



THE ESSENCE OF SOCIAL REHABILITATION OF DISABLED PEOPLE

Farida Gaybullaevna Begbutaeva

PhD Student, Academy Of Public Administration Under The President Of The Republic Of
Uzbekistan

ABSTRACT

Currently, the process of social rehabilitation is a research topic for professionals in the same fields of scientific knowledge. Psychologists, philosophers, sociologists, educators, social psychologists and others. They reveal different aspects of this process, study the mechanisms, stages and phases, factors of social rehabilitation.

KEYWORDS:- Employment, Occupational Hygiene, Physiology And Psychology Of Work, Labor, Development, Priorities And Opportunities, Pensions, Benefits, Stages And Phases, Health Care.

INTRODUCTION

According to the UN, there are approximately 500 million people with mental and physical disabilities in the world. This composes 1/10 hour of the inhabitants of our planet. [1]

The data of the World Health Organization show that the number of such inhabitants in the world reaches 13%. Disabled citizens in every country are a matter of concern for the state, which puts social policy at the forefront of its activities. The main concern of the state

in relation to elderly people and disabled people is their material support (pensions, benefits, etc.). However, disabled citizens need not only material support. A significant role is played by providing them with effective physical, mental, organizational and other assistance.

Disability is a social phenomenon that no society can avoid, and each state, in accordance with its level of development, priorities and opportunities, forms a social and economic policy in relation to people

with disabilities. However, the possibilities of society in the fight against disability as a social evil are ultimately overcome not only by the degree of understanding of the problem itself, but also by the existing economic resources. Of course, the scale of disability depends on many factors, such as the state of health of the nation, the development of the health care system, socio-economic development, the state of the ecological environment. [2]

THE MAIN FINDINGS AND RESULTS

Currently, there is an acute need to translate general humanitarian and Teritech discourses into economic categories. The most important thing is to assess the current state of the problem, to understand what place disabled people occupy in modern society, what is the role and configuration of social policy in relation to disabled people in the general social paradigm of Uzbekistan.

According to the WHO international classification, adopted in Geneva in 1980, the following levels of medico-biological and psychosocial consequences of illness and

injury are distinguished, which should be taken into account when carrying out rehabilitation: damage - any anomaly or loss of anatomical, physiological and mental structures or functions; as a result of injury, the loss or limitation of the ability to carry out daily activities in a manner or within the limits considered normal for human society; social limitations resulting from damage and disruption and life activity limitations and obstacles to the fulfillment of a social role, which is considered normal for a given individual. [3]

In recent years, the concept of "health-related quality of life" has been introduced into rehabilitation. At the same time, it is the quality of life that is considered as an integral characteristic, which must be guided by when assessing the effectiveness of rehabilitation of sick and disabled people.

A correct understanding of the consequences of the disease is of fundamental importance for understanding the essence of medical rehabilitation and the direction of rehabilitation effects.

It is optimal to eliminate or completely compensate for the damage by carrying out restorative treatment; however, this is not always possible, and in these cases it is desirable to organize the patient's life in such a way as to exclude the influence of the existing anatomical and physiological defect on it. If at the same time the previous activity is impossible or negatively affects the state of health, it is necessary to switch the patient to those types of social activity that will most contribute to the satisfaction of all his needs.

The ideology of medical rehabilitation has undergone significant evolution in recent years. If in the 4 years the basis of the policy regarding the chronically ill and the disabled was their protection and care, that from the 50s the concept of integrating the sick and the disabled into ordinary society began to develop; special emphasis is placed on their training, their receipt of technical auxiliary means. In the 70s, the idea of maximum adaptation of the environment to the needs of sick and disabled people, comprehensive legislative support for disabled people in the field of education, health care, social services

and work provision was born. In this regard, it becomes obvious that the system of medical rehabilitation to a very large extent depends on the economic development of society. [4]

Despite the significant differences in the systems of medical rehabilitation in different countries, international cooperation in this area is developing more and more, the question of the need for international understanding and the development of a coordinated program for the rehabilitation of physically disabled persons is increasingly being raised. Thus, the period from 1983 to 1992 was declared by the UN the International Decade of the Disabled; In 1993, the UN General Assembly adopted the "Standard Rules for the Equalization of Opportunities for Persons with Disabilities" which should be considered a benchmark in the UN member states in the field of the rights of persons with disabilities. [5] Apparently, a further transformation of ideas and scientific and practical tasks of medical rehabilitation is inevitable, associated with social and economic changes gradually occurring in society. General indications in medical

rehabilitation are presented in the report of the WHO Expert Committee on the Prevention of Disability in Rehabilitation (1983). These include:

Significant decrease in functional abilities;

Decreased learning ability;

Particular susceptibility to environmental influences;

Violations of social relationships;

Labor relations violations. [6]

General contraindications to the use of rehabilitation measures include concomitant acute and inflammatory and infectious diseases, decompensated somatic and oncological diseases, pronounced disorders of the intellectual and mental sphere and mental illnesses that impede communication and the possibility of active participation of the patient in the rehabilitation process. [7]

The basic principles of medical rehabilitation are most fully described by one of its founders, K. Renker (1980):

Rehabilitation should be carried out, starting from the very onset of the disease or injury

and up to the full return of a person to society. The issue of rehabilitation should be solved comprehensively, taking into account all its aspects.

Rehabilitation should be accessible to all who need it.

Rehabilitation must adapt to the ever-changing patterns of illness, as well as take into account technological progress and changes in social structures.

Since one of the leading principles of rehabilitation is the complexity of impacts, only those institutions can be called rehabilitation. In which a complex of medical, social and professional pedagogical activities is carried out.

The medical aspect includes the parts of the therapeutic, diagnostic and treatment plan.

Physical aspect - covers all issues related to the use of physical factors to increase physical performance [8].

The professional aspect of working people is the prevention of a possible decrease or disability; this includes the issues of determining the ability to work, employment,

occupational hygiene, physiology and psychology of work, labor training for retraining.

CONCLUSION

A comprehensive approach to the development and implementation of social protection mechanisms, including for vulnerable groups of the population, the allocation of significant budget funds for its provision, will contribute to an even greater social adaptation of citizens and people with disabilities, which will undoubtedly have a positive effect on socio-economic development and prosperity of the country.

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