

A COMPLEX OF MEDICAL AND SOCIAL FACTORS, LIFESTYLE, QUALITY OF MEDICAL CARE FOR CHILDREN OF THE FIRST YEAR OF LIFE

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Abstract. *This article focuses on analysis of the complex of medical and social factors, lifestyle, quality of medical care for children of the first year of life.*

Keywords: *postpartum, mortality, WHO, homemaker, maternal milk.*

Purpose of the study. Analysis of the complex of medical and social factors, lifestyle, quality of medical care for children of the first year of life.

Materials and methods. The studies were carried out in family clinics (1, 28, 56, 23) located in four districts of the city of Tashkent: Mirobad, Yashnoobod, Yunusabad and Shaikhontokhur districts. In total, data from 1,526 children of age were analyzed.

Results and discussion. When studying socio-hygienic factors, living conditions and lifestyle of families, 38.3% of mothers were workers, 28.7% were employees, one in three women was a housewife. In 88.9% of cases, family completeness was noted (1356 out of 1526), in an incomplete family - 11.1% (170). Poor and not always peaceful relations between parents were noted in 76.1% of families (1526 to 1162).

Compliance. In recent years, there have been a growing number of factors among infants that exclude the period of their postpartum adaptation. According to the World Health Organization (WHO), 39.8% of the incidence of children under the age of one year develops due to cases arising in the perinatal period and is one of the most related factors in the death of children [3,6,9]. In 2010, nearly 115 million children were underweight, 55 million were underweight and 171 million children under the age of five were underweight. In 2010, 43 million preschool children were found to be overweight or obese in developing and developed countries [1,2,7]. According to some authors, the mortality rate of children under the age of 5 in the world is 43 per 1000 births. Compared to children of other ages, children of the first year of life have a relatively high incidence and mortality rate, with the highest rates of physical development at this age. A high incidence rate in children under one year of age plays an important role in the development and implementation of a targeted, evidence-based system of measures based on complete and reliable statistical information. [4,5,8].

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The source of study of the data of deceased children was: a medical certificate on the perinatal basis of death (Form 106-2), doctor's certificate (Form 106), death notice, infant history (Form 112), Journal of Postmortem Autopsy (Form 112) Form 013-1) and Autopsy Protocol To

establish the cause of each death, expert opinions were conducted, after which the results of infant death were included in specially developed "Maps for the Study of Causes of Infant Death"

Results and discussion. When studying socio-hygienic factors, living conditions and lifestyle of families, it was found that 40.0% of mothers have higher (611 out of 1526), 9.8% (149 out of 1526) general secondary and secondary special education, 42.4% (647 out of 1526) have incomplete higher education, 7.8% (119 out of 1526) have primary education. 38.3% of mothers were workers, 28.7% were employees, and one in three women was a homemaker.

The family is of great importance for the health, social integration and personality formation of the child. In 88.9% of cases, family completeness was noted (1356 out of 1526), in an incomplete family - 11.1% (170). The composition of the family in most cases consisted of 5 people or more (30.2%; 461 of 1,526 families). Analysis of housing data showed that 43.6% of families lived in part of a house or apartment, 29.0% (442 out of 1526) lived in separate apartments, 27.4% (418) in a private house. We also found out those families of children with disabilities, disabled people and the dead line 2.5 times more in unfavorable living conditions (insufficient living area, lack of amenities, and lack of a separate room for disabled people).

Poor and not always peaceful relations between parents were noted in 76.1% of families (1,162 out of 1,526). In 3.2% of families (49 out of 1526 people), conflicts and various conflicts between families members increased, 72.9% of respondents (113 out of 1526), noted that sometimes conflicts and conflict situations arise in their families. In 12.8% (195) of families, parents most often drink alcohol, 98.8% of which are fathers. Conflicts and conflicts in families often arose due to material difficulties (51.9%) and housing problems (19.8%). Scandals and conflicts in one in five families are caused by abuse of the land by alcohol. In addition, one in four families (25.6%) have optimism and confidence in the positive result of the disease. Physical activity to maintain the health of parents and children is of great importance not only for parents, but also for the child. More than half of families (51%) do not engage in morning exercise and physical education, more than half (52%) do not comply with the diet, 2/3 of parents do not comply with the rest regime, incorrectly form free time, do not allocate enough time for upbringing and caring for children of the first age.

Childcare is provided in 75.3% of cases (1,149 people) - by the mother, 18.0% - by the grandmother (275 people), 2.8% - by the mother (42 people), in other cases - by fathers or grandmothers. Thus, we found that only 14.1% of parents engage in special physical education with their children, 51.6% of parents with children perform morning rehearsals, 63.8% of parents conduct air baths and artifacts.

It was revealed that 76.9% of children of the same age (1174 people) feed on natural maternal milk, of which 38.7% of children feed on breast milk up to 6 months, 38.23% - up to 12 months. The reason for the cessation of breastfeeding was: in 18.8% of cases (287 people) insufficient maternal milk, in 4.3% (65 people) the child's refusal to vaccinate, in 6.4% (97 people) mothers considered breastfeeding children of the same age voluntary. In 19.5% of children from 1 month, 38.9% - from 6 months.

It is important for the family that parents have a full understanding of the child's health. 70.1% of parents received information about the health status of their children, mainly from a doctor, 7.5% from a nurse, 20.6% from the child's medical certificates, as well as from special literature and the media (media), the Internet, dating and dating. Although, media, health culture can be of great help in spreading a healthy lifestyle and healthy diet, disease prevention. In the

broad sense, it is necessary to pay attention to the work on the development among the population of an informed attitude not only to their health, but also to the health of future children.

When studying the spread of medical and social risk factors, a relative increased proportion of mothers with chronic somatic and gynecological diseases at birth in families with impaired health of children of one year was noted.

Based on factor analyses, 97.5% of the most important factors were identified: F-1: social, F-2: the degree of maternal morbidity, F-3: socio-psychological and F-4: the factor of economic degree of life, equal to 84.3%, 77.8%, 76.7% and 4. This allows you to determine in advance the share of influence of structural factors (F-1: "level of family well-being" - OR = 2.3, "quality of parental education" - OR = 3.4, "quality of living conditions" - OR = 2.8, "quality of nutrition" - OR = 3.2, "quality of medical care" - OS - h = 3.1; F-2: "chronic forms of extra genital diseases and pathology of motherhood" - OS = 2.9, "hanging obstetric history" - OS = 3.6, "complicated gene" - OS = 3.5; F-3: "value orientation" - OS = 2.3, "family ratio" - OS = 2.5, "motivations" - OS = 3.7; F-4: "composition of family income and expenses" - OS = 3.5)

In the first 3 days after discharge from the maternity hospital, the attendance of newborn homes by practitioners will be 94.9%. We asked parents to assess the availability of health services in a 10-point system. The results are shown in **Table 1**.

**Table 1*

Assessment of availability of health services in a 10-point system, GPA

Type of medical care	FP- 1	FP - 28	FP - 56	FP - 23
Possibility of timely laboratory and diagnostic examination	7,3±0,02	6,5±0,02	7,5±0,02	7,2±0,01
Uniformity (simplicity) of obtaining qualified help by a General practice pediatrician at one time	6,7±0,01	7,4±0,01	6,9±0,01	6,5±0,01
Equality (simplicity) of obtaining qualified assistance from NGOs in due time	5,7±0,03	6,3±0,01	6,0±0,01	5,9±0,03
Equality (ease) of obtaining advisory (advisory) assistance from Environmental Protection	5,5±0,02	5,4±0,01	6,3±0,03	6,1±0,01
Possibility of timely hospitalization if necessary	7,7±0,02	6,1±0,02	7,8±0,02	7,2±0,03
Get information on child care in cases	7,2±0,01	6,9±0,02	7,1±0,02	7,1±0,02

FP *- Family polyclinic.

The respondents noted insufficient timely qualified and advisory assistance from General practice doctor) s in the regions of clinic services, so the points were 6.3 out of 5.4. Parents rated the section "Possibility of timely hospitalization if necessary" - 7.7 in FP-1 and 7.8 in FP-56.

Although, health authorities should pay serious attention to organizing medical care for children as young as one in OP settings.

Because of insufficient sanitary and educational work, some mothers did not consider themselves sufficiently aware and prepared in all matters related to the care and feeding of newborns. Due attention was not paid to teaching mothers the rules of bathing a child, the technique of losing weight of breast milk, etc.

The identified shortcomings in the organization of trainings for the care and care of newborn children indicate the need to improve the forms and methods of work of family clinics with the families of these children.

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