



"SOME SOCIAL FACTORS IN THE FORMATION OF SEVERE PNEUMONIA IN YOUNG CHILDREN"

Gofurov Zhavlonbek Abduvakhobovich
Khudaiberdieva Khamrokhon Tilavodievna
Kosimov Dilmurod Sirojiddinovich

Andijan State Medical Institute of the Republic of Uzbekistan

Article history:	Abstract:
Received: December 8 th 2022	<i>It was possible to assess some social factors in the formation of severe pneumonia in young children</i>
Accepted: January 8 th 2023	
Published: February 10 th 2023	
Keywords: pneumoniaI (complicated and uncomplicated), socio-hygienic factor, material and living conditions in the family,	

Among the diseases of childhood, a significant place is occupied by the pathology of the bronchopulmonary system, in particular pneumonia [1,4].

The causes of this pathology are diverse, the environments and them are played by socio-hygienic, medical-organizational and medical-bio-logical factors [2]. To date, there have been clear correlations between the level of socio-ec of the population and the state of health of the individuals [3]. To identify similar patterns in observed children with pneumonia, in the present work social and hygienic studies of the frequency of pneumonia in families with pneumonia have been carried out in this work. various levels of material support.

MATERIALS AND METHODS

Studies were conducted on the basis of the Andijan regional children's multi-profile medical center. The object of the study would be 250 children with acute pneumonia, from 2 months to 3 years. Of these, 157 (62.6%) are children with pneumonia with complicated forms. Children with uncomplicated forms pneumonia would be 93 (37.4%). Analyzed anamnesic, clinical and laboratory parameters. A statistical analysis was carried out according to the annual reports of the regional children's multi-profile medical center, and archival materials were also studied. To clarify the hour of morbidity in all children and mothers of the roan, the data of polyclinic observations have been alated.

Numbers of relative displays, standardization are carried out, probabilities of differences according to the Fisher-Student table are determined.

RESULTS AND DISCUSSION

Our research has shown that one of the medical and organizational reasons leading them to pneumonia was only partially obtaining a doctor's advice on child care in the event of a respiratory viral infection (25%), and 9% of families did not follow the doctor's advice at

all. Thus, more than 1/3 of the patients with pneumonia at the pre-hospital stage or did not receive medical care, or it would be limited in it.

The relationship with such socio-hygienic facts as the general level of culture, scientific and hygienic literacy is clearly coordinated with the results obtained. The dependence of the frequency of severe pneumonia on the level of culture of parents has been established (data are presented in Table 1).

From these problems, it is clearly visible that the level of general sanitary culture is directly related to the frequency of severe forms of pneumonia. When analyzing the state of sanitary and hygienic diseases, it was found that about 20% of the parents from among the surveyed families were completely out of sight of the medical workers in terms of instilling a sanitary culture in them. In most of these families, it is clearly visible. At the first sign of the disease, parents hid in treating their children on their own, at home, on the unqualified advice of relatives and acquaintances, often with the involvement of religious and cult rites, especially in rural areas.

The dependence of the frequency of severe pneumonia on the level of culture of the parents

Clinical variants of pneumonia	Level of culture of parents, %		
	high	average	low
Complicated forms	40.9	58.9	82.2
Uncomplicated jobs	59.1	41.1	17.8



Dependence of the severity of pneumonia on material and living conditions in families

Clinical variants of pneumonia	Condition of material and living conditions, %		
	Good	Satisfactory	Dissatisfactory
Complicated forms	29.8	68	85.3
Uncomplicated jobs	61.2	34	14.7

Another medical factor determining the state of health of young children, especially the first year of life, is the peculiarities of upbringing and feeding of the child. In particular, free feeding (85%) dominated, while 14.9% of children were breastfed up to 3 years in conditions of poor nutrition.

Our studies in 22% of families living in unsatisfactory living conditions, namely: lived and with a large crowd in residential buildings or apartments with a living space of less than 5 sq. m in a family member. Perinatal mortality in the autumn-spring period. Only in 16% of the observed families the conditions were stated as "good" or "satisfactory" (data are presented in Table 2).

As follows from the data presented in Table 2, a good level of material and household benefits in families is combined with the lowest indicator of the frequency of severe forms of the disease and, on the contrary, in families with unsatisfactory provision, this indicator is most in the juice.

According to our observations, more than 30% of patients were from large families (from 5 to 8 children). The factor of many suitability determines the situation, when 85% of mothers need additional assistance and childcare, while in 27% of cases this help came from older children. A certain proportion of children with pneumonia (14%) were from families with a high index of sickness, namely: with the number of visits to the doctor more than three times a year, the presence in families of 1-2 patients with serious and chronic diseases.

The frequency of formation of severe forms of pneumonia is especially clearly traced depending on the number of pregnancies. This has the most important significance, since the factor of large families is natural for the family structure of the region. The results of sociological research are presented in Table 3.

As follows from Table 3, the main contingent of children with severe pneumonia are patients born from 4-5 or more births. For mothers who have experienced

the disease of children with severe pneumonia, the time between pregnancies would be 1-2 years in almost 60% of cases and only 8% of mothers the interval between pregnancies would be five years or more. And, finally, the age factor of mothers also had a direct impact on the incidence of severe variants of pneumonia (data are presented in Table 4).

As follows from Table 4, the bulk of the observed children with severe pneumonia were born from mothers under the age of 20 and over 30 years. Besides is a factor that has a significant impact on the health of children, their sensitivity and tolerance to infectious diseases, are also frequent births in mothers (L 22%). The frequency of consequences of perinatal hypoxia of the central nervous system (25.3%) in the form of diseases of various forms of pneumonia, as well as purulent-septic conditions (21.4%). The interval between births in 52% of mothers of the examined children was 1-2 years and only in 8.2% of parents the indicator with more than 5 years.

Dependence of the frequency of severe pneumonia on the serial number of births

Clinical variants of pneumonia	Ordinal number of genera, %				
	First birth	Second birth	Third birth	Fourth birth	Fifth and more
Complicated forms	46.6	72.1	87.6	94.6	99.2
Uncomplicated jobs	53.4	27.9	12.4	5.4	0.8

The nature of the distribution of clinical forms of pneumonia in children depending on the age of the women in labor

Clinical variants of pneumonia	Age of women in labor, %				
	Up to 20 years	Up to 25 years	Up to 30 years	Up to 40 years	More than 40



Complicated forms	78.2	65.8	80.7	90	99.1
Uncomplicated jobs	24.8	44.2	19.3	10	1.0

A significant proportion of the children are classified as "passive smokers". Due to the smoking of one of the parents, the father's child, almost 90% of the children with pneumonia were in the group of frequently ill children, it is estimated that the smoking of parents significantly increases the risk of pneumonia in children.

Serious clinical consequences have the privilege of prayer, which causes you to be admitted to the hospital in late stage and severe condition, it is also the cause of the formation of the disease, which has a place in almost 30% of the children examined.

For the observed and examined patients, x was characterized by relaxation with mixed and artificial feeding. Along with this, you are divided into groups (12%) with allergic changes due to intolerance to breast milk.

One of the risk factors for pneumonia is the young age of mothers. This does not only contribute to the formation of physiological and immaturity of the newborn, but also causes in some cases the ear of children not by mothers, but by grandmothers or relatives. The factor of organization in the frequency of uncomplicated forms of pneumonia in children accounted for 15.5 per cent and severe complications for 84.5 per cent.

Interesting data would be obtained by comparing the mortality rate from pneumonia among children living in urban and rural areas.

Rural children accounted for 36.4 per cent and urban children for 63.6 per cent. Births from 1, 2, 3 or more pregnancies were not affected by the incidence of pneumonia. Thus, among those who were pregnant from the first pregnancy, the mortality rate was 23%, from the second - 30.7%, from the third - 19.2% and from multiparous births. of their mothers, 27 per cent. In addition, in all 100% of cases of observations, the course of pregnancy would be burdened with. In all 100% of cases, the child suffered various colds the day before. The leading pathomorphological conclusions they had were: segmental pneumonia - 37%, polysegmentary - 54%, abscessed pneumonia - 6.2%.

Thus, our research has established certain relationships between social, medical-organizational and medical-biological factors and the development of severe forms of contraction pneumonia

in children of his age

YOUWATERY

1. The formation of complicated pneumonia in children of early childhood, in particular, directly depends on their general socio-hygienic factors, such as material and living conditions, the level of culture and sanitation of parents, the nutrition sector, from medical and organizational: organization, late treatment. Ability to doctors, etc. and medical and biological factors: large families, the age of women in labor, the interval between pregnancies, the unfavorable course of pregnancy.
2. Socio-hygienic, medical-biological and medical-organizational factors affect the clinical manifestations of pneumonia in young children, contribute to the development of a more violent course and the occurrence of various complications of the disease, and also cause an unfavorable prognosis and frequency of death.

LITERATURA

1. Asadov D.A., Yarkulov A.B., Akhmedova D.I. Analysis of the causes of infant mortality in the Republic of Uzbekistan for 1998 and ways to reduce it. Pediatrics. 1999; 1: 10-15.
2. Abdullakhodjaeva M.S., Allanazarova Z.Kh. Etiology of acute pneumonia in children of early age for the period 1990-1999 gg. Pediatrics. 2000; 2-3: 15-17.
3. Nizamova M.U. The state of health of children of the first year of life in large families and some issues of planning family. Med. journal. Uzbekistan. 1995; 1: 10-12.
4. Shak N. Risk for severe pneumonia in children in south Kerala: a hospital - based case - control study J. Trop. Pediatrics. 2006; 40: 201-206.