



 Research Article

PROBLEMS OF THE STATE OF HEALTH OF SCHOOLCHILDREN IN THE ADOLESCENT PERIOD OF DEVELOPMENT

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ABSTRACT

This article discusses the health of schoolchildren and adolescents and assesses their quality of life.

KEYWORDS

Schoolchildren, adolescents, developmental period.

INTRODUCTION

At present, as in the whole world and in Uzbekistan, the problems of maintaining and strengthening the health of adolescents are very

acute. Adolescents are the intellectual and reproductive potential of our country. Preserving and increasing the health of schoolchildren is one

of the most important criteria for the well-being of the state as a whole [2, 9, 11, 12]. According to the Scientific Center for Children's Health (SCCH) of the Russian Academy of Medical Sciences, over the past 5 years, the incidence of children under the age of 14 has increased by 13.1%, and by 15% in those aged 15–17 years [13]. The highest growth figures were noted for the following classes of diseases: diseases of the blood and blood-forming organs - by 32%, including anemia (by 33%); diseases of the endocrine system by 31%, mainly due to diseases of the thyroid gland (by 34%) and obesity (by 25%); diseases of the musculoskeletal system - by 26.5%; digestive organs - by 24.7%; circulatory system - by 24% [5, 9, 6]. The issues of the formation of a healthy lifestyle for schoolchildren, the rejection of bad habits, and the involvement of adolescents in physical education and sports are a priority in the work of doctors and teachers.

At the same time, a significant number of publications on the topic of quality of life reflect this issue in the light of the medical and social rehabilitation of children with chronic diseases or minors with disabilities [11]. For more effective interventions aimed at the rehabilitation of children with chronic diseases or children with

disabilities, it is necessary to achieve the same level of perception of QoL by both the child and his parents [2,1]. Methods have been developed to determine the quality of life of patients with bronchial asthma, diseases of the gastrointestinal tract, cardiovascular pathology, cancer patients, and a large number of diseases [13]. In these cases, the QoL methodology is an integral indicator and provides information on the physical, psychological, spiritual, and social aspects of the disease [2].

However, QoL, in addition to the medical and social concept, which includes somatic and psychophysiological health, also includes the life values of a person [11, 8]. The study of the quality of life of adolescents is extremely important, as it reflects not only the subjective characteristics of the hygienic, biomedical, socioeconomic, psychological, and pedagogical aspects of the life of schoolchildren, but also establishes the degree of their relationship with objective indicators [6]. At present, the study of QoL is also necessary from the point of view of the formation of potential risks for human health [10]. There are methods for determining QoL in sick and healthy people.

The lack of vitamins in the diet of a modern person has been repeatedly discussed by doctors

of various specialties [2, 5, 7]. Vitamins are essential food components of organic origin [150]. They regulate biochemical and physiological processes in the developing organism and also activate enzymatic reactions [1]. The deficiency of vitamins and minerals is mainly combined in nature and is observed throughout the year [13]. A qualitative change in the diet, the predominance of simple carbohydrates and fats in food, the lack of sufficient consumption of vegetables and fruits, and the low content of vitamins and minerals in the products themselves are the objective reason for their shortage in the body [36, 42, 136, 149]. Insufficient intake of vitamins and minerals in childhood has a negative impact on physical and mental development, leading to the formation of diseases [4, 7]. According to foreign experts, the problem of micronutrient deficiency is relevant both for developing countries and countries with highly developed economies [186]. This issue is especially acute in certain ethnic groups, among adherents of vegetarianism, and in groups of patients suffering from malabsorption of vitamins and minerals.

The participation of vitamin A in the synthesis of steroid hormones (including

progesterone), spermatogenesis [5]. This vitamin is a thyroxin antagonist [3]. Zinc metabolism is closely related to the provision of the body with vitamin A. Vitamin A deficiency leads to impaired absorption of zinc, while the growth and development of the child are disturbed [8]. Vitamin A is supplied from food to the body in the form of retinol (animal products) and carotenoids (plant products) [6]. Among the sources of animal origin, fish oil, liver, caviar, milk, butter, sour cream, cottage cheese, cheese, and egg white are of the greatest importance. Vegetable sources of vitamin A include: green and yellow vegetables (carrots, pumpkin, sweet peppers, spinach, broccoli), legumes (soybeans, peas), peaches, apricots, rose hips, sea buckthorn, cherries, herbs (fennel, lemongrass, parsley, mint pepper, sorrel, raspberry leaves), etc. [4].

Despite a fairly large list of products, the total presence of vitamin A in them is small, and a normal human diet cannot meet the physiological needs only from food [10, 11]. Especially when it comes to the need for increased intake of vitamins under conditions of significant mental stress, stress, or DFN [7]. Even within the framework of the retinol fortification program in the United States, subclinical vitamin A deficiency is not

uncommon in this country [6, 8]. Lack of vitamin A intake has been described by scientists from many countries. It is noted that this fact is not affected by the economic well-being of a particular territory. The problem is typical for Arab countries, described by Turkish, and Indian scientists, as well as specialists from European countries [2, 7, 13]. Particularly acute deficiency of a number of micronutrients (including vitamin A) threatens those who adhere to vegetarianism, are forced to follow a strict diet due to religious beliefs, and in other cases significant food restrictions [10, 12].

One of the most important functions of carotenoids (α -carotene, β -carotene, lycopene, lutein, zeaxanthin) is their antioxidant activity [9].

The issue of preserving the health of children and adolescents is a priority both for the leadership of most countries and for the medical community. The main efforts of the state are aimed at the development and implementation of preventive measures and early detection of diseases. And only about 30% of high school students are fit for military service. There is a tendency to "rejuvenation" functional disorders of the cardiovascular system, gastrointestinal tract, and

musculoskeletal system. It should be noted that the instability in society, the deterioration of living conditions associated with economic problems, and the change in habitual stereotypes form a feeling of insecurity and dissatisfaction among adolescents, which also contributes to an increase in the incidence of schoolchildren.

In addition to the negative impact on health, socio-economic problems entail deviations in the behavior of adolescents. The state of health of adolescents is considered by modern doctors as a medical and social problem.

To date, there are several methods for studying QOL. All of them are developed taking into account the intuitive definition of the very concept of QOL by the authors [4, 8]. At the same time, there is a generally accepted definition of QOL, fixed by WHO. According to the WHO, "QOL is the degree to which individuals or groups of people perceive that their needs are being met and that the opportunities necessary for achieving well-being and self-realization are being provided" [12, 3]. It can be said with certainty that QoL consists of a person's assessment of his own satisfaction with various aspects of his life.

According to a pilot study of healthy adolescents aged 13–18 living in different regions of the Republic of Uzbekistan, it was found that QoL indicators do not have pronounced regional characteristics. At the same time, in schools with a priority medical focus related to disease prevention, adolescents rate QoL higher than their peers from other schools.[1, 5, 8]

The complexity of the choice lies also in the fact that despite the wide choice of professions in the modern labor market, many schoolchildren have to make a choice between a desired profession and a profession in demand in modern conditions. Undoubtedly, this complex decision-making is reflected in the social sphere of adolescents' QoL [11, 3]. From the point of view of medical support for adolescents in helping them choose their future profession, all the attention of doctors should be directed to assessing the ability of students to engage in training in the chosen profession. It is equally important to make a forecast of further work in the specialty without harm to health [5, 8]. In the process of professional consultation, the doctor determines the risks of progression of deviations in the state of health under the influence of production factors.

Many people are convinced that children practically do not have malignant tumors. However, it is not. Among the causes of death, malignant diseases in children occupy a place in the top three. And here, according to pediatric oncologists, it is the attentiveness of parents that plays a huge role. A timely examination of the child by a pediatrician, consultation of narrow specialists, ultrasound of the abdominal organs at least once every 6 months, blood tests, focusing on the child's health and his complaints - all these points play an important role in the diagnosis of malignant diseases. Parents are responsible for diagnosing cancer in children.

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