

DEVELOPMENT AND PREDICTION OF RISK FACTORS FOR A MULTI-LEVEL PROGRAM FOR THE PREVENTION OF CHILDHOOD DISABILITY

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Abstract

Children's disability is a major problem today. Hundreds of thousands of disabled children need attention and support of society, social, medical and other assistance. The relevance of this issue indicates the quantitative growth of disability in childhood and adverse trends in its structure.

Keywords: Child disability, risk factors for childhood disability, health care for children with disabilities.

Introduction

Disability in childhood is not only a complex medical and social problem, but also brings significant economic loss to society from the sphere of public activity is excluded adult family members caring for a disabled person from childhood. Heavy moral and psychological climate in families where there are disabled from birth, as a rule, lower material wealth, cannot say a negative impact on quality of life of the family as a whole [1,2].

In the Republic of Uzbekistan is one of socio-economic, medical and preventive measures to protect the health of mothers and children to their harmonious development [3,4].

One of the priorities in health care reform is the prevention of disability in childhood development of medical and social assistance to families with children with disabilities. This is especially true for large cities, which is the Tashkent.

The aim of the study was to examine the age characteristics of childhood disability, identifying risk factors contributing to its formation.

Materials and methods

The prevalence of childhood disability in Tashkent studied a continuous method in dynamics over the period 2010-2020. Investigation of causes of disability, circumstances and lifestyles of children with disabilities and their families conducted in 2018-2022. Within the framework of a comprehensive program. The study included children up to age 18 who are on the dispensary in general practice family health centers of 4 districts of Tashkent, Mirzo Ulugbek, Chilonzar, Shayhontahur and Almazar. Collecting the material was carried out by polling interviews of



mothers and vykapirovki data from the primary registration of medical records of the child with a disability. To unify the collection of information has developed a comprehensive questionnaire "Study of health and social care, environment and way of life of children with disabilities." Causes of disability studied almost 2000 children with disabilities, who constitute about 30% of the total number of disabled children, born and living in Tashkent. In the case study was included every fourth child, selected at random - a mechanical process (300 - the main group). To establish the underlying causes and risk factors for the prevalence of childhood disability similar mechanical random selection formed a group of healthy children (300 - control group).

Analysis of causes of disability was carried out by the main classes of diseases, according to the ICD 10th revision. The results are processed by modern statistical methods, the methodology of evidence-based medicine (random sample, the method of "case-control" cohort method), contributing to the elimination of systematic and random error reduction.

Results of the study and discussion

The study found that among children with disabilities make up 31,3% of preschool children, 51,3% of school-age children. Disabled children aged 15-18 years was 17,4%. Consequently, 82,6% of children disability has been established in pre-primary, secondary and primary school age. Among boys with disabilities was higher (54,8%) than girls.

In general, Tashkent level of child disability varies from case to 98,1-105,6 10.tys. Children 0-18 - years old. In recent years the tendency to reduce child disability from 10,7 cases per 10.tys. 2004 BC to 98.1 cases per 10.tys. children in 2020. It is interesting to note that 67,6% of children with disabilities are congenital, 32,4% acquired a disability. In this age level with congenital disability is reduced, and acquired increased (Table 1).

Table 1. Contingent structure of disabled children, regarding to the nature of its origin and class of diseases

Age years	The nature of disability		Class of diseases						
	Congenital	acquired	diseases of the nervous system	congenital diseases	Diseases of musculoskeletal system	mental disorders	diseases of ear and mastoid	eye diseases	disease of the endocrine system
0 - 2	89,0	11,0	24,6	43,8	20,5	-	2,7	-	2,7
3 - 4	70,3	29,7	29,7	28,8	11,0	1,7	6,8	2,5	7,6
5 - 6	27,5	27,5	43,9	20,9	6,6	3,3	5,5	4,4	6,6
7- 14	65,7	34,3	28,2	13,7	12,4	11,9	10,6	5,2	5,4
Total	69,6	30,4	30,0	19,9	12,2	8,1	8,6	4,2	5,6
15 -18	58,3	41,7	23,7	12,8	9,6	7,0	7,0	7,7	34,6
Total	67,6	32,4	28,9	17,9	11,8	11,8	8,3	4,8	8,0



Among all the causes of childhood disability classes of diseases occupy the first place nervous system diseases, congenital anomalies second, the third disease of the musculoskeletal system, the fourth mental and behavioral disorders, fifth disease of ear and mastoid. These classes are made up of the disease 75,0-80,1% of all causes of childhood disability over the years studied.

Table 2. Prevalence childhood disability by disease classes

Class of diseases	For ten thousand children
Nervous system diseases	19,4
Congenital anomalies	12,0
Musculoskeletal System	7,9
Mental and behavioral disorders	6,3
Diseases of ear and mastoid	5,6
Endocrine, nutritional and metabolic diseases	3,2
Diseases of the eye and adnexa	4,0
Other	8,6
Total	67,0

Established that 45,4% of children treated in hospital, 38,7% of children were followed on an outpatient basis, ie treatment was reduced to the observation of experts in the clinical examination, 12,3% were treated in hospitals at home and only 3,7% for regenerative therapy using specialized health centers and rehabilitation centers.

Of children with disabilities who need to study more than half (53,9%) receive education in schools, 24,9% are trained in specialized boarding schools, 8,0% of study at home, and 13,3% never attend.

Of great importance for health, social adaptation and integration and the formation of the child is his family. Families with disabled children are classified as high social risk. This is due, above all, a large number of negatively affecting the child's socio-hygienic, medical and demographic and psychological factors.

Our results suggest that in families with disabled children is relatively high proportion of mothers all older – 19,1% versus 6,7% in the controls ($p < 0,001$); of every three women at the time of birth (33.9%) had a history of gynecological and chronic extragenital pathology: 24,5% of mothers (in control 10,0%) with secondary special and higher education ($p < 0,001$), not forced to work in the profession, 36,0% of mothers did not work, and are housewives and caring for a disabled child. In 34,0% of families hold unstable psychological situation. Many families have no hope for a favorable outcome. Set relatively low activity of medical families raising a disabled child: $\frac{3}{4}$ of the parents carry a doctor's prescription, nearly half of families continue to recommend rehabilitation treatment at home. Only 31,6% of parents regularly engage with a child, instilling in him the development of necessary skills.

Study of awareness and health education of parents about the nature of the disease the child, how education and training revealed that most parents do not possess such knowledge. In addition, much of it ill-informed about the causes, pathogenesis, and methods of secondary prevention.



All the above convinces us that the majority of families with disabled children disadvantaged by a number of medical and demographic and socio-psychological indicators.

Efficient operation of government services and NGOs to reduce child disability is represented as a coherent organism, the crucial issue at all stages of the health of children from prenatal period and ending the system of rehabilitation as a disabled child and his family.

Findings

1. Child disability in Tashkent have specific age-sex characteristics: one third of disability is established in the preschool years. With increasing age of child birth causes of childhood disability significantly reduced, and acquired increased: in all age groups takes place to identify children with congenital disorders.
2. The leading causes of childhood disability are diseases of the nervous system, congenital anomalies, diseases of the musculoskeletal and connective tissue disorders, diseases of ear and mastoid. These classes are 76,3% of the disease causes of childhood disability.
3. Given the low activity of the medical family, home and brought up a disabled child, you need to improve the quality of support they health and social care by enhancing the integration of healthy lifestyle, enhancing preventative public health system.

References

1. Zelinskaya D.I., Child disability as a health issue // of Public Health. -2008. - № 2. -С. 23-25.
2. Svintsov A.A. Characteristics of the contingent disabled children // Health RF.-1998 .- № 2. - С. 31-33.
3. Asadov D.A., Sharipova M.K. The significance of the economic cost of disability in childhood and ways of optimization of medical interventions to reduce them. // Pediatrics. Spec. Vol. С 6-10.
4. Inamova S.T., Sharipova M.K. Formation of perinatal diagnostics service in Uzbekistan. // Pediatrics. -2003. - Spec. Vol .- S. 10-12.
5. Kasimova D.A. Medical and social aspects of childhood disability and ways to reduce (on materials of Tashkent). // Avtoreferat -2012.
6. Касимова Д.А. Возрастно-половые особенности детской инвалидности. // Научный практический журн. Патология. Ташкент-2010. №2-3. -С.132-136.
7. Касимова Д.А., Маматкулов Б.М. Медико-социальные аспекты детской инвалидности. Врач-аспирант. Воронеж, 2011 -№ 2,3 (45). -С. 512-516.
8. Касимова Д.А. Социально-гигиенические факторы риска детской инвалидности. // Бюллетень ассоциации врачей Узбекистана РУз. Ташкент, 2011. №4. –С.27-29.
9. Касимова Д.А. Основные закономерности динамики детской инвалидности. // Бюллетень Ассоциации врачей РУз. Ташкент, 2012 №1-С.40-42.
10. Касимова Д.А. Детская инвалидность важнейший показатель здоровья населения. // Дни молодых учёных. Материалы научно-практической конференции аспирантов, соискателей и магистрантов. ТМА.-Ташкент, 14-15 апреля. 2009 -С. 44-45.



11. Касимова Д.А. Некоторые особенности изучения детской инвалидности. // Дни молодых учёных. Материалы научно-практической конференции аспирантов, соискателей и магистрантов. ТМА.-Ташкент, 14-15 апреля. 2009 - С.46-47.
12. Касимова Д.А. Методологические основы детской инвалидности в г.Ташкенте. // Дни молодых учёных. Материалы научно-практической конференции аспирантов, соискателей и магистрантов. ТМА.-Ташкент. 14-15 апреля. 2009 -С.48-49.
13. Касимова Д.А. Структура и уровень детской инвалидности (по материалам Мирзо Улугбекского района). // Дни молодых учёных. ТМА. Ташкент, 19-20 апреля 2011. -С. 32.
14. Касимова Д.А. Влияние социально-гигиенических факторов на уровне детской инвалидности (по материалам Чиланзарского района в г. Ташкенте). // Дни молодых учёных. ТМА. Материалы научно-практической конференции магистрантов. Ташкент, 19-20 апреля 2011. –С.107.
15. Касимова Д.А. Детская инвалидность как медико-социальная проблема в здравоохранении. // Гигиенические проблемы охраны здоровья населения на современном этапе и пути их решения. Материалы научно-практической конференции, Ташкент, 6 марта 2010. -С.155-156.
16. Маматкулов Б., Азимов Р., Авезова Г., Касимова Д., Инаков Ш. Доказательная медицина как инструмент повышения качества медицинской помощи. // Республиканская конференция: «Развитие первичного звена здравоохранения Узбекистана за 10 лет». Ташкент, 06.2010. -С.132.
17. Касимова Д.А. Пути повышения качества детской инвалидности в условиях первичной медико-санитарной помощи. // Республиканская конференция: «Развитие первичного звена здравоохранения Узбекистана за 10 лет». Ташкент, 06.2010. –С.136.
18. Б.М.Маматкулов, Г.С.Авезова, Д.А.Қосимова. Болалар саломатлиги ва хавф омилларини ўрганишда далилларга асосланган тиббиёт усулларини қўллаш. Илмий-услубий қўлланма. Тошкент. 28.10.2011.-156.
19. Касимова Д.А. Прогнозирование риска и многоуровневая программа профилактики детской инвалидности. Научные-методические рекомендации. Ташкент, 9 декабря 2011.-15с.
20. Kasimova D. A. Prediction of risk and multilevel program of prevention the children invalidity. Methodical recommendations. Tashkent, 9 December. 2011y. -13p.

