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MORBIDITY IN PRESCHOOL CHILDREN IF THE FERGANA REGION

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Annotation: Today, a number of measures are being taken in our country to prevent and eliminate diseases related to healthy eating. In the Action Strategy for the five priority areas of development of the Republic of Uzbekistan for 2017-2021, "the implementation of comprehensive measures to improve and strengthen the health of the population, reduce morbidity, prevent nutrition-related diseases and increase life expectancy ...".

Key words: Children, general and acute morbidity.

The paper presents the results of the analysis of the levels of general and acute morbidity of children whoattending preschool educational institutions and living in the Fergana Valley. The characteristic of the spectrum of pathology in children of younger and older preschool age is given. It has been established that with an increase in age, there is a decrease in the number and duration of acute diseases, and at the same time an increase in the indicator of sick persons.

Among the children's population, the highest incidence rate is observed in children whoattending preschool educational institutions (pre-school). When studying the morbidity of organized groups of children, the characteristics of general morbidity (according to the appeal for medical help), acute morbidity (cases of diseases associated with the inability to attend a children's institution) and morbidity according to periodic medical examinations (pathological lesions) are of the greatest scientific and practical importance.

It is known that the level of acute morbidity is considered as a criterion of nonspecific resistance of the body of children. Children with reduced resistance make up a group of frequently ill children [10]. Features of the spectrum of pathology in children in older age groups depend on the state of health in the first year of life. Thus, children who were often ill in the first year of life later have higher rates of respiratory and digestive diseases; more than half of children become chronically ill [4, 5]. There is convincing evidence of large differences in the levels of acute morbidity of preschool children when studying the situation in certain territories [1, 12].

In connection with the above, it is of interest to study the features of the general and acute morbidity of children attending preschool and living in an industrial city in Eastern Siberia, including the establishment of long-term trends in indicators.

Materials and methods of research. A dynamic retrospective study of the overall morbidity of children living in the Fergana Valley was conducted. Annual morbidity characteristics were assessed in the same contingent of children during the transition from one age group to another in the range from 2 to 7 years.

The indicators of acute morbidity were analyzed taking into account the recommendations of G.N. Serdyukovskaya and co-authors [2]. For a comparative analysis of age-specific levels of acute morbidity, a complex indicator of acute morbidity (IPPC) was calculated [6].

Statistical processing of the results included the calculation of intensive and extensive indicators

of morbidity. The reliability of the differences was determined using the Student's criterion.

Results and discussion. When analyzing the age structure, the number of preschool children was 640 children, of which: children under 3 years – 39 (6.1%), from 3 to 4 years – 336 (52.5%), from 5 to 7 years – 265 (41.4%) (Table 1).

Age structure of preschool children Table 1

Age	**Gender**	**Abs. date**	**%**
From 3 to 4	**Boys**	**487**	**54.4**
	Girls	**409**	**45.6**
From 4 to 5	**Boys**	**421**	**53.1**
	Girls	**372**	**46.9**
From 5 to 6	**Boys**	**381**	**51.5**
	Girls	**359**	**48.5**
From 6 to 7	**Boys**	**661**	**55.8**
	Girls	**524**	**44.2**

The overall prevalence of diseases in children in our study was 834.2% for 2016-2018.

While the total infectious morbidity amounted to 457.8% due to the leading position in the structure of acute respiratory viral infections (Table 2).

Table 2

Incidence	**%**
Overall	**610.1**
Somatic	**152.3**
Infectious	**457.8**

Table 3

The incidence rate of children (per 1000 children of the corresponding age).

№	**Age groups**	Incidence rate in %
1	3-4 years	684.5
2	4-5 years	755.9
3	5-6 years	846.2

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4	6-7 years	1035.9
5	**Overall**	**834.2**

A wide nosological spectrum was revealed in the structure of morbidity in children under 3 years of age. The most common was bronchopulmonary pathology in the form of frequent episodes of acute respiratory infections (ARI), detected (42.8%). In (3.8%) children against the background of acute respiratory infections, relapses of obstructive bronchitis were noted. There were no cases of acute pneumonia as a complication of acute respiratory infections. In addition, in the study group of children, ENT diseases accounted for a high proportion in all age groups of children; mainly due to chronic tonsillitis and adenoiditis, otitis was detected (5.7%). In second place in terms of frequency of occurrence is iron deficiency anemia, detected in (16.4%). Diseases of the digestive system belonged to the third place, its signs were present in (9.7%). In fourth place were diseases of the nervous system, diagnosed in 8.5% of cases.

Among the diseases of the musculoskeletal system, posture disorders, flat feet, which adversely affect the bones of the skeleton, muscles, leading to displacement of internal organs, and as a result, the disease of the whole organism, were revealed.

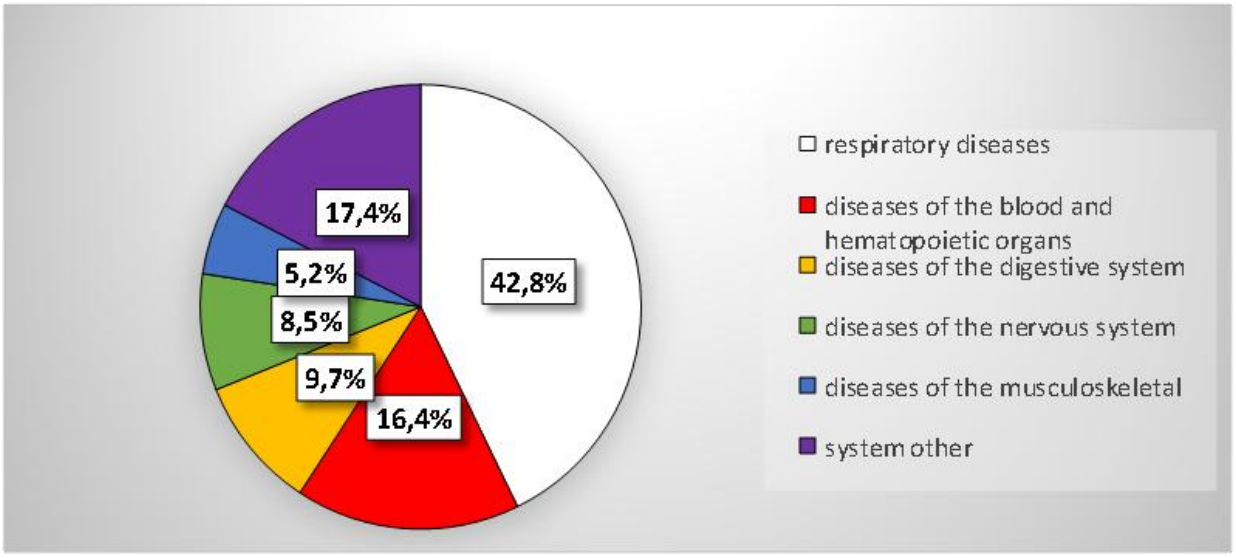

Figure 1. The structure of the incidence of children by main classes of diseases (in % of the total)

The listed classes of diseases account for 82.6% of all cases of general morbidity among patronage nurses (Fig. 3.5, Table 3.4).

Table 4

Structure and level of morbidity in preschool children by main classes of diseases (in % and ‰)

Class of diseases	**Specific gravity %**	**Rate %**
Some infectious and parasitic diseases	1.5	12.7
Diseases of the skin and subcutaneous tissue	1.2	9.8

Diseases of the blood, hematopoietic organs and certain disorders involving the immune mechanism	16.4	131.9
Diseases of the musculoskeletal system and connective tissue	5.2	42.7
Neoplasms	0.8	6.1
Diseases of the genitourinary system	1.1	8.2
Diseases of the eye and adnexa	3.4	25.8
Diseases of the ear and mastoid process	3.5	26.6
Respiratory diseases	42.8	349.0
Diseases of the nervous system	8.5	82.6
Diseases of the circulatory system	1.1	8.5
Diseases of the endocrine system, eating disorders and metabolic disorders	2.4	20.6
Diseases of the digestive system	9.7	90.6
Injury, poisoning and some other consequences of external causes	1.1	8.5
Other classes of diseases	1.3	11.1
Overall	**100**	**834.2**

Diseases of the central nervous system (17.54%) dominated in the structure of morbidity when children entered the first grade. Recent studies indicate an increase in borderline neuropsychiatric disorders in childhood. In our study, among children with borderline pathology, hyperkinetic disorders and specific delays in motor and speech development were identified.

The highest levels of acute morbidity were recorded in toddlers and younger preschool age, which can be associated with the beginning of children's visits to preschool. At this time, the child is adapting to the changed conditions of life, accompanied by the tension of adaptive processes and the functional restructuring of the body. With the transition to older age groups, there was a decrease in the level of acute morbidity, mainly due to a decrease in the incidence of influenza, acute bronchitis, acute respiratory viral infections, infections of the skin and subcutaneous tissue, adenovirus and enterovirus infections, acute middle otitis, acute conjunctivitis. At the same time, in older preschool age, an increase in the incidence of chicken pox was observed (especially at the age of 6 years), which may be due to the high susceptibility of children to this infection in this age period [11].

Among the diseases of the eye and its adnexa, deviations with various impairments of visual acuity prevailed: disturbance of accommodation and refraction (7.017%). Starting from the age of two, (7.02%) began to develop chronic ENT pathology (chronic diseases of the tonsils and

adenoids), which increased sharply by the age of 5, which was partly due to the age-related formation of the nasopharynx.

The number of respiratory diseases was 42.8% of cases, which indicates an increase in the motor activity of children, resistance and strengthening of the adaptive mechanisms of the child's body to the effects of various factors (Fig. 1). These classes of diseases practically exhaust all the appeals of parents to the clinic for diseases of all children. Therefore, the efforts of medical workers of children's medical institutions should be directed to the prevention of the above classes of pathology. Based on the results of medical examination and depending on the state of health, the distribution of children by health groups was analyzed.

The proportion of practically healthy children - group I, was 23%. The largest proportion was in group II (70%), that is, almost every second child had some functional and morphofunctional disorders (in this study - a violation of posture, vision, speech, flat feet), as well as children with frequent and / or long-term acute respiratory infections. diseases. At the same time, the proportion of children in the III health group was only 7% - these are children suffering from chronic diseases in the active stage and the stage of unstable clinical remission with frequent exacerbations, with preserved or compensated functionality or incomplete compensation of functionality.

As the analysis of the data obtained showed, the number of children aged 7 years entering primary school was 16% of the total number of children aged 7 years (117 people).

Thus, the analysis of the state of health of preschool children showed that the most significant is the increase in the prevalence of chronic diseases of the respiratory, musculoskeletal, nervous systems, eyes, diseases of the digestive system. To reduce this incidence and prevent the development of chronicity, it is necessary to improve the system of medical care in the outpatient clinic. Timely organization of preventive work is necessary, primarily aimed at reducing the level of diseases, conducting in-depth examinations, and subsequently improving; advisory support on the issues of protecting the health of children and adolescents in the family, sexual and physical education, medical career guidance.

The results of the research made it possible to identify and substantiate the significance of the most significant factors that determine the state of health of preschool children in modern conditions, which are closely related to age, anatomical and physiological characteristics of children, and their lifestyle. The use of new organizational technologies for disease prevention, studying the mechanism of formation of knowledge about healthy lifestyles, increasing children's adherence to the principles of a healthy lifestyle (HLS) will allow in the future to reduce the level of morbidity and improve their quality of life.

Conclusions. An analysis of the general morbidity according to the data on seeking medical care showed that the first ranking place in all age groups was occupied by the class of diseases of the respiratory organs, the second place - by the class of infectious and parasitic diseases, the third place - by the class of diseases of the digestive organs, the fourth in groups of young children - a class of diseases of the circulatory system, in groups of older children - a class of injuries and poisonings. The class of diseases of the skin and subcutaneous tissue in almost all age groups ranked fifth. With age, there was a pronounced trend towards a decrease in the level of general morbidity.

The decrease in the number and duration of acute diseases with age, in our opinion, occurred due

to an increase in nonspecific resistance and the level of functional maturity of the regulatory systems of the body of preschool children.

At the same time, simultaneously with this process, there was an increase in the indicator of ill persons (and a corresponding decrease in the health index), which indicates an increase in the soreness of children with age, due to the transition in some children of prenosological disorders into nosological forms. pathology. Thus, with age, there is a differentiation of the children's contingent according to the characteristics of morbidity, which may be due to the influence of both hereditary and environmental factors.

In our opinion, dynamic control over the incidence of children attending children's institutions should be the basis for the activities to protect and promote the health of organized contingents of the child population (including children of preschool age). This type of control makes it possible to evaluate not only the levels of specific resistance of the child's body, but also the effectiveness of hygienic and health-care preventive measures.

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