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HYGIENE PRINCIPLES OF CHILDREN AND ADOLESCENT HEALTH STRENGTHENING

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Abstract: Individual cleanliness rehearses are of central significance for youngsters and teenagers as they foster solid propensities that can endure forever. Laying major areas of strength for out schedules during early stages helps construct flexibility against disease and advances generally prosperity. This article will analyze a few center cleanliness rules that guardians and gatekeepers can impart in youngsters to fortify their physical and emotional wellness into adulthood.

Keywords: overall well-being, adolescents, fields, hygiene, rates, investigations

Introduction: Teenagers and youthful grown-ups make up roughly 21% of the number of inhabitants in the US. Young people are broadly viewed as a populace at the junction of deep rooted great or chronic weakness since youthfulness is a period portrayed by trial and error energized by the drive for freedom. Trial and error for some young people incorporates ways of behaving that might imply risk openness that can affect long haul wellbeing and prosperity. In any case, youthful adulthood, however somewhat neglected, is a similarly basic formative period, wherein youngsters are supposed to take on new obligations and to start to lay down a good foundation for themselves on the planet. Standards of conduct, ways of life, and wellbeing administration use designs advance during this phase of life to form wellbeing over the existence course.

Medical services suppliers can assume an extraordinary part in giving fitting mediations that urge youngsters to turn out to be great medical services shoppers and embrace sound ways of behaving. These medications can be built up by instructors, promoters, and families to engage youngsters to flourish actually and inwardly. However, in spite of youngsters' profound potential to add to our general public in the event that they are offered the chance for a sound present and future, their remarkable necessities are not enough tended to by either pediatric or grown-up centered medical care models. For the two teenagers and youthful grown-ups, absence of medical care and wellbeing risk ways of behaving can bring about wellbeing aberrations not too far off and expand the gamble for creating ongoing illnesses sometime down the road. Stunningly, by youthful adulthood, we find an amplification of wellbeing incongruities that obstruct a fruitful progress to adulthood.

While the reasons for wellbeing variations are profoundly perplexing despite everything too ineffectively comprehended, certain social variables are known to be related with these differences in the juvenile and youthful grown-up populaces. For example, destitution has for some time been related with wellbeing aberrations among youngsters. Young people who are unfortunate report more regrettable wellbeing results, including higher paces of physically sent contaminations and pregnancy, than higher-financial status youths. They likewise have higher paces of sorrow and self-destruction and are bound to be physically mishandled or survivors of crime. Stoutness is additionally higher among low-SES youths than the people who are in an ideal situation.

Youthful grown-ups, who are much of the time remembered to be a normally hearty populace when contrasted with more established individuals, face declining wellbeing and difficulties connected with emotional well-being, health, and weight. These variables, among others, are intrinsically connected to their drawn-out wellbeing. Like youths, low-SES youthful grown-ups have less fortunate wellbeing results than the people who are in an ideal situation.

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Where teenagers and youthful grown-ups live likewise affects wellbeing differences; youngsters who live in country regions are bound to be poor and less taught than the people who live in or close to metropolitan and rural conditions, and the two elements are related with a scope of less fortunate wellbeing results. Youngsters from rustic regions regularly have less admittance to essential medical services and emotional well-being care.

While we perceive that divergent wellbeing results for youngsters include complex collaborations among numerous variables, a possibly defensive component that can adjust the wellbeing course for youngsters is admittance to progress in years proper medical care and use of administrations. Youngsters who experience different gamble factors, currently referenced, may likewise need health care coverage inclusion and age-suitable administrations. Thus, the ongoing medical services conveyance framework isn't meeting the difficulties youngsters face today; this implies there are many botched open doors.

The Reasonable Consideration Act and What's in store:

How wellbeing differences among teenagers and youthful grown-ups will be affected in the long haul by any of the different drives for health care coverage change, including the Reasonable Consideration Act (ACA) or its possible substitutions, stays hazy. In excess of 40% of those impacted by inclusion development under the ACA were poor, youngsters of variety. In 2010, the principal year after the execution of the ACA, and in 2011, spending on youthful grown-up wellbeing became quicker than for other age gatherings, however apparently trauma center use and mental and substance-misuse hospitalizations might represent quite a bit of this development in spending. Admittance to essential consideration administrations for youthful grown-ups has improved, however this age bunch is as yet the probably going to be uninsured (30%) contrasted with some other age bunch.

Youths have long gotten fewer medical services than any remaining age gatherings, except for youthful grown-ups. In any case, albeit the ACA has altogether expanded inclusion for teenagers, there remain worries about whether they will get all the consideration they need, regardless of whether it is to get by. Teenagers are known to forego care when they dread that their classification and security may be compromised, and significant leftover obstructions incorporate an absence of familiarity with qualified benefits under ACA, absence of youth secrecy, and distress and shame. One issue is found in the low paces of arrangement of long-acting reversible contraception (LARCs): "An absence of familiarity with benefits, privacy concerns, and distress and shame with respect to suppliers all assume a part and add to low paces of purpose of LARCs in youngsters, despite the fact that this strategy is exceptionally successful at forestalling pregnancy and is financially savvy after some time".

The soundness of youthful grown-ups has gotten deficient consideration, considering that their wellbeing results are surprisingly more terrible than those of young people. To be sure, in spite of the legend that youthful grown-ups are sound, youthful adulthood is the point at which we see a disturbing drop in a scope of signs of wellbeing and prosperity. Indeed, even contrasted with teenagers, who have low paces of medical services usage contrasted with any remaining age gatherings, youthful grown-ups have the least paces of medical services use and fundamentally higher trauma center utilize contrasted with the two young people and grown-ups. The ACA gave inclusion to multiple million youthful grown-ups who were added to medical coverage rolls in the initial two years of execution, which expanded routine medical care visits by this age bunch and enormously diminished degrees of care predestined as a result of cost. Be that as it may, right now, with calls to destroy the ACA and supplant it, what's to come remains exceptionally indistinct.

Lessening wellbeing variations that outcome from absence of care includes definitely more than guaranteeing that youngsters have protection inclusion or can find and arrive at administrations. The two teenagers and youthful grown-ups have populace explicit attributes and worries that should be considered assuming they are to utilize administrations. Youngsters might forego care or try not to discuss indispensable issues with a medical services supplier on the off chance that

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administrations are unfeeling toward their requirements and suppliers are awkward with or illequipped to resolve their issues.

Regardless of this, the ongoing consideration change exercises under the ACA and Essential Consideration Clinical Home (PCMH) drives, have not considered the novel necessities of teenagers and youthful grown-ups. The PCMH, which began as a method for working on nature of care through an organization between the patient or family and an exceptionally planned and exhaustive organization of suppliers, is characterized by the Organization for Medical services Exploration and Quality (AHRQ) as a model to improve essential consideration broadly that underlines center capabilities, for example, extensiveness (with care gave by a multidisciplinary group); patient-focused (with patients as completely educated accomplices in care arranging, with understanding and regard of every patient's extraordinary necessities, culture, values, and inclinations); an elevated degree of coordination; openness; and a pledge to quality and quality improvement (AHRQ, 2017). Since this change exertion began from a persistent consideration model zeroed in at first on the medical services needs of the old and kids with extraordinary requirements with an end goal to make cost reserve funds for populaces with high consideration use, the necessities of teenagers and youthful grown-ups have not been given sufficient thought. Subsequently, it ought not be an unexpected that, while the American Foundation of Pediatrics system for the PCMH suggests that "formatively fitting and socially capable wellbeing evaluations and guiding" be utilized to "guarantee fruitful progress to grown-up situated medical care, work, and freedom", there are no particular proposals with respect to youths and their interests about protection, classification, and shame. One of the points of this paper is to depict the one of quality of youngsters that ought to be viewed as in planning their wellbeing administrations.

Giving due thought to these remarkable worries and issues while conveying wellbeing administrations for them is what we mean by the expression "juvenile and youthful grown-up cordial methodology." This approach is expected to guarantee that administrations are effectively open, address the issues of youngsters (especially the most powerless), and are planned such that makes them adequate to youngsters (i.e., youngsters will utilize them easily and mindfully). Agreeableness and suitability are known to impact the ability of youngsters to utilize administrations. To accomplish this end, we contend that the numerous obstructions to mind should be met to guarantee proper help plan and conveyance for this populace.

Conclusion

In summary, laying serious areas of strength for out essentials from the get-go in life through parental direction and job displaying constructs long lasting solid ways of behaving. Reliable practices around hand washing, oral consideration, washing, washing and clean home spaces reinforce youngsters' actual strength and mental wellbeing. Outlining cleanliness as a tomfoolery, positive routine concretes its significance and enables youngsters to really focus on their entire self into adulthood.

References:

- 1. Halfon N, Hochstein M. Life course health development: an integrated framework for developing health, policy, and research. Milbank Q. 2002;80(3):433–79, iii. iii.
- 2. Woolf SH, Schoomaker H. Life expectancy and mortality rates in the United States, 1959–2017. JAMA. 2019;322(20):1996–2016.
- 3. DeVoe JE, Geller A, Negussie Y. Vibrant and healthy kids: aligning science, practice, and policy to advance health equity. Washington (DC): National Academies Press; 2019.
- 4. Bateson P, Barker D, Clutton-Brock T, Deb D, D'Udine B, Foley RAet al. Developmental plasticity and human health. Nature. 2004;430(6998):419–21.
- 5. Dahl RE, Allen NB, Wilbrecht L, Suleiman AB. Importance of investing in adolescence from a developmental science perspective. Nature. 2018;554(7693):441–50.

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- 6. Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton Cet al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health. 2017;2(8): e356–66.
- 7. Houtrow AJ, Larson K, Olson LM, Newacheck PW, Halfon N. Changing trends of childhood disability, 2001–2011. Pediatrics. 2014;134(3):530–8.