decreased by 40%, while the number of diseased children decreased by 2.2 times. The number of the same did not grow 1.9 times. In Moscow, the health index (the number of not children who have not been affected) increased as a result of vitaminization from 22 to 39%, i.e. 1.8 times [30].

Thus, the analysis of scientific literature showed:

1. When admission to children's preschool educational institutions, up to 20% of children have chronic diseases, a significant number of functional deviations, and a high level of acute incidence. In this case, in the structure of the incidence, the first place belongs to the diseases of the respiratory bodies, among which the first place occupies the ARVI. The level of the ARVI is considered as a criterion for the non-specific resistance of the body of children, for the formation of which a complex complex of social and hygienic and biological factors has a significant influence.

2. The number of children related to the I Group of Health decreases from 3 to 7 years, and the number of children of the III Group of Health is increasing. This confirms the opinion that the preschool age is a period of the formation of chronic diseases.

3. In this regard, the study of the functional state of the preschool children, their incidence in the assessment of the impact on these indicators of the conditions of their upbringing, the development and implementation of preventive and medical treatment and optimization activities for the optimization of these conditions are currently an urgent problem.

CONFLICT OF INTEREST - The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

REFERENCES:

1. Avdeeva M.S. Features of physical development of girls 7-8 years with non-physiological flow of perinatal period. // Yakutsk Medical Journal. - 2018; -S 4. - P. 60-62.

2. Antonova A.A., Khutorskaya T.A. Health and physical development of preschool children // International research journal - 2018.- 11 (101) - Part 2.- P. 10-13.

3. Baikov L.F., Amirova V.R. Physical development and psychological readiness for schooling of children of senior preschool age born, precisely // Medical Bulletin Bashkortostan. - 2010. - No. 3, T.5. - S.16-21

4. Baranov A.A. Tasks of pediatric science for children's health // Bulletin of the Russian Academy of Medical Sciences. - Moscow, 2003.- # 8.- C.3-6.

5. Barshay V.M. Physical education of preschool children as a basis for the health of modern society / V.M. Barshay, S.N. Krizun // Tauric scientific browser. - 2016. - №11 (16) .

6. Butayev X.G., Ladodo K.S, Konya I.Ya., Usmanov I. Monitoring of the physical development of children of preschool age of Uzbekistan: Methodical recommendations. - Tashkent, 1985-17 p.

7. Veselov N.G. The influence of social and biological factors for the incidence of children of the first 7 years. // Soviet health. - 1990. - # 5. - C.34-38.

8. Grebnyak N.P., Vytrishchak S.V. The state of the child population of the metropolis // Hygiene and sanitation. - Moscow, - 2004. - No. 2. - P.50-53.

9. Grechukhin I.V., Kulkov V.N., Fomichev V.V. Analysis of the incidence of children due to injuries, poisoning and diseases of the musculoskeletal system according to official statistics. Medicine. - 2019; No. 2. - S. 24-39.

10. Gusev M.I., Ershova T.N., Vinokur I.L. and others. Influence of the urban environment on the incidence of children's population. //Modern issues of hygiene of children and adolescents. - Collection of scientific papers. - M. - 1986. - S.46-49..

11. Elizarova I.S. Dynamics of the state of health of children and adolescents of Astrakhan / I.S. Elizarova, A.A. Antonova, T.V. Serdyukova and others // Allergology and Immunology. - 2012. - V. 13. - No. 1. - S. 101.

12. Zhirnov V.A., Dmitrieva M.V. Analysis of the incidence of preschool children in the outpatient clinic. // Proceedings of the Samara Scientific Center of the Russian Academy of Sciences, v.17, No. 5 (3), - 2015 - P. 762-766.

13. Zhumatov U.Zh., Odilov U.Kh. Impact of environmental change on children's health. // Medical journal of Uzbekistan.. T. - 1995. - No. 4. - p.3-4.

14. Zaitsev A.G. Formation of a healthy lifestyle of the young generation // Hygiene and Sanitation. - Moscow, 2004. - No. 1. - P. 54-55.

15. Ilyin A.G. The state of health of children of preschool and primary school age. Problem, solutions. / A.G. Ilyin, S.R. Konova // Directory of pediatricians. - 2011. - No. 3. - P. 5-10.

16. Kalagina L.S. Infectious diseases as a factor in the development of pathology of the digestive system in children. // Children's infections. - 2019 - No. 18 (2). – pp. 24-29

17. Karimbaev Sh.D. Comprehensive socio-hygienic study of the incidence of long-term and frequently ill children of the first 7 years of life and ways to improve their medical care. // Abstract. diss... cand.med.sci. - Tashkent, 1989.- S. 18.

18. Karimov U.A. Comprehensive assessment of morbidity and improvement of medical care for young children in rural conditions in Uzbekistan// Abstract of diss... doctor of medical sciences. - Tashkent, - 1994. - 48 p.

19. Kayumov H.N. Features of the state of health of children of the first 7 years of life in rural areas of the climate zone of the deserts of Uzbekistan and ways to improve their honey. service. // Abstract. diss... cand. honey. Sciences. - Tashkent., 1999.- p. 17.

20. Korelskaya I.E., Beletskaya E.V. Physical development of children with disorders of the musculoskeletal system in the circumpolar region // Modern problems of science and education. - 2014. - No. 6. - P. 1407.

21. Krasavina N.A., Startseva S.E. Risk factors affecting the health of preschool children. Human ecology. - 2018 - No. 6 - P. 25-31.

22. Kuchma V.R. Children in the metropolis: some hygienic problems. - Moscow: Publisher of the NTsZD RAMS. - 2002. - 280 p.

23. Kuchma V.R. Risk assessment of the impact of environmental factors on the health of children and adolescents // Hygiene and Sanitation. - Moscow, 2002. - No. 6.- S. 51-53.

24. Kuchma V.R., Sukhareva L.M. Priority criteria for assessing the state of health and disease prevention in children and adolescents // Hygiene and Sanitation. - Moscow, 2005. - No. 6.- S. 42-45.

25. Mamatkulov B. Medico-social aspects of the formation of the protection and improvement of the health of children in the first 7 years of life.// Avtoref. diss... doc. honey. Sciences. - Tashkent, 1997.- P.32.

26. Mandrikov V.B., Smirnov Yu.A. Features of the dynamics of the incidence of preschool children // VESTNIK VolGMU, -2005.- No. 14- S. 23-25.

27. Martynova A.A., Megorskaya I.P. Assessment of the physical development of children 3-7 years old in the Murmansk region. // Yakut Medical Journal. -2019. - No. 2. - S. 35-38.

28. Niyazova G.T. Hygienic aspects of the formation of disorders in the growth and development of children of school age in Karakalpakstan. //Author. diss ... cand. medical sciences - Tashkent, 2008. - 28 p.

29. Onishchenko G.G., Baranov A.A., Kuchma V.R. Safe future of children in Russia. - Moscow, 2004. - 124 p.

30. Osidak L.V., Dondurey E.A., Obraztsova E.V. Morbidity structure and modern approaches to the treatment of acute respiratory viral infections in children. // BC. Medical review. - 2019. - No. 3. – P.33–38.

31. Petrova E.I. The state of health of orphans in a difficult life situation (based on the materials of the Ryazan region) // Russian Medical and Biological Bulletin. Academician I.P. Pavlov. - 2011. - No. 4. - P.74–77.

32. Petrova S.S. Adaptation of children of primary school age to primary school. // Successes of modern science and education. -2018. - No. 1. –S.13-16.

33. Pokatilov A.B., Novak A.P., Sarvanova S.V. About the alarming trends in the growth of the incidence of the musculoskeletal system in children and adolescents and the prospects for their prevention. // Chief physician. - 2020. - No. 1 (71). - P.19-22.

34. Ponomareva L.A., Mamatkulov B.M. Forecasting health indicators of the population based on an integrated assessment of the significance of human environmental factors: Method. recommendations. - Tashkent, 2009. - 15 p.

35. Popova T.V., Zhukovskaya E.V., Kireeva G.N. Some aspects of the state of health of children in the Chelyabinsk region according to the work of a mobile consultative clinic // Medical Science and Education of the Urals. - 2011. - V.12. No. 3. - S. 35-36.

36. Saidova L.B. Morbidity of organized and unorganized groups of preschool children in the Bukhara region. // Electronic scientific journal "Biology and Integrative Medicine". -2016 No. 2.- S. 20-31.

37. Salomova F.I. Medico-biological substantiation of the use of wheat germ flakes for health improvement and complex treatment of preschool children //Avtoref. dis. ... can. honey. Sciences. - Tashkent, 2002. - 22 p.

38. Salomova F.I. Hygienic bases for the prevention of posture disorders and the initial forms of scoliosis in children and adolescents // Avtoref. dis. ... doc. honey. Sciences. - Tashkent, 2009. - 22 p.

39. Sedykh N.V. Pedagogical system for the formation of the foundations of a healthy lifestyle for children

in preschool educational institutions: // Avtoref. dis. … Dr. ped. Sciences. - Volgograd, 2006. - 45 p.

40. Serdyukov V.G. Socio-hygienic features of living conditions as risk factors for children's health / V.G. Serdyukov, A.A. Antonova, G.A. Yamanova, D.V. Davydenko and others // Topical issues of ensuring the sanitary and epidemiological welfare of the population: a collection of materials of the interregional scientific and practical conference of scientists and specialists of Rospotrebnadzor. - Astrakhan. - 2019. - S. 71-76.

41. Smirnov Yu.A. Dynamics of the incidence of preschool children in the region of the lower Volga region // Scientific-theoretical journal "Scientific notes", No. 1 (59) - 2010.- P.102-105.

42. Sokov S.L., Plyaskina I.V. Central region of Russia: state of health of children and adolescents // Bulletin of the Russian University of Friendship of Peoples. - 2009. - No. 1. - P. 112–114.

43. Sokolovskaya T.A., Stupak V.S., Senkevich O.A. Actual problems of morbidity in children of preschool and primary school age. // Scientific and practical peer-reviewed journal "Modern problems of healthcare and medical statistics" - 2021. - No. 1. - P. 631-644.

44. Timoshinova O.A., Zakharova S.Yu. Analysis of the reasons for lagging behind in physical development in children of early and preschool age // Ural Medical Journal. - 2015. - No. 1 (124). pp. 98–102.

45. Fomina N.A. Physical education of preschool children based on the system of role-playing gymnastics. // Abstract. dis. … Dr. ped. Sciences. - Maykop, 2004. - 43 p.

46. Tselikovskaya N.Yu. Socio-hygienic factors and health children // Hygiene and sanitation. - Moscow, 2001. - No. 2. - P.58-60.

48. Chaichenko M.V. The level of disorders in the state of the musculoskeletal system in children in preschool educational institutions of the city of Kolomna and the Kolomna district of the Moscow region / M.V. Chaichenko, M.Yu. Zolotova // Izvestiya Tul GU. Physical Culture. Sport. Issue. 2. Tula: Tul GU Publishing House. - 2013. - S. 175-181.

49. Chanchaeva E.A., Aizman R.I., Sidorov S.S. and others. Modern trends in the development of children of primary school age (literature review).// Acta biomedica scientifica. – 2019.- №4 (1).-p.59-65.

50. Shakirova D.M. Age crises in children of preschool and school age. // Issues of student science. -2019. - No. 5 (33). S.82-85

51. Yamanova G.A. Hygienic assessment of the effectiveness of physical education of schoolchildren / G.A. Yamanova, D.V. Davydenko, A.A. Antonova // In the collection: Week of Science - 2016. Materials of the All-Russian Youth Forum with international participation. - Stavropol, - 2016. - C. 460-463.

52. Abdurakhmonovna S. K. et al. Urban Environment Change and Population Morbidity //International Journal of Development and Public Policy. – 2021. – Т. 1. – №. 6. – С. 66-69.

53. Allen MC. Neurodevelopmental outcomes of preterm i nfants. Curr Opin Neurol. 2008; 21 (2): 123–8.

54. Choi J. W. et al. The prevalence of symptoms of allergic diseasesin children residing in industrialregions of Uzbekistan //International Journal of Psychosocial Rehabilitation. – 2020. – Т. 24. – №. 4. – С. 2105-2115.

55. Humphrey, J.K. Integration of Physical Education in the Elementary School Curriculum / J.K. Humphrey. – Springfield, I.L. : Charles C. Thomas Publishers, 1990. – 110 p.

56. Jones R.A., Downing K., Rinehart N.J., et al. Physical activity, sedentary behavior and their correlates in children with Autism Spectrum Disorder: A systematic review. PLoS One. 2017;12(2):e0172482. Published 2017 Feb 28. DOI: 10.1371/journal.pone.0172482

57. Oh D.L., Jerman P., Silvério Marques S., et al. Systematic review of pediatric health outcomes associated with childhood adversity. BMC Pediatr.2018;18(1):83. Published 2018 Feb 23. DOI:10.1186/s12887-018-1037-7

58. O'Reilly M., Svirydzenka N., Adams S., et all. Review of mental health promotion interventions in schools. Soc Psychiatry Psychiatr Epidemiol. 2018;53(7):647-662. DOI:10.1007/s00127-018-1530-1

59. Salomova F. I. et al. Results of the hygienic assessment of the quality of drinking water (on the example of Almazar district of Tashkent city) //international scientific review of the problems of natural sciences and medicine. – 2019. – С. 43-48.

60. Scaglioni S., De Cosmi V., Ciappolino V., et all. Factors Influencing Children's Eating Behaviours. Nutrients. 2018; 10(6):706. Published 2018 May 31. DOI:10.3390/nu10060706.

61. Yarmukhamedova N. F., Bakieva S. K., Salomova F. I. Epidemiology of upper respiratory tract diseases in the republic of Uzbekistan. //Hunan University's Natural Sciences Edition).– 2021. – Т. 48. – №. 10.

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MAKTABGACHA YOSHDAGI BOLALARNING SALOMATLIK HOLATI VA HAQIQIY OVQATLANISHI

Salomova F.I., Bakieva Sh.X.,
Yarmuxamedova N.F., Dusmuxamedova A.F.
Toshkent tibbiyot akademiyasi,
Toshkent Davlat stomatologiya instituti

ABSTRAKT

Maktabacha tarbiya yoshidagi bolalarning jismonoy rivojlanishi, salomatlik holati va haqiqiy ovqatlanishini o‘rganishga qaratilgan ilmiy tadqiqot ishlari natijalari chop etilgan mahalliy va horijiy nashrlarning tahlili o‘tkazildi. Tahlil natijalari maktabgacha yoshdagi bolalarning salomatlik holatida salbiy tendensiyani ko‘rsatdi. I salomatlik guruhiga mansub bolalar soni 3 yoshdan 7 yoshgacha kamayib, III salomatlik guruhidagi bolalar soni ortgani qayd etildi. Bu esa maktabgacha yosh davri surunkali kasalliklarning shakllanish davri degan fikrni tasdiqlaydi. Maktabgacha yoshdagi bolalar organizmining funksional holatini, ularning kasallanishini o‘rganish, tarbiyalash sharoitlarining ushbu ko‘rsatkichlarga ta'sirini baholash, ushbu sharoitlarni optimallashtirish bo‘yicha profilaktika choralarini ishlab chiqish va amalga oshirish hozirgi vaqtda dolzarb muammo hisoblanadi.

Kalit so‘zlar. Maktabgacha yoshdagi bolalar, salomatlik holati, jismoniy rivojlanish, kasallanish, haqiqiy ovqatlanish.

СОСТОЯНИЕ ЗДОРОВЬЯ И ФАКТИЧЕСКОЕ ПИТАНИЕ ДЕТЕЙ ДОШКОЛЬНОГО ВОЗРАСТА

Саломова Ф.И., Бакиева Ш.Х.,
Ярмухамедова Н.Ф., Дусмухамедова А.Ф.
Ташкентская медицинская академия,
Ташкентский Государственный стоматологический институт

АБСТРАКТ

Проведен анализ отечественных и зарубежных научных публикаций, посвященных изучению показателей физического развития, состояния здоровья и фактического питания детей дошкольного возраста. Анализ показал отрицательную динамику в состоянии здоровья дошкольников. Количество детей, относящихся к I группе здоровья, уменьшается от 3 к 7 году жизни, возрастает количество детей III группы здоровья. Это подтверждает мнение о том, что дошкольный возраст является периодом формирования хронических заболеваний. Изучение функционального состояния организма дошкольников, их заболеваемости с целью оценки влияния на эти показатели условий их воспитания, разработка и реализация профилактических мероприятий по оптимизации этих условий являются в настоящее время актуальной проблемой.

Ключевые слова. Дети дошкольного возраста, состояние здоровья, физическое развитие, заболеваемость, фактическое питание.