

**TODAY THE PROBLEM OF PRESERVING, STRENGTHENING AND DEVELOPING
YOUTH HEALTH IS ONE OF THE MOST IMPORTANT AND SIGNIFICANT
MEDICAL AND SOCIAL PROBLEMS AT THE PRESENT STAGE**

ESHMUROTOV SUNNATILLO GULOM OGLI

*Tashkent state dental institute, Deputy Dean of the faculty of
International education, assistant of the department of Physiology and pathology*

Annotation: *The interest of researchers in analyzing the impact of individual risk factors on the health of students in diverse parts of the country, as well as near and far abroad, has risen dramatically in recent years. Biological (genetic or physiological), socio-hygienic, environmental, and economic factors all influence health markers. Simultaneously, the emergence and progression of diseases in students is frequently linked to a complex convergence of biological (physiologically and genetically driven), environmental, and social factors.*

Keywords: *problem of preserving, biological (genetic or physiological), socio-hygienic, environmental.*

INTRODUCTION

According to several authors, the impact of social and sanitary settings on students' health grows. Negative behavioral factors (malnutrition-related harm, poor habits) are substantially more common among medical university and college students than among students from other educational institutions. In today's student environment, a desire for high-tech means of entertainment and education (such as laptops, mobile phones, and so on) complements and exacerbates the severity and spread of behavioral risk factors (physical inactivity, eating disorders, study and rest, sleep). According to various authors, on average, every fifth student does not have the opportunity to engage in regular adequate physical activity during the day; from 5 to 28.8% of students participate in sports, hygienic gymnastics in the morning - from 3 to 23.4%, and occasionally - no more than 33% [16]. One of the primary causes of students' low physical activity appears to be an increase in the volume of academic disciplines as they progress from one course to the next, as well as a negative attitude toward physical culture (inaccessibility, essay writing during physical education classes) [15-17]. The irrational nutrition of students is a known truth; students who live in a hostel eat unusually frequently. Vitamins and minerals are in short supply in food. Only 30-45% of the necessary norms for average daily consumption of fish or shellfish were found in the diets of students, while 57.2% consumed milk and dairy products, 61.6% consumed eggs, and 67.4% consumed meat and meat products. At the same time, cereal and pasta intake ranged from 133 to 155% of the recommended norm throughout the country, while confectionery goods ranged from 138 to 160 %.

The majority of students use alcoholic beverages, and one out of every three students smoke. When compared to their non-smoking peers, students who smoke receive lower grades. This is the general condition in the student environment: kids who have unhealthy habits perform less academically than their classmates who live a healthy lifestyle. The drug situation is concerning:

one out of every seven people has used drugs, and the number of people who use drugs is increasing. The same problem is currently being witnessed in European countries, where the prevalence of undesirable habits (smoking, alcohol intake) among young is estimated to be 50–70% [21]. Only by taking into account the hygienic assessment of the microclimate and chemical composition of indoor air, the level of illumination, noise, and electromagnetic fields is it possible to rationally implement health-improving measures in educational institutions of a medical profile from the standpoint of modern health prevention. The main link in the system of organizing a safe educational process and maintaining the health of young people is the hygienic regulation of physical, chemical, and biological factors that affect students in the course of education - this is the main link in the system of organizing a safe educational process and maintaining the health of young people. The breach of sanitary norms for natural and artificial illumination causes the perception of educational material to deteriorate. The quality of lighting in the room and the illumination of the workplace affect fatigue or bad vision focused in a dream or at work. This truth has been proven by several hygienic and physiological specialists' research, according to a number of scientists. Simultaneously, the level of artificial illumination in a number of classrooms in the departments of chemistry, biology, foreign languages, and histology was insufficient and did not meet hygienic standards (less than 300 lk), leading to the classification of students' working conditions as hazardous for this factor. In low-light situations, this causes a distortion in the perception of visual information. As a result, the chances of progressive eyesight loss throughout the study period grow, causing subsequent weariness in the visual analyzer as well as the nerve system throughout the body. According to I.Yu.Lyalina's research, the type of lighting and quality of the light environment in classrooms affects students' performance throughout training. The most advantageous conditions for visual work are generated when working places are illuminated with a combination of natural and artificial light, provided there is sufficient illumination.

As a result, an adverse microclimate is one of the top sanitary and hygienic risk factors for health problems and a decline in the quality of life of university students, especially medical students. All of the criteria in the classrooms were met, except for the period when the central heating was turned off, which occurred at the beginning of the autumn semester and the conclusion of the spring semester, according to the analysis of the sanitary survey data. The environment was cold, with low air temperatures (17-19 degrees Celsius) and high levels of relative humidity in the educational institution's premises, where the air temperature was below 17-19 degrees Celsius and the humidity was above 75 percent (60-75%). Noise measurements revealed that its total and equivalent levels, as well as its spectral response, generally matched the criteria. According to the assessment of the chemical composition of the air based on the certification of teachers' workplaces, the actual concentrations of dangerous substances in most school buildings correspond to their maximum acceptable values (MAV). So, in the Department of Normal Anatomy's classroom, for example, considerable formaldehyde excesses were established in the section for lessons with anatomical preparations maintained there. Numerous studies by domestic and international authors have proved the truth of the harmful effects of electromagnetic radiation on people, confirming the presence of EMR. The computer is one of the most common sources of EMR, which can have a variety of negative consequences. As a result,

the most essential medical, social, and medical task is to protect students' health from the detrimental effects of computer electromagnetic fields. When working with videodiscamps, failure to follow hygienic and anatomical requirements results in a significant reduction in body psychophysiological functions, a reduction in labor productivity (later - to diseases such as asthenopia, dermatitis of the face and hands, and prolonged static overvoltage syndrome). Due to school and extracurricular hours, students may spend more time studying than is recommended. As a result, chronic weariness can build up during the learning process; negatively impacting the central nervous system's health (the coherence of the interaction of autonomic and somatosensory functions is disrupted). The majority of students, however, does not get enough sleep and sleep for less than six hours every day. Simultaneously, the very peculiarities of the educational process, with the necessary test work and tests, can create somatovegetative illnesses or a decline in the functional status of the central nervous system, resulting in a state of stress. There are a significant percentage of great pupils among those with a high academic score.

In this scenario, we're talking about a poor state of health or a low mental adaption coefficient. Moreover, with intense training, numerous refraction and accommodation problems, as well as violations of the accommodative capacity, were more reliably detected in them. The competence of students on concerns of a healthy lifestyle in general is a hygienically significant component from this perspective. According to the results of the analysis of the individual ranking of the values of university students, among the values they proposed, material wealth was in the first place; independence (independence in judgments and assessments); pleasure, pleasant pastime; love; have true friends; education. The priority for girls is beauty and love. Only 5% of students put health first and third. Ecological features of the region of residence can have a negative impact on the health of students. At the same time, in ecologically unfavorable regions, students have an increase (tension) of protective mechanisms; decrease in the reactivity of the body; change in the functional state of organs and systems. When the atmosphere is polluted with toxic components in industrial areas of residence, there is a deviation of mental indicators from the norm, an increase in the number of certain diseases and an increase in the number of others. Young people who eat water contaminated with microbiological contamination may develop intestinal infections and hepatitis. In this regard, the environmental conditionality of the incidence of the population of the country as a whole and young people in particular is increasing (neoplasms, diseases of the respiratory system, digestion, metabolism, entero-endocrine system, congenital defects, etc.) [1] Also in this case, there is an influence of economic factors (the level of income of the population, the average wage, the cost of living, hereditary predisposition to various diseases, etc.) on the prevalence of infectious and parasitic diseases, neoplasms, and diseases among students. Some authors point to the complex impact of factors on the health of students. In the work of E.G. Blinova (2012) notes that students' health losses are multifactorial in nature: socio-economy (living wage, average world salary, consumer price index for food products), which largely affects the overall incidence of students. In the third case, the number of final forms of control during training accounts for 12%. However, in some cases, adaptation to the educational process and social factors that affect the adaptation of the student's body are facilitated by climatic and anthropogenic factors of the region where he lives. In the article of

Yu.A.Rakhmanin, it is noted that the educational level has the strongest influence on the quality of life of young students.

From the state of health ($r=0.32$ to $r=1.6$, fluctuations depending on the age and level of social status of the respondents), academic performance ($r=0.64$), living conditions ($r=0.51$). At the same time, one of the factors contributing to the deterioration of the health of students is the lack of a unified methodological approach to disease prevention among students and the implementation of medical and sanitary control over their educational activities. Order of the Ministry of Health of the Russian Federation No.653 on September 17, 1984 and the Regulations on the city polyclinic providing medical care to students of higher and secondary specialized institutions (1985) are outdated and contradict modern technologies for organizing medical care for young students. The unified nomenclature of state and municipal health care institutions, approved by the Russian Ministry of Health, does not at all imply the existence of a "Polyclinic for Students". At the place of permanent registration or at the place of temporary registration, students are served in city clinics. In some universities of Russia, primary medical care for students is provided by therapists of student dormitory health centers. This means that the lack of space, the absence of specialized medical and diagnostic institutions for students significantly reduce the quality of their medical care, especially the preventive component that is important for young people. This leads to an increase in morbidity and chronicity of pathologies. Also, for the most part, young people do not have the opportunity to receive high-quality medical care due to its high cost (consultation of narrow specialists, modern methods of diagnosis and treatment). Dispensary examinations are carried out in polyclinics at the location of the educational institution; however, dispensary checks of students' health and their timely registration under dispensary registration are not currently carried out. In case of chronic diseases, students are not analyzed for temporary disability. The complexity of the situation lies in the fact that now young people have formed a dependent (consumer) position in relation to their own health. A number of studies have found that more than 45% of students do not visit a doctor when conditions arise that require a temporary suspension from study; about 20-30% of students do not follow the doctor's recommendations due to their lack of confidence in the need to implement them or due to lack of time. The most important thing in the life of almost 15% of the respondents is the family, and only 5-10% is taking care of the general state of health. (c) A number of studies have found that medical graduates neglect their health. Thus, the optimization of the educational process at the university involves a scientific approach to the organization of professional medical activities.

Preparing students for the academic semester. In order to control adaptive mechanisms in the learning process, monitoring of the functional state and regulatory-adaptive abilities should be carried out in the dynamics of learning based on modern integrated approaches to the prenosological test. Using this method, it is possible to identify risk factors for the development of dysfunctions of the body system and develop an individual program to optimize the functional state and increase working capacity, which eliminates the negative consequences of a significant information and environmental load on the body of medical students. There is no doubt that the creation of a student polyclinic at our university will serve to implement therapeutic, preventive and rehabilitation measures, including the organization of dynamic supervision of people with

chronic diseases who often or constantly get sick. Also a promotion of hygiene knowledge and a healthy lifestyle among students in the form of lectures and seminars.

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