

HYGIENIC, MEDICAL AND SOCIAL ASPECTS OF HEALTH STUDIES OF DIFFERENT POPULATION GROUPS

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Abstract. *The article deals with study hygienic evaluation of health harmful and dangerous factors; deep study morbidity with temporary work capacity; identification of causal relation between risk factors and working people health; evidences of effective and scnative measures on improvement about contions, wau of life and environmenta protection. The assertions are supported that the achievement of a certain material well-being significantly affects the health, hygienic behavior and lifestyle of the population, an in-depth study of morbidity with temporary disability; identification of causal relationships between risk factors and the health of workers; substantiation of a complex of effective health-improving measures to improve working conditions, life and environmental protection. The research was carried out with methods of questioning and interview.*

Keywords: *hygienic, medical, social, aspects, study, state, health, various, group, population.*

ГИГИЕНИЧЕСКИЕ, МЕДИКО-СОЦИАЛЬНЫЕ АСПЕКТЫ ИЗУЧЕНИЯ ЗДОРОВЬЯ РАЗЛИЧНЫХ ГРУПП НАСЕЛЕНИЯ

Аннотация. *Статья посвящена изучению гигиенической оценки вредных и опасных для здоровья факторов; глубокая учебная заболеваемость с временной трудоспособностью; выявление причинно-следственной связи между факторами риска и здоровьем работающих; свидетельства эффективных и целенаправленных мер по улучшению условий жизни и охраны окружающей среды. Поддерживаются утверждения о том, что достижение определенного материального благополучия существенно влияет на здоровье, гигиеническое поведение и образ жизни населения, углубленное изучение заболеваемости с временной утратой трудоспособности; выявление причинно-следственных связей между факторами риска и здоровьем работающих; обоснование комплекса эффективных оздоровительных мероприятий по улучшению условий труда, быта и охраны окружающей среды. Исследование проводилось методами анкетирования и интервью.*

Ключевые слова: *гигиенический, медицинский, социальный, аспекты, изучение, состояние, здоровье, разнообразие, группа, население.*

INTRODUCTION

Among many indicators of the health of the population, the health of the working contingent, which is the basis of the economic well-being of society, occupies an independent place. The production contingents are the working population, which can be considered as a specific risk group experiencing a double burden of external unfavorable factors - in production conditions and in non-production conditions. A lot of factual data has been accumulated on the

links between individual manifestations of living conditions and special characteristics of the health of the population, including in various manifestations of the lifestyle and behavior of the population groups under consideration. The statement is supported that the achievement of a certain material well-being significantly affects the improvement of health, hygienic behavior and lifestyle of the population. Despite the fact that the production of mineral fertilizers has now become a large industry of great national economic importance, the issues of occupational health in the nitrogen industry are very little covered, especially given the integrated approach to assessing risk factors and in-depth study of the incidence of workers.

The main purpose of the work was a hygienic assessment of the leading harmful and dangerous factors; in-depth study of morbidity with temporary disability; identification of causal relationships between risk factors and the health of workers; substantiation of a complex of effective health-improving measures to improve working conditions, life and environmental protection.

MATERIAL AND METHODS

To solve the problems of a comprehensive in-depth study of the incidence of workers, taking into account a complex of factors (industrial-professional, social), police record of the disease. The study of the conditions and lifestyle of workers was carried out by interviewing 2,000 workers (1,000 workers at each enterprise). In the process of processing and analyzing the research materials, the following were used: sociological, cohort methods, methods of comparative analysis, as well as modern methods of sanitary statistics. In particular, when analyzing the data, the average values and errors of the averages were determined. When comparing sample characteristics, we used an assessment of the significance of differences and an indicator using the t-Student's, Pearson's formula.

RESULTS

For the integrated assessment of the degree of risk of morbidity, for the first time in the complex we used both social and hygienic and harmful production factors. Taking into account that from the complex of factors affecting the incidence of workers, each of which has its own "weight" and strength of influence, the leading risk factors affecting the incidence with temporary disability (TD) were established. In addition, we were faced with the task of determining the "weight" of each factor separately. Among the mathematical methods belonging to the group of multivariate analysis, the most widely used is the use of a simple weight index, which is the ratio of the maximum level of the risk indicator to the minimum, for each of the factors. If the factor did not affect the level of the effective indicator, then this ratio was equated to one. The greater this ratio was, the greater the value of the factor was considered.

Among the mathematical methods belonging to the group of multivariate analysis, the most widely used is the use of a simple weight index, which is the ratio of the maximum level of the risk indicator to the minimum, for each of the factors. If the factor did not affect the level of the effective indicator, then this ratio was equated to one. The greater this ratio was, the greater the value of the factor was considered. The indicators of the weight index calculated by us made it possible to determine the role and significance of each factor and group of factors in the development of MTD and to carry out a rank distribution of risk probabilities, which made it possible to realistically represent the significance of a particular factor, that is, to identify the most significant of them in organizational terms.

DISCUSSION

Determining the "weight" of factors and their ranking by weight coefficients allowed healthcare workers to more rationally influence the leading negative factors, planning the stages of solving the problem as a whole. For more accurate individual forecasting, of course, a much larger number of factors is required. However, if a large number of factors are used for a comprehensive risk assessment, then it will take a lot of time for occupational hygienists, shop therapists and general practitioners to conduct assessment and forecasting. Therefore, to facilitate calculations and ease of use, as well as for the purpose of an integrated assessment of the risk of morbidity with VUT when compiling prognostic tables, taking into account the weight and strength of influence, we selected the most significant leading socio-hygienic and production factors (10 factors) that had a relative risk (more than 2.0) of all those taken into account and using the Bayesian method, prognostic tables were compiled for a comprehensive assessment of the risk of temporary disability.

The Bayesian method made it possible to study the influence of qualitative factors on morbidity without their preliminary conversion into quantitative signs. It is expedient to use this method in addition to and for a certain refinement of the results obtained during the correlation-regression analysis.

Prognostic table for a comprehensive assessment of the risk of morbidity with temporary disability. № Factors and their gradations Relative risk P, Weight coefficient R. 1. Work experience - up to 3 years 1.28; 3-5 years 0.5 - 5.2; 5-8 years old 0.7; 8 and more 2.6; 2. Living conditions - unsatisfactory 2.9; satisfactory 1.9-4.8; Good - 0.6; 3. The psychological climate of the family - prosperous 0.6 - 4.5; unfavorable 2.7. 4. Diet - observes 0.5 -3.2; does not comply with 1.6; 5. Organization of recreation - satisfactory 0.6 -3.2; unsatisfactory 1.9; 6. Harmful production factors are noted no 0.5; sometimes 0.9 - 5.4 often 2.7; 7. Labor intensity - physical overstrain 0.6; physical with partial mental 2.7; overvoltage - 1.1; mental strain 1.6. 8. Relationships in the team - unsatisfactory 2.0; satisfactory 1.0 - 3.3; good 0.6. 9. External environment - unsatisfactory 1.6 - 2.6; satisfactory 0.6. 10. Bad habits a) drinking alcohol - does not drink 0.5; rarely uses 1.5 - 3.6; often uses 1.8. Minimum risk value (Σr) 5.6. Maximum risk value (Σp) 21.4 - subranges and risk groups MTD risk subranges subrange size risk group lowest risk probability 5.6-10.34. Favorable prognosis average risk probability 10.35-15.09. Attention the highest probability of risk 15.10-21.40 - unfavorable prognosis the entire range of 5.6-21.40. In the prognostic table, we find the corresponding coefficients (p), the corresponding relative risk indicators (p) for each factor, sum them up and get the sum of the relative risk indicators $\Sigma P = 2,7++2,6+2,7+1,9+1,0+1,9+1,6+1,8+1,1=18,8$; The result obtained gives us an integrated assessment of the risk of MTD. The significance of the indicator 18.8 is found and the risk group is determined. In this case, a value of 18.8 indicates that there is a significant risk of MTD. Thus, the group of unfavorable prognosis is subject to mandatory differentiated dispensary observation, drawing up an individual plan for the purposeful implementation of recreational activities.

CONCLUSIONS

The complex socio-hygienic studies of production factors, conditions and lifestyle, and the identification of their influence on the MTD of the working mineral fertilizer plants of the Republic of Uzbekistan, made it possible to identify risk factors that make it possible to draw up a socio-hygienic "portrait" of long-term and frequently ill people. This is a worker, living in unsatisfactory living conditions, with an unfavorable psychological climate in the family, with poor relationships in the work team, not observing the diet, rest, having bad habits, with initial or

long work experience in conditions with harmful production factors, as well as with physical and mental overstrain of labor and unsatisfactory external environment.

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