ISSN NO: 2770-2936
Date of Publication:06-12-2023

Epidemiology of Acute and Chronic Diseases in the Population of Preschool Children (Results of A Prospective Study)

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Abstract: It is necessary to study and analyze the diseases of children of different age groups on the basis of improvement of medical and social assistance to children, improvement of effectiveness of preventive activities, and on the basis of these, measures aimed at maintaining and protecting children's health should be developed. In the study, diseases of preschool children were analyzed in depth, and their causes were studied. The obtained results showed that the incidence of children under seven years of age in Andijan depends on age, and the incidence rate decreases with age. In the structure of diseases, diseases of respiratory organs are leading at all ages. If the study of children's diseases under 7 years of age in the cities of Andijan region on the basis of appeals revealed the characteristics of children's diseases specific to this region, then the children who were not identified before the organization and conduct of medical examinations, without clinical symptoms, were registered in treatment-preventive institutions. allowed to identify new chronic diseases.

Keywords. Children, morbidity, children of preschool age, urban children, level of morbidity, causes

Relevancy and necessity of the dissertation topic: In the world, great importance is always attached to children's health and their upbringing. According to the World Health Organization, every year 140 million children are born in the world, and 5 million of them die before reaching the age of 5. The countries with the highest mortality rate are Central African countries (Nigeria 115, Somalia 112, Chad 107, Sierra Leone 105), while in Uzbekistan it is 14.1 (https://childmortality. org/analysis).

The structure and level of children's diseases is a unique "barometer" of the level of socio-economic development of the country, one of the main criteria for assessing the health of the population. The health of children under the age of seven is important for the birth of a healthy child and a healthy generation and their upbringing, because bringing children to a healthy adulthood and creating a healthy workforce is a guarantee of the health of the future population and the development of the country (2, p. 18; 3, p. 19- 25).

In our republic, protecting the health of mothers and children is one of the priority social and political directions of our country. In recent years , many positive actions have been taken by our state and government to protect and further improve the health of mothers and children, to increase the scope, quality and efficiency of medical and social assistance provided to them (1 p. 24; 9, p. 10 - 12; 10 , pp. 30 - 32).

Reduction of hereditary diseases among children by 2 times, which is specified in the decree of the President of the Republic of Uzbekistan dated September 11, 2023 No. PF-158 on the strategy "Uzbekistan - 2030". Increase the coverage of selective screening tests for genetic diseases in infants by at least 50 percent

Halve mortality among women, infants and children under five years of age from the time pregnancy is detected to 42 days after delivery.

Children aged 6-23 months are provided with micronutrient powder, children aged 2-10 years old with special preparations for the prevention of helminthiasis, children aged 3-15 years old with iodine preparations, women aged 15-35 years old are provided with polyvitamins, iron and folic acid free of charge.

20% reduction in infectious and non-infectious diseases among children.

Decree No. PF-5590 of the President of the Republic of Uzbekistan dated December 7, 2018 "On comprehensive measures for the fundamental improvement of the healthcare system of the Republic of Uzbekistan" states "Introduction of modern screening programs based on the development of medical genetics, urgent and specialized medical care for women and children, "Mother and child" the tasks of improving the

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maternal and child protection system based on the formation of regional multidisciplinary medical complexes and screening centers" have been defined.

In addition to the establishment of highly qualified specialized medical centers for mothers and children in our country, restructuring of the primary medical and sanitary care institutions, establishment of departments consisting of mothers-obstetricians-gynecologists and children-pediatricians providing assistance to mothers and children in the central polyclinics, focusing on maintaining their health indicates further strengthening. Nevertheless, in order to provide high-quality and effective medical care in the republic, it is necessary to study the health of children of preschool age, identify the biological and socio-hygienic aspects of the causes of children's illness, risk factors early, eliminate them and improve their health, and take measures based on a comprehensive systematic approach to quality. development of events is one of the current issues. (10, p. 30-33; 5, p. 334; 6, p. 334).

The purpose of the research: to comprehensively assess the medical and social factors affecting preschool children's illness, to develop a set of measures aimed at improving children's health and the quality of medical care.

To achieve the goal, the following tasks were carried out in the research:

1. Comparative analysis of the incidence of preschool children in the cities and villages of Andijan region in the period of 2015-2021.

2. Comprehensive assessment of the level and structure of preschool children's disease based on their age, gender, appeals and medical examinations.

3. To study the living conditions and lifestyle of families where children are raised, the set of medical and biological factors affecting children's illness, to identify the leading risk factors and to forecast them.

4. To study the level of parents' satisfaction with medical and social care provided to children.

5. Development and implementation of scientifically based recommendations on reducing the morbidity of preschool children and improving the quality of medical care provided to them.

Research object: children of preschool age, families raising children in Andijan region.

Subject of the study: morbidity of children in Andijan region, risk factors, lifestyle and conditions of families, satisfaction of the population with the provided medical, social and preventive care.

Research methods: multilevel random selection methods (cluster, stratification, cohort) were used to study the health of preschool children. During the collection, processing and analysis of research materials, modern: epidemiological, social-hygienic, sociological, sanitary-statistical, expert assessment methods were used.

The reliability of the research results is confirmed by the modern complementary epidemiological, social-hygienic, sociological, sanitary-statistical, expert assessment methods used in scientific research, and the sufficient volume and number of primary materials, the improvement of analytical and prognostic indicators, the reasonable selection of statistical analysis methods, correct use, discussion of research materials at national and international conferences, and publication in authoritative scientific publications indicate the reliability and validity of conclusions and research results.

Scientific novelty of the work.

In the period of 2015-2021, a comparative analysis of the incidence of preschool age children in cities and villages of Andijan region was conducted.

The level and structure of morbidity in children under 7 years of age, its main risk factors and their age-specific characteristics were determined. A comprehensive classification was given to the medical and social aspects of families raising preschool children.

The dynamics of changes in demographic processes in Andijan city were studied and their impact on children's illness and its causes was determined.

The cumulative effect of medical and social factors, family living conditions and lifestyle on the indicators of preschool-age children's diseases in urban and rural conditions was studied dynamically from infancy to the age of 7, and the leading risk factors relevant to each of their age groups were identified and risk groups were determined.

Material and methods. The research was carried out in Andijan, located in the eastern part of the Fergana Valley of Uzbekistan. A representative sample of the population of children under 7 years of age was formed from cities and districts. 2100 representative groups of children from 70,000 children under 7 years of

ISSN NO: 2770-2936
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age were formed and a comprehensive epidemiological examination was performed on them. Multi-point distance sampling methods (cluster, stratification, cohort) are used. Epidemiological, socio-hygienic, sociological, sanitary-statistical, expert evaluation methods were used in the multi-point investigation. Major childhood diseases were assessed and diagnosed according to WHO recommendations (2020).

Evidence-based medicine and variation statistics methods were used in the analysis of the obtained results: relative values, average size, average error, confidence limits related to the spread of the series were determined. When comparing the obtained data to each other, χ^{2} for qualitative data and quantitative data t – Ctudent criterion methods were used for the data. Spearman's and Pearson's correlation analysis and goodness-of-fit criteria were used to determine correlation.

Research results and their discussion

of children in different age groups on the basis of improvement of medical and social assistance to children, improvement of effectiveness of preventive activities, and on the basis of these measures should be developed aimed at maintaining and protecting children's health. Knowing the level and description of the morbidity of children in different age groups, and the trends of its change, is of great importance for the implementation of preventive measures, which should take priority in the activities of health care institutions.

Morbidity data not only provide information about children's health, but also indicate the quality and efficiency of medical care provided in this area. The difference between children's diseases is not only due to the characteristics of the region, but also depends on the methods of collecting and calculating materials in the detection and registration of diseases, as well as on the equipment of treatment and prevention facilities, full supply of personnel, professional skills of doctors, popularity of medical services and other factors. Therefore, to obtain reliable information on children's morbidity, the information studied only on the basis of the appeals made during the illness will not be enough, in which information on chronic diseases will not be obtained. For this reason, studying the real "true" morbidity indicators in the study of morbidity allows to obtain sufficient reliable information about the morbidity of children in this area. In particular, it is important to calculate the true "true" incidence rates when solving the following problems:

- ✓ What diseases (chronic or acute) are causing children's illness?
- ✓ What type of medical care do children need the most?
- ✓ What are the main causes of disease?

In order to determine the real "true" incidence rate, it is necessary to add the indicators obtained on the basis of appeals to the indicator obtained as a result of medical examination. Many scientists have proposed to use this indicator to determine the norms of the population's future need for medical care .

Each region has its own diseases and the level of morbidity, which must be taken into account when developing treatment-preventive measures aimed at maintaining the health of children in this region and improving them.

If the study of children's diseases under the age of 7 years in the cities and villages of Andijan region on the basis of appeals revealed the characteristics of children's diseases specific to this region, the organization and conducting of medical examinations allowed to identify new chronic diseases that were not identified before, without clinical symptoms, were not registered in treatment and prevention institutions.

Epidemiological descriptions of the main diseases in the city population of children under seven years of age

In the city of Andijan, when the incidence of children up to 7 years of age was studied on the basis of appeals, it was noted that the highest incidence rate corresponded to one age group (1814.7 per 1000 children of this age group. The decrease in incidence rates with increasing age of children was also substantiated by several researchers. The results of our research also As the child grew older, the number of cases decreased according to the appeals, in particular, 1669.5 cases per 1000 children in this age group: 1669.5 at 2 years old; 1452.2 at 3 years old; 1190.2 at 4 years old; 959.9 at 5 years old; 838.6 at 6 years old. ; at the age of 7 it was 725.2 (table 1).

The opposite can be seen in the results obtained on the basis of the conducted medical examinations, that is, as the children grow older (after one year), the percentage of diseases detected during the medical examination increases.

1 - table

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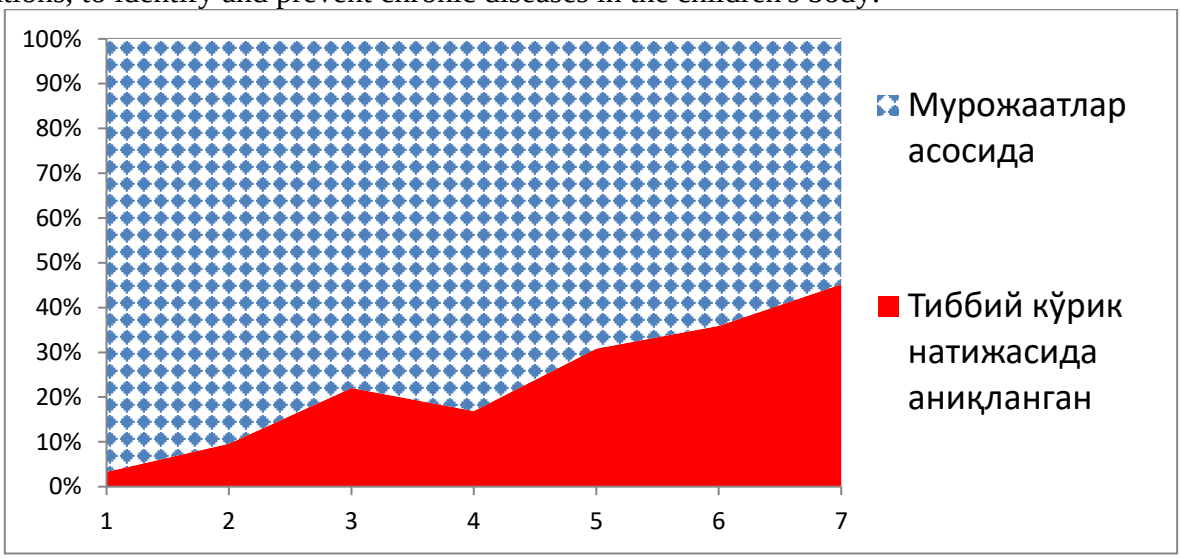
Incidence of children under seven years of age (per 1000 children in this age group)

Age	Getting sick		A real "real" disease
	Based on applications	As a result of medical examination	
0-1	1814.7	60.1	1874.8
2	1669.5	161.8	1731.3
3	1452.2	246.0 _	1698.2
4	1190.2	266.0 _	1456.2
5	959.9	296 .0	1255.9
6	838.6	301.3	2786.8
7	752.2	340.0	1065.2
Average	**1470.3**	**280.5**	**1750.5**

In Andijan city, children under 7 years of age have an average of 40% of the actual "chin" disease rate as a result of medical examinations (Fig. 1). As can be seen from Figure 1, the percentage of diseases detected during medical examinations in the 5th, 6th, and 7th years of children's life was 30.8%, 35.9%, and 45.2%, respectively. It is in these periods of children's life that it is important to organize and conduct medical examinations, to identify and prevent chronic diseases in the children's body.



Picture 1. Percentage of diseases detected as a result of referrals and medical examinations (%)

It was noted that the actual "true" incidence rate of children under 7 years of age decreases as children grow older, but the incidence rate increased in the 5th, 6th, and 7th years of children's life due to diseases detected on the basis of medical examinations. The highest incidence rate corresponded to the first year of children's life and it was 1874.8 per 1000 children of this age (Figure 2).

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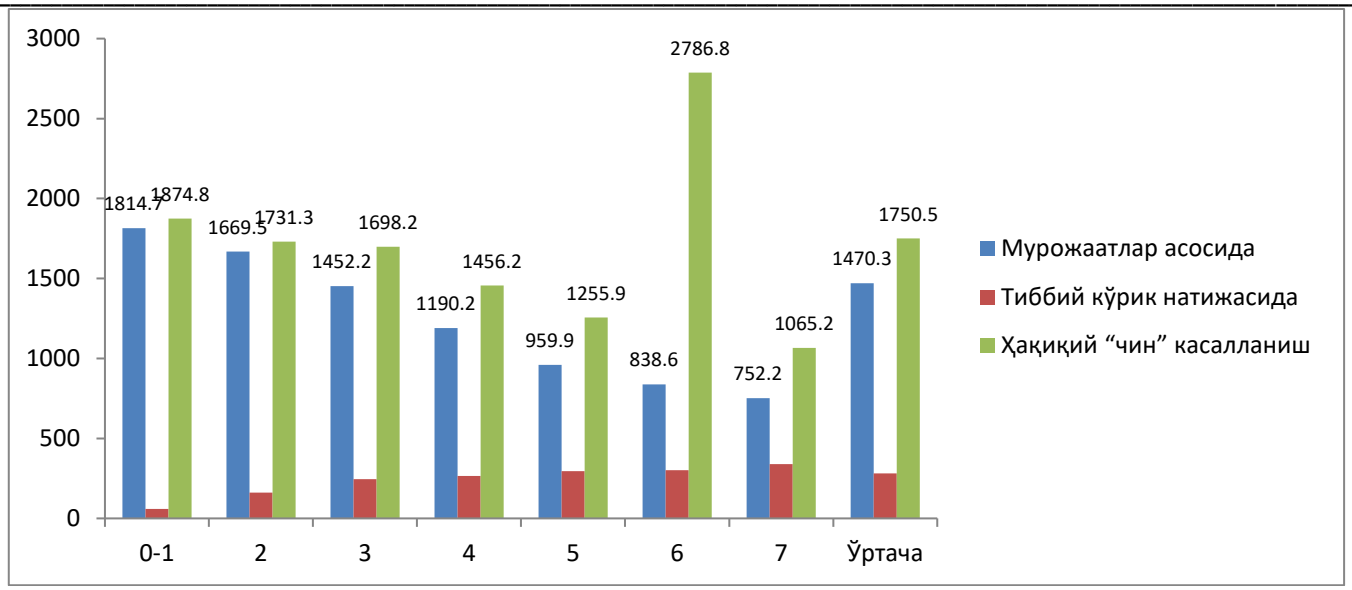

Picture 2. Incidence of children under 7 years of age (per 1000 children of this age group)

Many researchers have studied children's disease in relation to gender in their scientific works, and they have noted a higher incidence rate in boys compared to girls [4,7,8,11,12,13].

Our results showed that the incidence of boys was slightly higher than that of girls in all years of children's life. But in the first year of children's life, it was found that the incidence of girls is higher than that of boys (Table 2, Figure 3).

As the age of both sexes increased, the incidence rates decreased based on the appeals. Incidence of boys at 1 year is 586.7‰, girls - 619.2‰; 2-year-old boys – 416.9‰, girls – 339.6‰; 328.8 and 309.4‰ at the age of 3; 4-year-old boys - 320.7‰,

3 . Age-related dynamics of incidence rates of boys and girls (per 1000 children of this age)

girls - 309.4‰; 5-year-old boys – 324.5‰, girls – 328.8‰; 6-year-old boys – 288.6‰, girls – 257.6‰; 260.3‰ and 248.1‰ at the age of 7, respectively; was found to be equal to

Table 2

Incidence of children under seven years of age by gender (per 1000 children in this age group)

Young	Incidence (‰)				A real "real" disease	
	Appeals		Medical examination			
	a boy	girl child	a boy	girl child	a boy	girl child
0-1	1548	1466.7	360.5	240.5	1908.5	1707.25
2	1018.8	1250.7	125	136.75	1143.8	1387.45
3	865.8	986.4	182.75	163.25	1048.55	1149.65
4	928.2	962.1	153.75	212.25	1081.95	1174.35
5	986.4	973.5	495.25	400.75	1481.65	1374.25
6	772.8	865.8	615.25	533	1388.05	1398.8
7	744.3	780.9	759.5	580.25	1503.8	1361.15
Ort acha	**982.9**	**1038.5**	**384.5**	**323.75**	**1367, 5**	**1362, 3**

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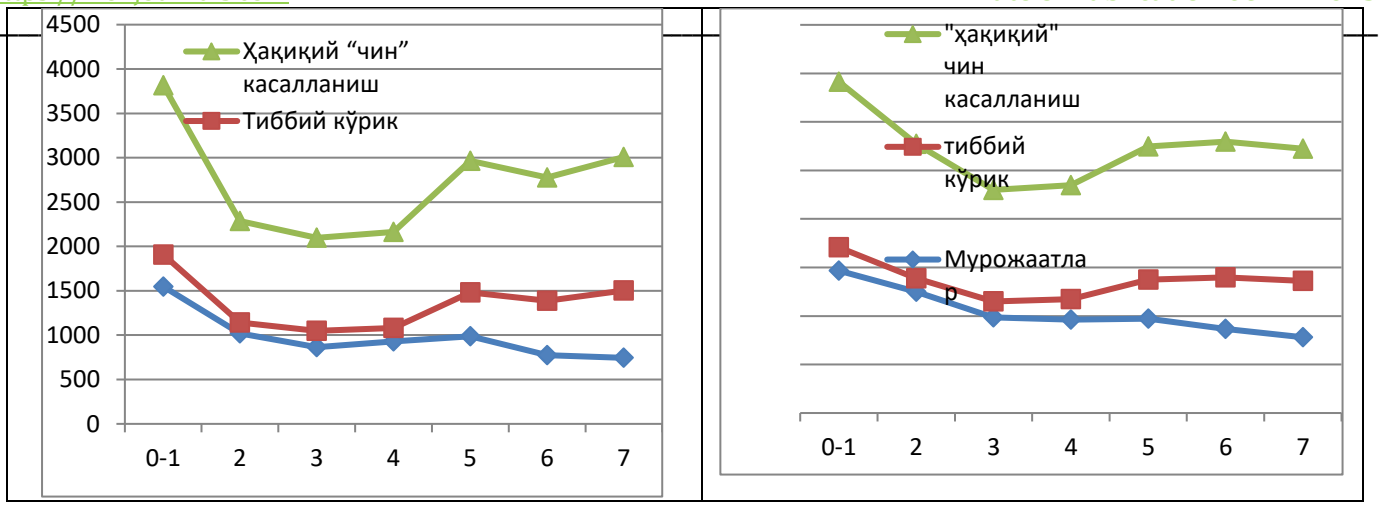

It was noted that the rate of diseases detected during the medical examination was higher in girls than in boys (Table 3), including 360.5 per 1,000 children of this age in boys aged 0-1 years, 240.5 in girls, and 240.5 in boys in 2 years. 125.0 in boys: 136.7 in girls; 182.7 respectively at the age of 3 years; 163.2, 4 years 153.7; 212.2, 5 years 495.2; 400.7, 6 years 615.2; 533.0, and 759.5 at the age of 7; It was found to be equal to 580.2.

Diseases detected during medical examinations in children of Andijan city are 73.8% higher in 6-year-old boys, 95.5% in girls, and 89.1% and 122.4% higher in 7-year-olds, respectively, than the diseases studied based on appeals to primary health care institutions. was noted (Table 3). It can be seen from these data that conducting medical examinations in the 6th and 7th years of children's life helps to identify chronic latent diseases in their body. Chronic diseases of children during this period have a great negative impact on their physical and sexual development in the future, therefore it is advisable to treat the identified diseases and undergo periodical medical examinations of these children.

Table 3

Percentage of diseases detected in medical examinations (%)

Children's age		**0-1**	**2**	**3**	**4**	**5**	**6**	**7**	**Average**
A boy	appeals	83.6	86.9	80.2	73.6	50.6	26.2	10.9	64.2
	medical examination	**16.4**	**13.1**	**19.8**	**26.4**	**49.4**	**73.8**	**89.1**	**35.8**
A girl child	appeals	76.8	85.3	74.7	80.7	39.8	4.5	-22.4	54.9
	medical examination	**23.2**	**14.7**	**25.3**	**19.8**	**60.2**	**95.5**	**122.4**	**45.1**

On average, 35.8% of diseases were detected in boys during medical examinations, while 45.1% of diseases were detected in girls.

Children turned to primary health care institutions with more acute diseases (acute bronchitis, hepatitis, injuries, etc.), while medical examinations revealed mostly hidden chronic diseases (anemia, goiter, gastritis, etc.). Boys had more acute intestinal infections, hepatitis, gastroenteritis, bronchitis and injuries, while girls had anemia, goiter, oral diseases. In our opinion, such a difference between the sexes in morbidity is expressed by the anatomo-physiological characteristics of the organism of boys and girls, as well as the activity and mobility of boys compared to girls.

Respiratory diseases (45.1%) take the leading place in the structure of real "real" diseases of Andijan city children under 7 years of age (Table 4 and Figure 4). Diseases of blood and blood-forming organs are in second place (13.5%), endocrine system diseases are in third place (11.2%), infectious and parasitic diseases are in fourth place (6.8%), special conditions in the perinatal period are in fifth place (6.2 %) and diseases of

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digestive organs (5.0%) take the sixth place. 84.9% of the actual cases of these diseases in children under 7 years of age correspond to the share of these 6 classes of diseases. Paying special attention to these 6 classes of diseases in the development of measures aimed at the prevention of diseases among children will lead to a reduction of diseases among children by 80.0.

In the structure of diseases based on appeals, diseases of respiratory organs take the lead and occupy 58.1%. The second place is taken by special conditions in the perinatal period (8.8%) and infectious and parasitic diseases (8.8%), the third place is endocrine system diseases (5.4%), the fourth place is birth defects (3.5%) and the fifth place diseases of the digestive organs occupy (2.9%). 88.1% of all diseases of children under 7 years of age correspond to these 6 classes of diseases.

In the structure of diseases detected during medical examinations, diseases of blood and blood-forming organs take the lead and occupy 40.1%. The second place is endocrine system diseases (25.6%), the third place is respiratory system diseases (11.6%), the fourth place is digestive system diseases (10.2%), and the fifth place is eye and its auxiliary apparatus diseases (4 ,1.%), and the sixth place is occupied by infectious and parasitic diseases (2.1%). 94.3% of the diseases detected in all medical examinations correspond to these 6 classes of diseases.

Table 4
The incidence rate and structure of children according to the nosology of diseases

Nosology of diseases	**Getting sick**				**A real "real" disease**	
	appeals		medical examination			
	to 1000 children	%	to 1000 childre n	%	to 1000 children	%
1. Infectious and parasitic diseases	217.1	8.82	20.9	2.11	238	6.89
3. Diseases of blood and blood-forming organs	61.9	2.51	404.7	40.79	466.6	13.51
4. Diseases of the endocrine system, diseases related to nutrition and metabolism	134.2	5.45	254.2	25.63	388.4	11.25
6. Diseases of the nervous system	10.4	0.42	0	0	10.4	0.30
7. Diseases of the eye and its supporting apparatus	48.5	1.97	40.9	4.12	89.4	2.59
8. Ear and mastoid tumor diseases	69.5	2.82	6.6	0.67	76.1	2.20
9. Diseases of the circulatory system	15.2	0.61	0	0	15.2	0.44
10. Diseases of the respiratory system	1444.7	58.70	115.2	11.61	1559.9	45.17
11. Diseases of the digestive system	71.4	2.90	101.9	10.27	173.3	5.01
12. Skin and subcutaneous tissue diseases	20.9	0.85	20.9	2.49	41.8	1.32
16. Some situations occurring in the perinatal period	217.1	8.82	0	0	217.1	6.2 8
14. Diseases of the urinary system	19.0	0.77	3.26	2.30	22,26	1.21
17. Birth defects	86.6	3.52	24.7	2.30	111.3	3.17
19. Injuries and poisoning	69.5	2.82	0	0	69.5	2.01
20. External causes of illness	6.6	0.27	0	0	6.6	0.19
Other causes of diseases	1.9	0.07	0	0	1.9	0.05

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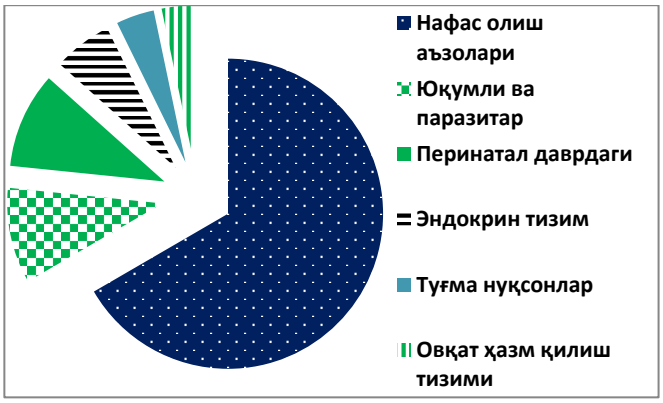
Total	**1470.3**	**100**	**280.5**	**100**	**1750.5**	**100**



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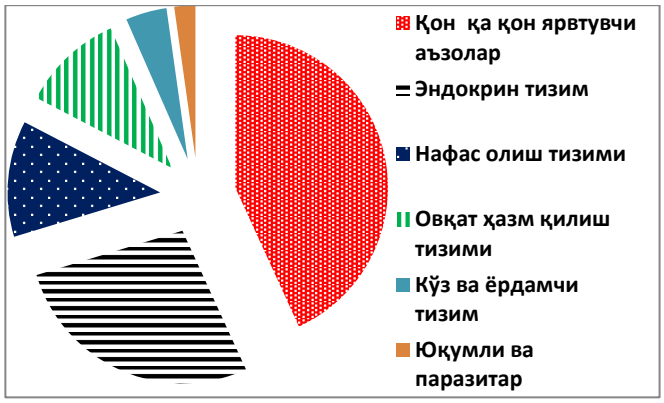
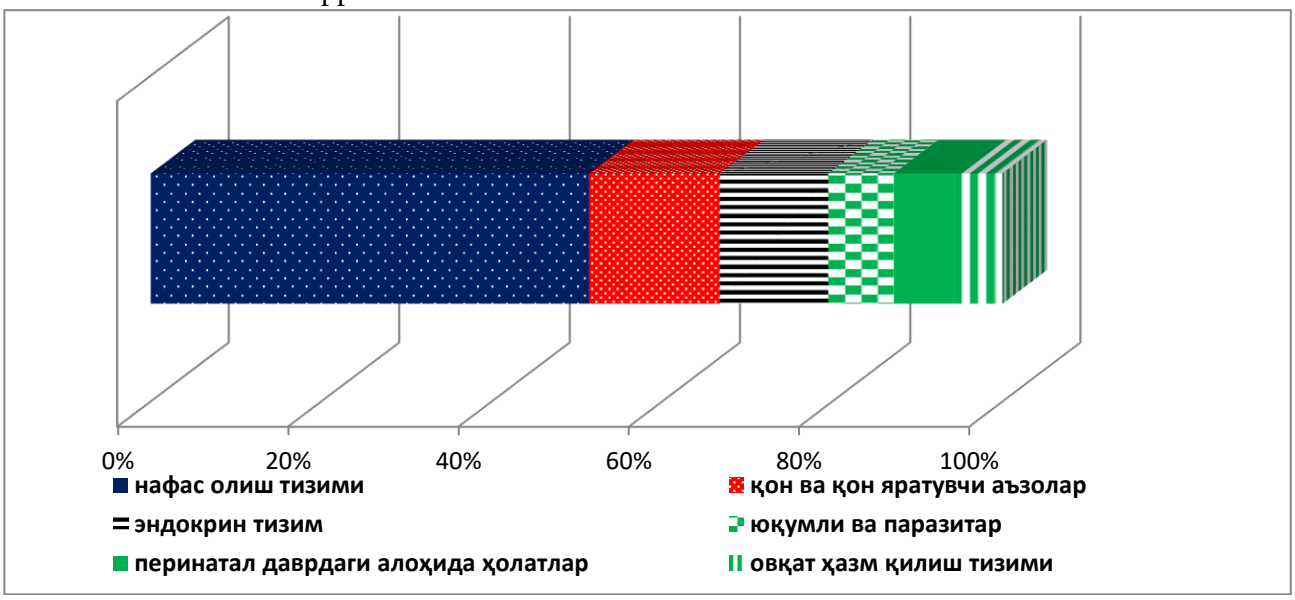


2. Medical examination



3. Real "real" diseases

Figure 4. Andijan city, the structure of children under 7 years of age (%)

Diseases of the respiratory organs, leading children at all ages, had almost the same rate and were higher due to acute respiratory viral infections and influenza. The percentage of ORVI disease was 82.7%. Obesity is the leading cause of morbidity and mortality in children worldwide. In one-year-old children, zotiljam is especially severe and causes various complications. The incidence of zotiljam in children was 84.6‰. It is evidenced that the incidence of zotiljam in children is 2 times lower in the later years than in the first age, but as the age increases, the percentage of chronic diseases also increases . It was found that the incidence of children with ear diseases (otitis) and eye diseases (conjunctivitis) increases after 2 years of age (Table 5).

Table 5
Actual "true" incidence rates of children under 7 years of age

Nosology of diseases	**The age of the child**						
	1	**2**	**3**	**4**	**5**	**6**	**7**
1. Infectious and parasitic diseases	11.43	20.0 _	30,47	38.1	52.38	27.62	58.1

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- infectious diarrhea and gastroenteritis	7,619	10.48	16,19	17,14	17,14	11.43	26.67
- other intestinal infections	2,857	5,714	10,476	11.43	12.38	8,571	15,24
- viral hepatitis	0	0	0.9524	4,762	18.1	0	5,714
- others	0.952	2,857	1.9048	4,762	4,762	5,714	10.48
3. Diseases of blood and blood-forming organs	0	19.05	30,476	40	91.43	143.8	141.9
- anemia	0	16,19	21,905	37,14	82,86	135.2	128.6
- others	0	3.81	0	4,762	10.48	10.48	15,24
4. Diseases of the endocrine system, diseases related to nutrition and metabolism	162.9	57.14	46,667	31.43	41.9	22.86	25.71
-eating disorder	13.33	0	19,048	14.29	24.76	12.38	17,14
- rickets	51.43	0	0	0	0	0	0
- rickets 1	0	0	0	0	0	0	0
- rickets 2	0	0	0	0	0	0	0
- allergic diathesis	71.43	50.48	25,714	17,14	19.05	0	0
- others	26.67	0	1.9048	0	3.81	4,762	8,571
6. Diseases of the nervous system	3.81	1,905	0.9524	0.952	0.952	0	1,905
-Inflammatory diseases of the CNS	1,905	1,905	0.9524	0.952	0.952	0	1,905
- others	1,905	0	0	0	0	0	0
7. Diseases of the eye and its supporting apparatus	5,714	5,714	3.8095	4,762	10.48	16,19	42.86
- conjunctivitis	4,762	4,762	3.8095	4,762	3.81	4,762	9,524
others	0.952	0.952	0	0	3.81	6,667	28.57
8. Ear and mastoid tumor diseases	6,667	5,714	14,286	7,619	7,619	14.29	20
- middle ear and mastoid tumor diseases	5,714	4,762	8.5714	4,762	5,714	10.48	18.1
- others	0.952	0.952	5.7143	1,905	0.952	2,857	1,905
9. Diseases of the circulatory system	3.81	2,857	1.9048	1,905	0.952	1,905	1,905
-carditis	2,857	1,905	1.9048	1,905	0	0	1,905
- others	0.952	0.952	0	0	0.952	0	0
10. Diseases of the respiratory system	235.2	201	228.57	242.9	244.8	180	227.6
- nasopharyngitis, nasopharyngitis	52.38	52.38	37,143	40	31.43	32,38	16,19
-flu, ARVI	104.8	87.62	119.05	109.5	105.7	75.24	69.52

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bronchitis	40.95	36,19	47,619	72.38	89.52	63.81	107.6
- I'm fine	13.33	8,571	10,476	14.29	12.38	4,762	9,524
- other diseases of the lower respiratory tract	19.05	14.29	13,333	6,667	5,714	3.81	8,571
- others	4,762	1,905	0.9524	0	0	0	0
11. Diseases of the digestive system	2,857	6,667	7,619	4,762	26.67	54.29	70.48
- stomatitis	2,857	5,714	7,619	0.952	0	9,524	5,714
gastritis	0	0.952	0	3.81	26.67	44.76	47.62
- others	0	0	0	0	0	0	0
12. Skin and subcutaneous tissue diseases	2,857	0	0	3.81	13.33	7,619	14.29
-skin and subcutaneous tissue diseases	2,857	0	0	0	8,571	5,714	7,619
- others	0	0	0	3.81	4,762	1,905	3.81
14. Diseases of the urinary system	0	0	0	0	0	0	0
Pyelonephritis	0	0	0	0	0	0	0
others	0	0	0	0	0	0	0
16. Some situations occurring in the perinatal period	217.1	0	0	0	0	0	0
-ChGK	6,667	0	0	0	0	0	0
-birth injuries	14.29	0	0	0	0	0	0
Perinatal injury of the MNS	60.95	0	0	0	0	0	0
asphyxia and atelectasis of the lungs	78.1	0	0	0	0	0	0
-conjugate jaundice	52.38	0	0	0	0	0	0
- others	4,762	0	0	0	0	0	0
17. Birth defects	70.48	3.81	10,476	7,619	7,619	6,667	4,762
-circulatory system defects	2,857	0	0	0	0	0	0
-congenital heart defect	1,905	1,905	4.7619	3.81	2,857	6,667	3.81
-congenital neck curvature	11.43	1,905	5.7143	3.81	4,762	0	0
-congenital protrusion of the femur	8,571	0	0	0	0	0	0
- hip dysplasia	43.81	0	0	0	0	0	0
- others	1,905	0	0	0	0	0	0

ISSN NO: 2770-2936
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19. Injuries and poisoning	0	1,905	3.8095	8,571	7,619	10.48	37,14
20. External causes of illness	0	0	0	0.952	0.952	2,857	1,905
Other causes of diseases	0	0	0	0	0	0.952	0.952
Total	1874.8	1731.3	1698.2	1498.2	1555.9	1139.9	1759.5

Incidence of infectious and parasitic diseases increased intensively from the third year of children's life (30.47‰ at 3 years old; 58.1‰ at 7 years old). During this period, children often fell ill with chicken pox, rubella, epidemic parotitis, scarlet fever, infectious diarrhea and viral hepatitis. As the age increases, the level of infectious diseases increases in the second year of children's life due to their rapid movement and the expansion of the circle of communication (contact) with the environment.

Among the diseases related to the endocrine system, nutritional and metabolic disorders, the incidence rate of children at the age of 1 was 162.9‰, and it was noted that this group of diseases decreases with the age of the child. Among the diseases of this class, allergic diathesis at the age of 1 took the lead, accounting for 71.4‰. After 5 years of age, thyroid disease due to iodine deficiency (11.07‰), which was not recorded among children of the 1st, 2nd, 3rd and 4th age groups, took the leading place among the diseases of this class.

In the first year of children's life, anemia (anemia) from diseases of the blood and blood production system was not recorded, but in the period from 2 to 7 years, its size increased to 16.2‰ at the age of 2, and 128.6‰ at the age of 7. In this case, mainly mild forms of anemia were noted. Anemia in children under the age of 7 indicates the low quality of their nutrition. Among the diseases of this system, the incidence of anemia among children has increased. Cases of anemia in children under the age of seven indicate that mothers are sick with anemia during pregnancy, their eating habits and quality are disturbed, they do not follow the rules of healthy eating, and they do not fully enjoy breast milk. Anemia from this group of diseases was recorded in 1 out of every 3 children and in 1 out of every 2.5 girls during medical examinations.

The level of diseases of the digestive organs was mainly due to stomatitis, dental caries. The level of these diseases also increased as the age of the child grew, the indicator was equal to 2.8‰ at the age of 1, and 70.4‰ at the age of 7. A high incidence of stomach inflammation (gastritis) was noted among children aged 4-7 years. This is the result of children of this age fondly eating rollton, fast food, that is, fast food products, carbonated drinks (Coca-Cola, Pepsi Cola, etc.).

Injuries and accidents in the disease system and weight of children older than two years are somewhat higher than in the first year of children's life, and are manifested in more cases of superficial injuries and laziness. Especially diseases of this group were observed more often in the 4-7 age group, 8.5 and 37.1‰, respectively.

Conclusions

1. Studying the main risk factors in children's life at the age of 0-7 years and using them as an evaluation system is of theoretical (with radical reformation of the existing donosological diagnosis and prevention system) and social-economic-medical (sharp reduction of the disease and its consequences) importance.
2. In the population of children aged 0-7 years, diseases belonging to 13 groups (infectious and parasitic diseases, blood diseases, endocrine diseases, nervous system diseases, eye diseases, ear-throat and nose diseases, cardiovascular diseases, respiratory diseases, skin diseases, urinary system diseases , perinatal period diseases, birth defects, injuries and poisonings) with high prevalence frequencies, specific characteristics of boys and girls and differences in rural and urban population, respiratory diseases lead in all age groups. According to the screening examination, 6 classes of diseases lead (blood diseases 40.1%, endocrine diseases 11.6%, gastro-enterological diseases 10.2%, eye diseases 4.1%, infectious and parasitic diseases 2.1%) .

ISSN NO: 2770-2936
Date of Publication:06-12-2023

Used literature

1. Авезова Г.С. Уч ёшгача болалар саломатлиги шаклланишининг тиббий –ижтимоий қирралари // Тиб. ф.н. дисс. автореферати, Тошкент-2012, Б.24
2. Армашевская О.В. Кадровые проблемы педиатрической службы. Социальные аспекты здоровья населения 2011; 2(18): 18.
3. Девляшова О.Ф., Дьяченко Т.С., Сабанов В.И. Современные показатели состояния здоровья детей и подростков в Волгоградской области/ // Интер-Медикал. – 2014. – № 3. – с. 19-25.
4. Заплатников, А.В., Коровина Н.А. Часто болеющие дети: современное состояние проблемы // Вопросы практической педиатрии. - 2008. - Т. 3, № 5. - С. 103-109.
5. Авезова Г.С. Уч ёшгача болалар саломатлиги шаклланишининг тиббий –ижтимоий қирралари // Тиб. ф.н. дисс. автореферати, Тошкент-2012, Б.24
6. Армашевская О.В. Кадровые проблемы педиатрической службы. Социальные аспекты здоровья населения 2011; 2(18): 18.
7. Девляшова О.Ф., Дьяченко Т.С., Сабанов В.И. Современные показатели состояния здоровья детей и подростков в Волгоградской области/ // Интер-Медикал. – 2014. – № 3. – с. 19-25.
8. Заплатников, А.В., Коровина Н.А. Часто болеющие дети: современное состояние проблемы // Вопросы практической педиатрии. - 2008. - Т. 3, № 5. - С. 103-109.
9. Маматкулов Б. Медико –социальные аспекты формирования, охраны и улучшения здоровья детей первых 7 лет жизни// Дис. … Д-ра мед. наук. – Ташкент, 1997. – 334с.
10. Маматкулов Б. Медико –социальные аспекты формирования, охраны и улучшения здоровья детей первых 7 лет жизни// Дис. … Д-ра мед. наук. – Ташкент, 1997. – 334с.
11. Савина, Л.Н. К вопросу о состоянии здоровья современных российских школьников // Известие Пензенского государственного педиатрического университета им. В.Г. Белинского. - 2009. - № 18. - С. 88-91
12. Садыков М.М. Основные тенденции состояния здоровья детского населения Казани // Росс. педиатрический журнал - М., 2007. – N6. - С. 45-48
13. Турымбетова М.Т. Состояние здоровья детей первого года жизни в Республики Каракалпакстан // Педиатрия.-Ташкент, 2002.-№2.-С.10-12.
14. Убайдуллаева С.Ф., Ганиева М.Ш., Ефименко О.В. и др. К оценке заболеваемости от состояния здоровья родителей и других факторов // Бюллетень ассоциации врачей Узбекистана. -2003. №4.-С. 30-32.
15. Устинова Н.В., Намазова-Баранова Л.С. Роль педиатра в раннем определении риска развития, диагностике и медицинском сопровождении детей с расстройствами аутистического спектра. Вопросы современной педиатрии 2021; 20(2): 116-121.
16. Bonneux LG, Huisman CC, de Beer JA at all. Mortality in 272 European regions, 2002-2004. An update. // Eur J Epidemiol. 2010 Feb;25(2):77-85. Epub 2009 Dec 22.
17. Siegrist, J. Einfluss sozialer Faktoren auf die Gesundheit von Kindem und Jugendlichen // Kinderkrankenschwester. - 2006. - Bd. 25, № 3. - S. 94-97.