# IMPROVING HYGIENE CHARACTERISTICS OF PREVENTING ILLNESS AND HEALTH OF PREMATURE CHILDREN

***Sagdullaeva M.A.***

**Purpose:** to improve the hygienic features of treatment and prevention of health condition and developmental defects of premature children**.**

**Materials and methods:** the main group of premature children (226 people), the healthy control group (68 people) and the control group (68 people) who were treated in the department of infant diseases of the multidisciplinary hospital of the Tashkent Medical Academy, are the children's research object. Analytical, hygienic, anthropometric, biochemical, clinical and statistical research methods were used in the research**.**

**Results:** an algorithm for assessing the health status and disease risk factors of premature children, and the hormonal development of premature children was developed. Scientifically based recommendations have been developed on the organization of optimal daily hygienic conditions and treatment procedures for children born after the term**.**

**Summary:** A series of prophylactic activities for the prevention of recurrent anemia, hypoxic ischemic encephalitis, pneumonia, allergies, brochiolitis, diathesis and rickets among children (correct diagnosis of the disease among children, organization of their healthy diet, periodic formation of daily physical minutes, exercise tools use, creation of conditions for the planned implementation of vaccinations aimed at preventing various infectious diseases), it is advisable to implement a systematic treatment procedure.

Children are considered to be the most sensitive and important part of any country and provide labor, reproductive and intellectual capacity of the society. How rational and optimal nutrition is organized depends significantly on the processes of growth and development, increasing resistance to external environmental factors, as well as the mental and physical abilities and activities of the growing organism [1,2,4,7,9,10].

In our country, not only women of childbearing age, the fetus of pregnant women, are caused by various diseases such as anemia, iodine deficiency, stunted growth and development are recurring among children and adolescents, and a number of scientific studies in this regard are going [2,3,7,8,9,10].

The implemented scientific work aims to improve the hygienic features of treatment and prevention of the health condition and development of children born after the term.

In order to achieve the goal, tasks such as the development of an algorithm for assessing the health status and disease risk factors of premature children, hormonal

development of premature children, and the development of science-based recommendations on the organization of the optimal daily hygienic condition and treatment procedure of premature children are defined and assigned to them. found a unique solution.

**Material and research methods.** As the object of the study, the main group of premature children (226 children), the control group (68 children) and the control group of healthy children (68 children) who were treated in the Children, Adolescent and Nutritional Hygiene Scientific Research Laboratory of the Tashkent Medical Academy, the multidisciplinary hospital of the Tashkent Medical Academy, were taken as the subject of the study. and as the level of developmental status of children born prematurely in the ontogenetic process, anthropometric indicators after birth (height, body weight, chest circumference), body weight index, biochemical indicators of nutrient status, health status and level of morbidity of children, their information, references, in-depth medical A hygienic algorithm aimed at improving health status and response to environmental factors has been developed.

Analytical, hygienic, anthropometric, biochemical, clinical and statistical research methods were used in the research to improve the hygienic features of treatment and prevention of health condition and developmental defects of premature children.

**The obtained results and their discussion.**

Before analyzing the rate of premature births, we analyzed the birth rate in our country and the following results were obtained: in 2016, there were 726,170 children, and in 2020, this rate was 905,211, which is 24% in 4 years, which is in place It can be seen that it increased by 43.6% in Tashkent city, and by 27.0% in Tashkent region. This is an increase of one million per year, and this is the basis for the development of measures aimed at improving the health status of children, which is a sharp increase in the number of the population.

It consists of a hygienic analysis of the health status and morbidity of premature children, and it is observed that the number of children treated in the Department of Pathology of Infants was from 1258 to 2511, that is, their annual increase was 9.9%. This shows that it has doubled in five years. In the analysis of diseases per 1000 children, the highest rate was 9.1 in 2016, and the lowest rate was 3.9 in 2020. According to the hygienic analysis of the spread of diseases among children, the absolute number of diseases was 115 in 2016, 108 in 2017, 120 in 2018, 118 in 2019 and 100 in 2020, and 516 cases in the total five-year period. The highest relapse rate among children was observed in 2016.

Among the premature children included in our study, who were placed in the department of diseases or pathologies of infants, mainly 12 types of diseases were returned, including hypoxic ischemic encephalopathy (HIE), pneumonia, bronchitis,

brochiolitis, anemia, allergies, rickets, diathesis, acute respiratory viral infection ( ARVI), gastritis, pyelonephritis, acute intestinal diseases and other diseases have been reversed.

Hypoxic ischemic encephalopathy was the most common disease among premature babies, 19 (16.5%) in 2016, 19 (17.6%) in 2017, 20.8% in 2020, 15 (15) in 2019. made up 3%.

Anemia is the second most common disease among children who were born prematurely and are being treated in the hospital. The prevalence rate of the disease was 17 (14.8%) in 2016, and the highest rate was 25 (20.8%) in 2018. . Despite the fact that the rate of anemia over the years was the highest in 2018 and the lowest in 2019, 15.3%, its recurrence among children requires the implementation of a number of treatment and prevention measures.

Reversal of anemia among children creates conditions for observation of irreversible processes in mental and physical development among them. Pneumonia was the third most common among premature children, and this disease accounted for 11 (9.6) cases in 2016, 13 (12.0) cases in 2017, and 12 (10.0) cases in 2018. , brochiolitis, included in the group of respiratory system diseases, took the fourth place and was from 8.3 to 14.0% over the years, and the highest rate was returned in 2020, i.e., it was 14(14%).

Allergy is the fifth most frequent disease among premature children. It should be noted that there are various etiological factors of allergies, and food allergens are more common in children. The number of food allergens is 5.6 to 14.4%, and the highest rate was returned in 2019. It was 17 (14.4%), the lowest figure was 6 (5.6%) in 2017.

Diatheses are the most important among children's recurrent diseases. According to the results obtained by us, diatheses amounted to 7 (6.1%) in 2016, doubled in 2017 to 13 (12.0%), and in 2020 to 9 (9.0%) did

It is reported that the incidence of bronchitis among children is also very high. The ratio of the obtained results in the cross-section of years was 6.7 to 9.6%. It should be noted that the analysis of the five-year absolute number of cases of premature children showed that the total number of cases was 561.

As it can be seen from the obtained results, the following results were obtained in contrast to the analysis of diseases in the section of years. In terms of years of illness, anemia took the first place and accounted for 96 (17.1%), hypoxic ischemic encephalitis accounted for 88 (15.7%), bronchiolitis accounted for 67 (11.9%), and pneumonia accounted for 60 (10.7%), and allergic diseases made up 58 (10.3%).

The prevalence of acute intestinal diseases among premature children was 28 (5.0%). It is worth noting that it is necessary to carry out targeted preventive measures for the treatment and prevention of these diseases. Among the children born after the

term, it can be seen that the prevalence of the lowest diseases was ARVI and gastritis, which was 1.4%.

Hygienic analysis of the obtained results shows that a number of prophylactic measures to prevent recurrent anemia, hypoxic ischemic encephalitis, pneumonia, allergies, brochiolitis, diathesis and rickets among children (correct diagnosis of the disease among children, organization of their healthy diet, daily physical activities it is advisable to implement a systematic treatment procedure together with periodic formation, use of training tools, creating conditions for the implementation of vaccinations aimed at preventing various infectious diseases on a planned basis).

On the basis of this, a methodological manual entitled "Procedure for assessing the health status of premature children" was published and approved by the Ministry of Health based on the scientific results aimed at improving the hygienic features of the treatment and prevention of the health condition and developmental defects of premature children.

Research work SF-36 questionnaire was conducted to study the quality of life of mothers of children born prematurely, that is, among (100) women who gave birth after their term and (100) women who gave birth on term, and they were compared among themselves.

The SF-36 (Medical Outcomes Study Short-Form 36) questionnaire is a widely used standardized questionnaire to assess the quality of life in the population, which helps most patients to evaluate various components of their lives during the disease, and various studies have evaluated the quality of life through this questionnaire.

To study women's quality of life, the SF-36 questionnaire was scored for each question and calculated for each scale. In general women's evaluation of life, questions were asked on 8 scales. These questions include (1) physical activity (PF); (2) based on the role of physical activity in human life (RP); (3) pain scale - (BP); (4) general health status -(GH); (5) vitality scale-(VT); (6) scale reflecting social functioning-(SF); (7) scales based on the role of emotional-emotional activity in human life - (RE), (8) mental state (MN) were calculated and analyzed.

In the group of women who gave birth after the term, 50 out of 100 points of this scale were calculated as the average score, and the results were very close to 50 points, of which RP- 52.1 BP-59.7; GH-55.5; VT-53.4; RE-59,02; MN-57.3 scale scores are very close to 50 points, which is considered a very low result.

If women who gave birth on time are compared with the main healthy, socially active people of the general population, i.e., the part with a much higher quality of life, their indicators are relatively low on the scales, but higher than the indicators of women who gave birth after the due date, i.e. PF-83.3; RP- 67.3; BP-74.5; GH-79.7; VT-80.4; RE-77,8; formed MN-83.3. In preterm women, the score based on the assessment of the place of physical activity in life (RP) was the lowest (52.1), 67.3 points in the

control group, 29.1% more than the main group. The index of the social functioning scale(SF) in postterm women was 75.7, which was higher than other indicators.

It is worth noting that women have had changes in their health in the last 2-4 weeks and in the last days, so it was found that their social communication has decreased. In women who gave birth at term, this indicator was much higher SF-82.7, but because it was the last months of pregnancy, social communication was relatively less in all pregnant women.

The low physical health component (Physicalhealth-PH) scale in both groups of women (47.7:53.7) shows that their physical condition is 12.5% lower. The lowest score indicates a very low level based on the role of physical activity in a person's lifetime. The psychological component of health (MentalHealth-MH) is a general indicator of a positive emotional state, its low score (45.6: 54.2) indicated that the psychological state of women during childbirth and within 4 weeks was indecisive, stressed and had a low level of vital activity.

The analysis of the obtained results shows that the indicators of lifestyle of mothers who gave birth after the due date are much lower (from 76 to 45.6). This affects their physical condition, pain sensations, activity, social life component, general physical condition, low psychological condition, high probability of stress and depression, and their quality of life.

This can be assessed by the lowness of the 8 scales in the questionnaire. Mothers who gave birth at term had a lifestyle score of 74.5 to 83.3, indicating that their quality of life was better than that of women who gave birth at term. This research is an urgent problem for mothers who gave birth after the term, in order to protect their health. He showed that it is necessary to take care of their health at the time of birth and during the last 2-4 weeks.

Based on the scientific results aimed at improving the hygienic features of the treatment and prevention of health conditions and developmental defects of premature children, the methodical recommendation entitled "Hygienic assessment procedure of risk factors of premature children" was approved.

As it can be seen from the analysis of the obtained results, the height at the time of birth of children in the main group increased by 5.83%-10.24% compared to the standard level during the years 2016-2021, the highest indicator was determined in 2020, and the lowest indicator and it was returned in 2017, while in the control group it was 1.39% less in 2017, and the results were 98.61-104.42%.

We also evaluated physical development indicators after 3 and 6 in order to evaluate the changes in physical development of children's home conditions, their educational and nutritional status, and health care outcomes. The height index of physical development of boys in the main group under control after 3 months was from 94.3 to 95.1% in the main group, while the results of the height indicators of girls after

3 months in the main group differed by 3% compared to boys in 2016. , in 2021 it differed by 2.65%.

After 6 months, the height indicators of the boys under control were 92.53-93.15% of the norm in the main group, and 93.44% to 94.17% of the norm in the control group.

The results of the research carried out by foreign and domestic scientists show that the growth and development of the growing organism at a normal level, their development during pregnancy, the state of the mother, the course and implementation of childbirth, living conditions, the state of birth defects, and the response to environmental factors are significantly dependent. 2,3,4,6,7,8,9].

The height results of children who were born prematurely after six months after birth decreased to 1.02% compared to the control group, while the height of girls after 6 months decreased from 95.26% to 95.95% in the main group, compared to the norm in the age group of 4.05-4. .74% less, and in the control group it was less than 2.87-3.22%, the difference between the main and control group was 1.18-1.52%.

In order to show a reliable result to the obtained results, we also evaluated the body weight indicators of children. Body weight indicators of preterm boys in the control group were 1.15-1.42 times less than the results of the normative standard in the main group, 1.16 to 1.23 times less in the control group, 0.99 to 1 in boys in the control group. Up to 0.04 times, and 1.0-1.01 times lower in girls.

After 6 months, the body weight of the boys under control was 89.29-89.51% in the control group, and the body weight of the girls at birth was 2. 59% less, and 4.45% more body weight in the control group.

The analysis showed that in the main group it was 2.20% to 2.47%, while in the control group it was 3.49 to 4.72% over the years.

We also analyzed the results of blood analysis of children in the assessment of health status and physical development of children born prematurely in the same quarter. According to the results of the blood analysis of the children under control, hemoglobin was 65.7% in boys and 66.6% in girls. The amount of leukocytes in the blood of children was 143.3% in boys and 125.0% in girls, which is mainly 43.3% in boys and 25% in girls, indicating that there are enough cases of colds among children at the time of admission to the hospital. is standing.

The rate of sedimentation of erythrocytes is observed mainly during inflammation in the body. Compared to control boys, girls showed higher levels of inflammation. Also, the amount of eosinophils and lymphocytes from the blood cells in the control children is also visible.

It is worth noting that, based on the physical development of children and the results of blood analysis, it is worth noting that in the periods after 3 and 6 months, if the daily routine of premature children is not properly organized, if they are not organized according to the routine of feeding them with mother's milk, they will have

a sharp decline in physical development, combined with the influence of environmental factors. It creates conditions for their health condition to deteriorate and various infectious and somatic diseases to increase sharply. This creates conditions for their development to be derailed together with other diseases later.

Taking into account the above, we have developed an algorithm to improve the health status and physical development of premature children, early diagnosis and prevention of complications during childbirth, and effective treatment of the diseases that have arisen.

Summary. Taking into account that the scientific results obtained on the improvement of the hygienic features of the treatment and prevention of the health status and developmental defects of premature children are applied to health care practices, including the sanitary epidemiology public health service of the Republic of Uzbekistan and the clinical practice of the multidisciplinary children's hospital of the Samarkand region. It is to provide hormonization among children through the implementation of comprehensive molecular genetic research, the prevention of protein-energy deficiency in order to compare their changes over the years with the results of healthy children, and to find a solution to prevent the effects of recurring diseases among children on their development.

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