

THE ROLE OF CHILD HYGIENE IN SCHOOL

Utarbaeva Aynura Amanjolvna

Psychologist Secondary school №22 of the city of Nukus

(Nukus, Republic of Karakalpakstan)

+998973533430

Abstract: This article discusses the place of child and adolescent hygiene in the school health care system.

Key words: Educational activity, children, school, medical activity, medical care, information and communication technologies.

Introduction: Educational activity of children refers to potentially dangerous for health and is characterised by a significant number of risks to the health of students. A significant proportion of these risks is caused by learning conditions that do not comply with modern hygiene regulations. No less important in the development of morphofunctional disorders in children are technologies, modes and methods of education, especially in a hyperinformatised society. The lack of adequate technologies for assessing and managing the sanitary and epidemiological well-being of students in general education institutions is also a problem.

The hygiene of children and adolescents makes a significant contribution to solving the problems of protecting and promoting the health of the younger generation. However, its achievements are not fully used by such sectors as health care, sanitary and epidemiological surveillance and education.

Methods: Analysis of domestic experience and the practice of organising medical care for children in European organisations allows us to formulate the main types of medical activity at school:

1. Provision of medical care in emergency and urgent form.
2. Organising and carrying out work on vaccination of students in educational organisations.
3. Identification and monitoring of risk factors for chronic non-infectious diseases.
4. organising and conducting annual screening diagnostics for the early detection of physical development disorders, vision, hearing, posture, flattening of feet and flat feet.
5. Organisation and annual screening diagnostics for neurotic disorders and behavioural disorders.
6. Organisation and annual screening-diagnostics of arterial hypertension in students.
7. Organisation of annual preventive medical examinations of students.
8. Hygienic diagnostics of conditions and organisation of upbringing and education; hygienic assessment of the organisation of nutrition, physical education, labour training.
9. Carrying out anti-epidemic and prophylactic measures to prevent the spread of infectious and parasitic diseases in educational organisations.

10. Informing students and their parents about the risk factors for their health, forming motivation to lead a healthy lifestyle.

In European countries, oral health protection and promotion programmes are widespread - something that in our country is effectively carried out by dental hygienists. In this case, schools organise 'dental stations' where children can learn the correct technique of brushing their teeth and do it after every meal at school.

The task of the child and adolescent hygiene doctor in the department of medical care for students is to ensure the sanitary and epidemiological well-being of schoolchildren in educational establishments and, above all, in the conditions and organisation of the educational process, nutrition and motor activity.

The analysis of the activity of school health services, levels of sanitary and epidemiological well-being of students allowed us to justify the modern model of activity of a doctor for hygiene of children and adolescents in schools.

Ensuring the sanitary and epidemiological well-being of students as a medical activity includes: hygienic control of learning conditions in accordance with the level of sanitary and epidemiological well-being of the educational organisation; hygienic control of teaching aids; control over compliance with sanitary and hygienic requirements to the conditions and organisation of catering in the educational organisation; control over compliance with sanitary and hygienic requirements to the conditions and organisation of physical education in the educational organisation; and control over compliance with sanitary and hygienic requirements to the conditions and organisation of physical education in the educational organisation.

Teaching loads in modern schools are rationed by the duration of lesson and extracurricular activities, taking into account the assessment of mental efficiency of schoolchildren and data on the functional state of the child. Some studies by hygienists justify the use of a system of criteria of learning activity intensity for the hygienic assessment of the intensification of children's learning activities, taking into account intellectual, sensory and emotional loads, their monotony and modes of learning activities.

The introduction of information and communication technologies in education is carried out without a well-founded system of their safety. Currently, there is virtually no state approach and scientific support for the introduction of pedagogical innovations in the educational process, no system of hygienic safety of these innovations for children, hygienic regulations and recommendations for children, teachers and parents on the use of modern technical means of education.

Having the opportunity to quantitatively represent the real learning loads of students, it will become realistic to assess the risks of diseases and conditions of children caused by their education and upbringing, expand the possibilities of risk-oriented planning of control and supervisory activities in the field of sanitary and epidemiological well-being of the population in relation to educational organisations, provide 'management' of the state of health of schoolchildren, increase the effectiveness of the use of sanitary norms and rules governing the activities of educational institutions, and improve the quality of education.

Technologies for ensuring sanitary and epidemiological well-being of students in general educational organisations include the algorithm:

- visual control over compliance with sanitary and hygienic requirements to the conditions of the organisation of upbringing and education in educational organisations;
- laboratory control of compliance with sanitary and hygienic requirements to the conditions of upbringing and education in educational organisations;
- determining the level of sanitary and epidemiological well-being of the educational organisation.

Visual control, carried out by medical workers of the department of medical assistance to students, includes both visual control over the deviation of objects of control from the hygienic standards established for them, and control over the implementation of necessary preventive measures, the availability of certificates, sanitary and epidemiological conclusions, personal medical books, sanitary condition and maintenance of the school.

Results and Discussion: The algorithm of laboratory control includes laboratory and instrumental tests, measurements in educational organisations, which are performed either independently or with the involvement of accredited organisations. When performing laboratory tests independently, the requirements ensuring the reliability of the conducted tests must be fulfilled. The nomenclature, scope and frequency of laboratory tests depend on the level of sanitary and epidemiological well-being of the educational organisation.

Hygienic assessment of sanitary and epidemiological conditions of educational organisations is carried out with attribution of indicators to optimal, acceptable and potentially dangerous conditions of education and training, contributing to the development and cumulation of student fatigue, formation of morphofunctional abnormalities, and dangerous, contributing to the development and progression of school-related diseases.

The assignment of an educational organisation to one of the groups of sanitary and epidemiological well-being allows to establish the main violations of sanitary and epidemiological requirements, the potential risk of development of deviations in the functional state of the organism of students and school-related diseases in children and adolescents. This information is the basis for the development of targeted sanitary and epidemiological measures. The order of control measures and the volume of necessary laboratory and instrumental research is determined taking into account the group of sanitary-epidemiological well-being of the educational organisation.

The sanitary and epidemiological well-being of students is also promoted by such modern control technologies as hygienic assessment of the intensity of students' learning activities; control over compliance with sanitary and hygienic requirements for the conditions and organisation of classes using electronic learning tools; an algorithm of interaction between the doctor for the hygiene of children and adolescents of a medical organisation and the territorial authorities for supervision in the field of consumer protection and human well-being and other institutions on the issue of the sanitary and epidemiological well-being of children and adolescents.

The doctor of child and adolescent hygiene should assist the activities of educational organisations in complying with the requirements of sanitary legislation, developing and implementing preventive measures, ensuring safe educational activities for children's health, and carrying out production control, including through laboratory tests.

Evidence-based medicine has shown that if schools implement effective sanitation and hygiene measures and use modern achievements in preventive medicine, including child and adolescent hygiene, they have a pronounced health-saving effect.

Conclusion: The practical work of a doctor of child and adolescent hygiene is an important component of the medical care of students in educational organisations and the sanitary and epidemiological well-being of the child population of the country.

References:

1. Kuchma V.R., Suxarev A.G. Gigiyena detey i podrostkov kak razdel profilakticheskoy meditsini. Gigiyena i sanitariya. 2015; 94(6): 66-70.
2. Pokrovskiy B.I., Briko N.I. Obshaya epidemiologiya s osnovami dokazatelnoy meditsini. Rukovodstvo k prakticheskim zanyatiyam: Uchebnoye posobiye. M.: GEOTAR-Media; 2010.
3. Polenova M.A., Sazanyuk Z.I., Shumkova XB. O realizatsii kompleksnogo podxoda k optimizatsii obucheniya v usloviyax povishennoy obrazovatelnoy nagruzki. Zdorove naseleniya i sreda obitaniya. 2012; (11): 42-4.
4. Safonkina S.G., Ivanenko A.B., Kuchma B.R. Nauchno-prakticheskoye obosnovaniye metodologii sanitarno-epidemiologicheskogo audita v obrazovatelnix uchrejdeniyax. Gigiyena i sanitariya. 2012; 91(6): 46-8.
5. Kengesbayevich, R. M. (2025, January). INDIVIDUAL PERSONALITY TRAITS OF JUNIOR PUPILS IN SCHOOLS OF EDUCATION. In International Conference on Adaptive Learning Technologies (Vol. 13, pp. 24-25).
6. Kengesbayevich, R. M. (2024). READINESS OF SOCIAL PEDAGOGUES TO WORK WITH CHILDREN WITH DISABILITIES. AMERICAN JOURNAL OF EDUCATION AND LEARNING, 2(3), 318-323.