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COMPREHENSIVE CHARACTERISTICS OF THE STATE OF HEALTH OF CHILDREN IN DIFFERENT AGE PERIODS, DEPENDING ON THE TYPES OF FEEDING AND CARE.

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Abstract: The nature of feeding and care in infancy due to changes in the immune system, metabolism and related morbidity leads to a regression in the health status of children who did not receive the proper amount of mother's milk, which is expressed in the predominance of mixed and especially artificial feeding of children in groups II and III group of dispensary observation, and by the age of 14 in the group of children with artificial feeding there are also patients belonging to group IV - children with chronic diseases in the stage of subcompensation. All this emphasizes the role of breastfeeding and modern methods of care in the period up to 1 year of age in the prevention of morbidity in older children.
Keywords: breastfeeding, care, health groups

Introduction. To date, scientists and doctors around the world agree that there is no alternative to breastfeeding. Exclusive breastfeeding during the first 6 months of a child's life is important for his physical and psycho-emotional development, laying the foundation for a child's health for many years to come [1,2,9,10]. The first years of a child's life, as well as his nutrition, are crucial for the normal physical and mental development of children. Undernutrition is estimated to be associated with 2.7 million child deaths annually or 45% of all child deaths. Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The first 2 years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall. Optimal breastfeeding is so critical that it could save the lives of over 820 000 children under the age of 5 years each year. However, many infants and children do not receive optimal feeding. For example, only about 44% of infants aged 0-6 months worldwide were exclusively breastfed over the period of 2015-2020.

Recommendations have been refined to also address the needs for infants born to HIV-infected mothers. Antiretroviral drugs now allow these children to exclusively breastfeed until they are 6 months old and continue breastfeeding until at least 12 months of age with a significantly reduced risk of HIV transmission. Chief among these is protection against gastrointestinal infections which is observed not only in developing but also industrialized countries. Early initiation of breastfeeding, within 1 hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. The risk of mortality due to diarrhoea and other infections can increase in infants who are either partially breastfed or not breastfed at all.

Breast-milk is also an important source of energy and nutrients in children aged 6-23 months. It can provide half or more of a child's energy needs between the ages of 6 and 12 months, and one third of energy needs between 12 and 24 months. Breast milk is also a critical source of energy and nutrients during illness, and reduces mortality among children who are malnourished. Children and adolescents who were breastfed as babies are less likely to be overweight or obese. Additionally, they perform better on intelligence tests and have higher school attendance. Breastfeeding is associated with higher income

in adult life. Improving child development and reducing health costs results in economic gains for individual families as well as at the national level. Longer durations of breastfeeding also contribute to the health and well-being of mothers: it reduces the risk of ovarian and breast cancer and helps space pregnancies-exclusive breastfeeding of babies under 6 months has a hormonal effect which often induces a lack of menstruation. This is a natural (though not fail-safe) method of birth control known as the Lactation Amenorrhoea Method. Breastfeeding, and especially early and exclusive breastfeeding, is one of the most significant ways to improve infant survival rates. While HIV can pass from a mother to her child during pregnancy, labour or delivery, and also through breast-milk, the evidence on HIV and infant feeding shows that giving antiretroviral treatment (ART) to mothers living with HIV significantly reduces the risk of transmission through breastfeeding and also improves her health.

WHO now recommends that all people living with HIV, including pregnant women and lactating mothers living with HIV, take ART for life from when they first learn their infection status.

Mothers living in settings where morbidity and mortality due to diarrhoea, pneumonia and malnutrition are prevalent and national health authorities endorse breastfeeding should exclusively breastfeed their babies for 6 months, then introduce appropriate complementary foods and continue breastfeeding up to at least the child's first birthday. WHO is committed to supporting countries with implementation and monitoring of the "Comprehensive implementation plan on maternal, infant and young child nutrition", endorsed by Member States in May 2012. The plan includes 6 targets, one of which is to increase, by 2025, the rate of exclusive breastfeeding for the first 6 months up to at least 50%. Activities that will help to achieve this include those outlined in the "Global strategy for infant and young child feeding", which aims to protect, promote and support appropriate infant and young child feeding.

UNICEF and WHO created the Global Breastfeeding Collective to rally political, legal, financial, and public support for breastfeeding. The Collective brings together implementers and donors from governments, philanthropies, international organizations, and civil society. The Collective's vision is a world in which all mothers have the technical, financial, emotional, and public support they need to breastfeed.

WHO has formed the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent Relevant World Health Assembly Resolutions, also known as NetCode. The goal of NetCode is to protect and promote breastfeeding by ensuring that breastmilk substitutes are not marketed inappropriately. Specifically, NetCode is building the capacity of Member States and civil society to strengthen national Code legislation, continuously monitor adherence to the Code, and take action to stop all violations. In addition, WHO and UNICEF have developed courses for training health workers to provide skilled support to breastfeeding mothers, help them overcome problems, and monitor the growth of children, so they can identify early the risk of undernutrition or overweight/obesity.

WHO provides simple, coherent and feasible guidance to countries for promoting and supporting improved infant feeding by HIV-infected mothers to prevent mother-to-child transmission, good nutrition of the baby, and protect the health of the mother.

According to multicentre studies, only one third (36%) of newborns in the world are exclusively breastfed during the first six months of life [3,7,13]. Breastfeeding frequency varies dramatically across regions and remains resistant to change. Poor nutrition is responsible for 40% of child deaths under the age of five in developing countries every year, and a lack of exclusive breastfeeding and breastfeeding immediately after birth results in an additional 1.5 million child deaths [4,5,8,12].

The purpose of the study: It consists of studying comprehensive characteristics of the health status of children in different age periods depending on the types of feeding and care

Materials and methods:

Children under the age of 18, inclusive, in accordance with their health protection programs, are subject to dynamic observation (medical examination) in many countries, including the Republic of Uzbekistan [1,4,6,11]. When providing medical and preventive care to children, all of them, depending on their state of health, are usually divided into several groups: Group I - healthy children with normal physical and mental health; Group II - children without chronic diseases, but with some functional and morphofunctional disorders, etc.; Group III - children with chronic diseases in the stage of clinical remission and rare exacerbations; Group IV - children suffering from chronic diseases in the active stage and the stage of unstable clinical remission; Group V - children suffering from severe chronic diseases and continuously relapsing course.

In this study, 445 children were observed in continuous dynamics from birth to 14 years of age, inclusive, in the age periods of 1-3 years; 4 - 6 years old and 7 - 14 years old, while each child in one or another period of time was included in a certain health group.

14 years of observation, the health indicators of children in the studied groups have changed for the worse. So if at the age of 3 years children in the group with EB and modern care for the most part (91.9 ± 2.2%) were in the I - th health group, then by the age of 14 their number, although not much, but decreased to 87.5±2.6% (P> 0.05). In the HS with traditional care, the number of children in group I was 83.5±3.3%, and by the age of 14 it decreased to 78.7±3.6%. Children who were on AF by the age of 3 had worse indicators than in the group with EB, since only 50±9.4% of children from the main group and 40.6±8.7 belonged to the I-th group of absolutely healthy children. % of children in the comparison group. By the age of 14, these groups decreased to 14.3±6.6% and 9.4±5.2%, respectively.

In the group with EB, 5.6±1.8% of children in the MG and 11.0±2.8% in the HC belonged to the II-nd health group at the age of 3 years; by the age of 14, these groups increased to 15.6±2 .9 and 21.3±3.6%, respectively (P<0.05). The number of children with chronic diseases in group III has practically not increased. A different picture is observed in the group of children with artificial feeding by the age of 14, the group of children with risk factors increased compared to the data of three-year-old children by almost 2 times from 21.4±7.8% to 39.3±9.2% in the subgroup with modern care and from 28.1±7.9% to 40.6±8.7% in the group with traditional care (P> 0.05). This was mainly due to a decrease in the number of absolutely healthy children.

It should also be noted that in the group of children with EB, the number of children with various chronic diseases in the compensation stage increased by 1.5 times in the main group and by 1.4 times in the comparison group. In addition, in these groups there were already children with chronic diseases in the active stage - group IV - 3.6% in the main group and in 6.3% of cases in the comparison group, which were not registered in any of the other analyzed groups.

It should also be noted that in each age period of the cohort of children studied by

us, there was a change in the ratio of criteria characterizing health: if in the period up to 3 years there was a tendency for an increase in the proportion of disharmonious physical development (due to growth stability, but excess or deficiency of body weight in individual subgroups), and at the age of 4-6 years, along with deviations in physical development, deviations in the functional state were formed, then in the age period of 7-14 years, the share of children with functional and organic deviations in somatic, physical and neuropsychic health increased.

Thus, the nature of feeding and care in infancy due to changes in the immune system, metabolism and related morbidity leads to a regression in the health status of children who did not receive the proper amount of mother's milk, which is expressed in the predominance of children in groups II and III group of dispensary observation, and by the age of 14 in the group of children with EB there are also patients belonging to group IV - children with chronic diseases in the stage of subcompensation. All this emphasizes the role of breastfeeding and modern methods of care in the period up to 1 year of age in the prevention of morbidity in older children.

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