

The Formation of the Health of Children and Adolescents, the Hygiene of their Educational Activities

Ahmerov Ilyas Erikovich

Tashkent State Medical University 1st Department of Public health and health care Management

Abstract: This article discusses the formation of the health of children and adolescents in the modern period, the hygiene of their educational activities, the hygiene of children's motor activity and physical education, labor education, hygiene of education and vocational training, the health of children and adolescents, hygiene, healthy lifestyle, education and upbringing, medical and sanitary, epidemiology. nutritional hygiene of adolescents. Hygienic requirements for children's books, textbooks and educational materials, manuals, the foundations of the formation of a healthy lifestyle, hygienic education and upbringing, medical and sanitary-epidemiological provision of the population of children and adolescents, etc. are widely presented in the article.

Keywords: children and adolescents' health, hygiene, healthy lifestyle, education and upbringing, medical and sanitary, epidemiology.

The problems of hygiene of children and adolescents cover a significant part of the population of our country. Children live in different conditions than adults, therefore, the hygienic principles of education and upbringing are fundamentally different from the professional or social work of adults.

The biological specificity of children differs sharply from adults not only in quantity, but also in quality, and requires for them a different hygiene, different from "adult hygiene". More than a century ago (1898), the famous pediatrician N.P. Gundobin, in his lecture to students of the Military Medical Academy, said that "Hygiene in children is completely different from that of adults, due to the anatomical and physiological peculiarities of the organism."

The main peculiarity of children and adolescents is that their organism, unlike that of adults, is not yet mature, but is in the process of growth and development. No other area of hygiene is so preoccupied with the problem of growth and development, and therefore gives the hygiene of children and adolescents a special character. The incomplete development of the body of children and adolescents ensures its proportionality. The body of children and adolescents is exposed to a greater degree of positive and negative influences than that of adults. Therefore, even very low-intensity, very small-scale influences that may be imperceptible and insignificant for adults (and often are) acquire hygienic significance. Currently, due to the deterioration of the ecological and hygienic situation in many places of residence, these problems are becoming even more acute. The main difference between the body of children and adolescents and the body of adults is that external influences are reflected not only in its current functional state, but also have a very strong impact on its development and future life.

The health of the adult population is largely determined by the health of children, since many manifestations of pathologies that deviate from the normal state of the organism are formed in childhood. All these problems are studied by the science of child and adolescent hygiene.

Hygiene is a science that studies the influence of environmental factors (natural and social) on the human body and develops scientifically based standards and recommendations aimed at maintaining and stabilizing human health. Despite the great importance of maintaining and stabilizing health, it is not enough for children and adolescents. The most important thing for them is optimal development. Therefore, in the hygiene of children and adolescents, each environmental factor is evaluated based on its impact on the development of the child.

Views on educational hygiene were first reflected in folk medicine and families. Scientific views and research on the prevention of diseases and child hygiene laid the foundation for the development of pediatrics, pediatricians gave advice not only on the treatment of sick children, but also on the care and upbringing of the child.

A rationally structured daily routine, appropriate to the age characteristics of children, provides an opportunity to alternate different types of activities, an optimal mode of movement (including in the fresh air), full rest, and sufficient sleep, which contributes to the proper growth and development of children. The daily routine of children and adolescents, based on the specifics of their age, should include the following mandatory components:

- mealtimes (time between meals and number of meals);
- being outdoors during the day;
- duration and amount of sleep;
- time and place of compulsory classes in institutions, as well as at home;
- Free time, the opportunity to ensure the child's motor activity at his own discretion.

Compliance with the daily routine, the beginning and end of all its components, the constant implementation of types of activities at the same time form in children sufficiently strong conditioned reflexes to time. Due to the formation of a reflex to time, the child's body is always ready for the upcoming type of activity. At the same time, all activity processes (exercise, eating, sleeping, etc.) occur with less "physiological cost" (faster and easier). In this case, adherence to the daily routine, maintaining the uniformity of life is of primary hygienic importance. The binding law of the child's life is a correctly formulated and constantly followed daily routine.

A hygienically rationally structured daily routine involves allocating enough time for all the necessary components of life activities and ensuring high working capacity during the period of full wakefulness.

A properly structured daily routine creates a constant high mood, interest in study and creative activities, games, and contributes to the normal development of the child. The child's mental state, joys and failures are reflected in the process of growth and development. Mental stress, mental tension, and mental trauma always lead to a growth halt. Psychologically difficult situations for a child, such as going to kindergarten or school, can stop growth for up to several weeks. Failures at school or quarrels in the family can also lead to a significant lag in growth. This is due to the fact that when anxiety and mental tension are strong, the child's neuroendocrine mechanisms are activated, which limit the growth process.

Pediatricians recognize two leading factors of the daily routine in the normal growth of a child. The first is that adequate physical activity provides a vertical and alternating mechanical load on the skeleton, which enhances osteogenesis and the growth of cartilage. Muscle work also activates the release of growth hormones. At the same time, excessive vertical load, for example, carrying weights, has the opposite effect - it stops growth. That is why doctors should regularly monitor the daily routine of children, prevent them from engaging in hypokinesia, that is, sports or work that are low-mobility and have a detrimental effect on growth.

The second important part of the daily routine is full sleep. It is during sleep that the child undergoes all the metabolic and cellular restructuring that determines the formation of the skeleton. In the first months of life, the central nervous system (CNS) is characterized by functional weakness. External stimuli are stressful for the child's nervous system and quickly tire him. Because of this, the child's active period of sleep is short (5-7 hours), and the child falls asleep every 1.5-2 hours. If the child's life

is properly organized, by the end of the first month of his life, he will have a day-night wakefulness and sleep pattern.

The factor that has the greatest positive effect on sleep is fresh air. It affects the skin, mucous membranes of the nose and upper respiratory tract, causing sleep to come faster. Sleeping in the fresh air replaces walking, which is especially important during the cold season and the change of seasons. Taking into account the development of sleep and wakefulness patterns, differentiated regimes for the first years of a child's life have been developed.

The main problems of children's educational hygiene were described seriously and expressively by the outstanding hygienist, the founder of children's and adolescents' hygiene, F.F. Erisman: "We talked about the health disorders that students encounter through the external conditions of educational institutions, we saw that the child's blood circulation is disturbed, his nutrition is not complete, he is becoming more and more shriveled and squinty. Unfortunately, we must also admit that it is not a rare phenomenon for a child to become mentally retarded during school life..."

F.F. Erisman's remarks have not lost their relevance today. In addition, the difficult situation of children's health and physical development indicates that the problem of the child's functional readiness for continuous education at school is also relevant.

References:

1. Doskin V.A., Kuindzhi N.N. Biological rhythms of the growing organism. - M.: Medicine, 1989. P.224.
2. Sepetliev D.A. "Statistical method and scientific medical research". Authorized perevod s bulgarskogo pod ed. prof. Merkova A.M. M: Medicine, 1968. - 419 str
3. Avtandilov G.G. Meditsinskaya., morphometry /M.: Medicine, 1990.-384 str.
4. Aminov B., Tilavov T. "Man and his health" T. Teacher 1993.
5. Antropova M.V. Differentsirovannoe obuchenie uchashchihsya I - XI klassov, ix rabotosposobnost i organizatsiya uchebnoy deyatel'nosti // Physiologiya cheloveka. - T.18. - #1. - 1992. - S.172-178.
6. Gotovtsev P.I., Subbotin A.D., Selivanov V.P. Lechebnaya fizicheskaya kultura i massage /M/ Meditsina, 1987. 48-54- str.
7. Grombach S.M. School and mental health. - M.: Medicine, 1988. S. 272.
8. Lyonyushkin A.I. Children's coloproctology. M., Medicine. 1990, 352 p.
9. Mahmudov I., Alimov B., Kurbanov Sh. "Physiology and hygiene of teenagers" T. Teacher 1984.
10. Majidov V.M. "Infectious diseases" T. Ibn Sina publishing house 1993.
11. Matyushonok I.T. "Anatomy - physiology and hygiene of primary school students" T. Teacher 1972.
12. Temkin B.N. "School hygiene" T. Teacher 1972.
13. Sodiqov K.S. "Physiology and hygiene of students" T. Teacher 1992.
14. Sharipova D.J., Semyonova L. "Giving hygienic education and upbringing to students" T. Teacher 1983.