

HYGIENIC ASSESSMENT OF THE AGENDA OF SCHOOLCHILDREN

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<https://doi.org/10.5281/zenodo.10748762>

Abstract. *One of the most important components that determine the health of the younger generation is a hygienically rational daily routine. The daily routine is formed under the influence of naturally determined (biological rhythms) and socially determined factors (the need to attend school, work, etc.) [2,3,4]. It has been established that a rationally organized and systematically carried out daily regimen promotes the correct development of adolescents, the normal functioning and clear interaction of all mental and body systems, protects the nervous system from overwork, increases the body's resistance to diseases, ensures high performance during the school day and allows without damage to health, performing additional loads ultimately contributes to the harmonious development of the child [4,6].*

Keywords: *school, children and adolescents, proper nutrition of children and adolescents, cardiovascular system, heart rate.*

Results and discussion of the conducted research. The research was conducted on the basis of a questionnaire from children and adolescents studying in general education schools No. 249 and No. 29 of Tashkent, as well as their parents.

The results of our study revealed that all modern schoolchildren are characterized by a lack of motor activity: only 5.2% girls and 13.4% of boys from school 249 groups regularly did morning exercises (school 29 - 8.7 and 18.3%); 25.3 and 18.7% - did the exercises irregularly, (school 29 - 18.5 and 19.5%); 41.3 and 41.2% - sometimes, (school 29 - 39.6 and 34.5%); 28.2 and 26.7% did not do gymnastics at all (school 29 - 33.2 and 27.7%).

Being an essential part of the daily regimen, sleep is necessary for healthy physical and mental development [3,6]. The need for healthy sleep duration varies with age. The results of our studies showed that lack of sleep occurs in almost the same number of children in the compared groups (12.7 and 12.4%, respectively). This is due both to the early start of classes in the 1st shift (8:00) and to the late going to bed. The average duration of sleep in primary school students is 9 hours, in secondary school students - 8 hours, in older students less than 7 hours.

When the nutrition of schoolchildren is studied at the next stage of the study, when studying three meals of schoolchildren, in both schools, it was found that elementary school students followed the meal plan more than senior school students. That is, 91.7% of 1-5th grade students of 249 schools, 59% of 6th-11th grade students, 92.4% of 1-5th grade students of 29 schools, and 63% of 6th-11th grade students eat three meals a day. It was found that since elementary school students are small, adults are responsible for following them and bringing them to school, parents are always in front of them, and they eat three meals a day. Basically, elementary school students of both schools eat 3 meals at home, and have a second breakfast (buns, cookies, fruits or sweets) during the long break at school. 44.3% of 249 schoolchildren and 46.5% of 29 schoolchildren come to school without breakfast. All students who participated in the survey eat dinner at home, it was found that traditionally high-calorie foods are eaten at dinner time.

During our study, we studied the young dynamics of the leading functional indicators of the cardiovascular system (CVs) of school students and assessed the level of adaptation skills. The research results showed that the pulse rate in boys of all ages of the compared schools did not have statistically significant differences, gradually decreasing from 93.0 ± 0.6 - 93.4 ± 0.7 in 7 years to 83.4 ± 0.7 - $85, 9 \pm 1.3$ at 16 years of age. The most noticeable decrease in heart rate in the boys examined in the school 249 was noted at the age of 15-16 years, in boys of the school 29 - at 13-14 years. The data on the measurement of the pulse in schoolgirls reveals a particular interest. In most age groups, girls had a more regular heart rate than boys. In girls, in the school 249 aged 7 to 16 years, the heart rate fluctuated from 95 ± 1.3 to 88.1 ± 2.4 , from 95 ± 0.7 to 84.9 ± 1.0 in the school 29. Unlike boys, the girls of the compared groups are characterized by a wave-like decrease in heart rate. Girls from the school 249 aged from 7 to 10 years old initially have a slowing heart rate from 95 to 92 beats. in minutes, and then by 11-12 years, the heart rate rises to 93.2 beats. in minutes. From 12 to 16 years, the pulse gradually decreases to 88.1 beats. in min., and remains within the age limits. Girls in the school 29 had a different picture: at the beginning, there is a slight decrease in heart rate (from 95 beats per minute at seven years old to 93 beats per minute at nine years old). Up to 11 years, the pulse rate is kept at this level. Then, from 12 to 16 years, girls of the school 29, like their peers in the school 249, had a pulse rate of 84.9 beats. in minutes and remains within the age limits.

We studied the reaction of students' CVS to dosed physical activity (20 squats in 30 seconds). Comparing the pulse in schoolchildren of both groups, it can be noted that after exercise this indicator increased approximately equally in almost all the studied age-sex groups: by 25.2 and 25.0%, 22.3 and 23.2%, respectively, in boys and girls compared schools. The exception was the age group of 16-year-old boys and girls: in the boys of the 249th school, against the background of lower indicators, a significant increase in the pulse rate was noted in comparison with the boys of the 29th school (107.7 ± 0.9 and 103.4 ± 1.9 , respectively, $p < 0.05$) and a tremendous value of DBP (80.8 ± 1.1 and 77.1 ± 0.8 , $p < 0.05$). In girls of 249 schools at the age of 16, a significantly lower (in comparison with the girls of 29 schools) value of SBP (118.2 ± 0.8 and 120.6 ± 0.8 , respectively) and a lower heart rate ($103.4 \pm 1, 2$ and 107.5 ± 0.6).

The pulse recovery time in most of the boys of the compared groups examined by us was 60 sec. In a significant number of girls in both groups, recovery ends in the 3rd minute. This indicates functional inferiority and low adaptation of the body to physical activity. An assessment of the level of adaptive capabilities of CVS indicates that only 79.9% of boys and 40.6% of girls in 249 schools had a satisfactory level of adaptation of CVS. Pressure, unacceptable level and failure of adaptation were determined in 18, 1.9 and 0.2% of cases among boys and 40, 17.5 and 1.2% among girls in the school 249. However, a similar orientation of adaptation processes was also noted among schoolchildren at school 29: differences in the indicators of the adaptive capacities of children in the compared schools were not reliable.

Summary.

In conclusion, it was found that in the upper classes of both schools where the research was conducted, students do not eat 3 meals a day. It was found that the diet of schoolchildren in both groups was not diverse, and they consumed less products rich in necessary vitamins and minerals. Regular malnourishment causes mental and physical weakness in the child's body, susceptibility to infectious diseases.

The adaptive capabilities of the children of both are almost the same because no significant differences were found in all adaptation indicators in the studied groups. It was noted that in both observation groups, stress and failure of adaptation are more characteristic of girls.

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