



Journal Website:  
<https://theusajournals.com/index.php/ajsshr>

Copyright: Original  
content from this work  
may be used under the  
terms of the creative  
commons attributes  
4.0 licence.

## ANALYSIS OF THE EXPERIENCE OF CIVIL SOCIETY INSTITUTIONS IN MOTHER AND CHILD HEALTH PROTECTION

Submission Date: Aug 30, 2024, Accepted Date: Sep 04, 2024,

Published Date: Sep 09, 2024

Crossref doi: <https://doi.org/10.37547/ajsshr/Volume04Issue09-07>

Kutlimurotova Nigora

Independent researcher, Uzbekistan

### ABSTRACT

This article is dedicated to the comparative study of maternal and child health protection policy, it briefly covers the practices of our country and the world, and it defines the main directions for the future. An attempt was made to reveal the role and role of civil society institutions in maternal and child health protection through real numbers and their analysis.

### KEYWORDS

Civil society, child health protection, study of maternal and child health protection policy.

### INTRODUCTION

Civil society institutions play a very important role in ensuring maternal and child health protection in Uzbekistan. The activity and effectiveness of these institutions can be seen as an integral part of the state policy carried out by the leadership of our country. At this point, we would like to dwell on a number of

important aspects of the activities of civil society institutions:

In particular, civil society institutions work together and provide health care not only for citizens, but also for mothers and children, health monitoring, medical services, education and other areas. Civil society institutions are staffed by medical professionals,

service workers, and other similar personnel with modern, advanced knowledge and skills.

In general, civil society institutions are of great importance for the health and protection of Uzbekistan.

**The main part.** In recent years, extensive actions have been implemented in our country to protect the health of mothers and children and further strengthen the reproductive health of the population. In particular, in 2017-2022, the maternal mortality rate decreased by 1.5 times, and the infant mortality rate decreased by 1.3 times.

The provision of free medicine, medical supplies and special food products to children suffering from rare and other genetic diseases was introduced, and the scope of medical and social assistance to them was expanded.

Children's anesthesiology-reanimation departments and pediatric posts providing round-the-clock emergency medical care were established in district (city) medical associations, as well as children's departments in polyclinics.

Additional pediatric nurses and midwives were allocated to all "medical brigades". Free provision of necessary vitamin complexes, iodine preparation, iron and folic acid was introduced for children, pregnant women and women of childbearing age.

Foreign civil society institutions in Uzbekistan have good experience in the field of mother and child health protection.

Studies show that at all stages of Uzbekistan's development, special attention is paid to the issues of inter-sectoral integration and its practical implementation, in particular, it is reflected in the coverage of the historical aspect of the formation and activity of the maternity institute.

At the moment, this approach has prevailed in the protection of public health since WHO was founded in 1948, which unites 195 independent countries. Nowadays, issues of interagency relations are an integral part of almost all official documents of international bodies, including UNICEF, WHO, etc.

Human health is central to the UN's 17 Sustainable Development Goals for 2015-2030, which call for "promoting healthy lives and promoting well-being for all at all ages." But most of the other goals agreed to by the 195 UN member states cover issues that span a wide range of WHO activities and, most importantly, require intersectoral collaboration in health, education, social support, etc.

The importance of following this approach, which is a specific population of women, children and adolescents, was emphasized in the global strategy to protect their health, which was announced at the same time and envisaged for a decade and a half. According

to this strategy, about 50 percent of the observed improvements in women's, children's and adolescents' health are attributable to investments outside the health sector. It is worth noting that the document recommends not only multidisciplinary, but also improving management and action capacity, monitoring the impact of these activities and cooperation on health and sustainable development.

According to the WHO, children are from 0 to 17 years old, and adolescents are from 10 to 19 years old (according to a number of classifications - from 10 to 24 years old). However, the terms "adolescent" and "youth" are often used as synonyms. A characteristic feature of the wide age group from 0 to 24 years is a high degree of exposure to significant physical and mental changes, as well as significant changes in the stages of socialization that manifest themselves as they grow older. These changes, which can be observed both in children and adolescents themselves and in their families, are the subject of an interdisciplinary approach.

In the organization of appropriate measures, especially primary health care, it is necessary to take into account the emphasis of the WHO Global Strategy for 2016-2030. and other documents in the field of maternal and child health, the growth of a whole complex of adverse events that first appear or clearly worsen during adolescence.

The abovementioned statements require the development and implementation of interagency in the activities of the participating states in the relevant direction. This applies, for example, to the WHO European network of healthy cities, which has been built for 30 years - in this movement, health issues take priority in the socio-economic and political activities of local authorities.

It is reported that more than 300 young people die every day in the European region mainly from preventable reasons. Deaths of children and adolescents occur as a result of accidents, traffic accidents and acts of violence. The number of adolescents who use alcohol, drugs, tobacco, poor nutrition, and lack of physical activity is increasing. One in ten 18-year-olds in the region suffer from violence and depression, so suicide and attempts to suicide are on the rise, especially among young men in Eastern Europe.

Risks to health and life are increasing due to factors such as early sexual activity, early pregnancy and childbirth (globally it is one of the leading causes of death for girls aged 15-19), unprotected sex and diseases caused by HIV infection. Adolescents' own cruelty, cyberbullying (bullying using electronic devices - smartphones, computers, etc.), interpersonal violence, delinquency, etc., are of great concern. Most of the WHO documents indicate a clear lack of preventive measures in this regard.

Thus, the WHO has identified the ineffectiveness of the measures taken in a number of countries, including the Eastern European region, especially in the last decade, and emphasizes the importance of their adjustments and extensions taking into account the specific characteristics of countries.

Solving the problem in Uzbekistan. Data analysis shows that the recommendations of international organizations are taken into account in the formation and implementation of the country's state policy in the field of protecting the health and rights of the young generation and strengthening the family institution.

It is noteworthy that the inter-agency approach is present in almost all official documents at the country level as an integral part of solving the multifaceted problems of public health, including children's health. This is, first of all, the Constitution, Presidential Decrees, legal acts, decisions of the Government of the country, etc., i.e. documents with an emphasis on preventive measures, which, as a rule, are mainly carried out in primary medical and sanitary institutions (BMS), taking into account the relevant recommendations of international organizations and the specific characteristics of local health care.

It can be seen that all the mentioned problems of the children's population in the countries of the European region, their medical and social needs are also related to the situation in Uzbekistan. The earlier model

discussed in detail the specific aspects of the risk-based approach to the health care of the younger generation. At the same time, special attention was paid to mandatory consideration of risks not only to the health, but also to the life of young people.

In accordance with the international standards that protect children's rights to safety from information that harms them mentally, physically and spiritually, legislation on protecting children from information that harms their health and development has been adopted in Uzbekistan. The law, in fact, for the first time introduced the term "children's information security", which deserves special attention in the modern conditions of the impact of environmental risk factors on the growing, not yet formed organism. Information security means a state of security in which there is no risk associated with information that harms human health and (or) physical, mental, spiritual, moral development. Local age classification of information products introduced by law (IP, National Age Rating System, RARS) is a set of rules that regulate the use of information that harms the health and development of children. The classification of information products assumes that it is reserved for children up to 6 years old (0+), as well as 6 years old (6+), 12 years old (12+), and 16 years old (16). +), also prohibited among older children (18+).

Compliance with this law requires strong cross-sectoral integration of actors, which can be easily identified in

the areas of implementation of the act. They include: protection of children from propaganda of violence and cruelty and information harmful to their moral development; measures to prevent delinquency and crimes among minors; prevention of extremist manifestations in the educational environment, putting an end to the methods of protection against illegal and other socially dangerous attacks on the Internet, mass media and other information and telecommunication networks, and bringing them to justice.

Thus, the official state documents, which are constantly adding new ones in the field under consideration, as a rule, take into account WHO recommendations on issues that require interaction between relevant agencies. This includes presidential decrees, laws, which are logically continued by subordinate legal documents in the form of Government decisions, which in turn approve strategies, concepts, complex programs, plans for their implementation, etc. The relevance of their review and additions should be taken into account in connection with the initiatives announced in the annual Addresses of the President, as well as the decisions made on various aspects at the regularly held meetings of the specialized coordinating councils under the President.

Emergencies and other events that occur from time to time with children stimulate changes in the current

official documents, start preparing a number of new documents.

According to research, efforts in this regard are often disrupted, primarily at the country level, often due to fragmentation and lack of effective coordination in the implementation of well-planned actions that stimulate the flow of official documents at the country level. It is recognized by the participants of the processes that require an interdisciplinary approach. In addition, unfortunately, such measures are often implemented after the incident, but the incident should be foreseen.

Today, even for a specialist, it is difficult to get accurate information on the issues that reflect the dynamics of the loss of life of children and adolescents. According to the Investigative Committee (TK), 492 children died during unorganized recreation in recent years (343 drowned, 41 died due to fire, etc.).

In this regard, first of all, it seems necessary to further improve the educational process by expanding the programs of children's educational institutions from the point of view of ensuring life safety. Undoubtedly, it is important and necessary to strengthen the role of the family in this regard. There is a need to review health and health care curricula at the university level and post-secondary education, with a special focus on the interdisciplinary department of organizational technology.



It seems that a systematic analysis of the dynamics of regular, often annual reports of ministries and agencies whose activity is directly related to the health problems of the young generation should help to assess the situation related to intersectoral integration. At the same time, their abundance, content and diversity of materials not collected according to a single methodology, although dedicated to work in one field - children's and adolescents' health, make it difficult for different experts to interpret and analyze them.

It is obvious that it is necessary to optimize the coordinated activities of relevant departments.

The level of integration of specific actions of various departments on strengthening the health of the young generation growing up in the regions is clearly visible in the implementation of health measures at the level of medical organizations, first of all, children's polyclinics. This is clearly shown in the scientific analysis of the leading departments of this activity, such as reproductive health and behavior, psychological component, medical assistance for military service, nutrition of children and adolescents, medical assistance for vocational counseling and career guidance for adolescents, physical education.

Issues of health protection at the inter-agency level are also being successfully resolved regionally - with the help of scientifically based models of the most active

regions in this regard, for example, Khorezm, Kashkadarya, Andijan and others. First of all, the effectiveness of the measures taken within the framework of the implementation of relevant comprehensive programs at the level of medical organizations of the pediatric service providing primary medical and sanitary care.

Studies have shown that there are significant reserves in this regard due to the constant attention of the leadership of our country, the efforts of state social institutions to protect children, and the efforts of the state, which have become among the priorities in the field of national security.

Today, the young generation also does not need constant supervision and appropriate correction. For example, the situation with the above-mentioned basic law "On basic guarantees of children's rights in Uzbekistan" is interesting. Thus, in the first version of the document, among the guarantees of children's rights, the state policy implemented in the interests of children is considered as a priority activity of state bodies based on the principles of setting state minimum standards and observing them.

As noted, the ever-increasing impact of environmental factors and negative social events on the growing organism contributes to the increase in mental illnesses and behavioral disorders, the decrease in self-preservation behavior, in particular, the presence of

suicide. Here we can add the public resistance to the tragic events that happened in transport, during children's recreation, playgrounds, physical education classes, etc. Therefore, the importance of forming a conscious need for not only a healthy, but also a safe lifestyle from childhood and adolescence is increasing.

Another important aspect, in our opinion, is that WHO recommends targeting 10-year-olds as a component of a cross-sectoral approach to health, protection of the rights of children aged 0-17 years, and the provision of medical care to them. - 17 years. The State Statistics Service has so far included this group only in the demographics section, taking into account only population and child mortality, including infants and 0-4 year olds. The Ministry of Health, which also takes into account these age groups in the analysis of death, provides statistical indicators of morbidity in people aged 0-14 years, which does not reflect the characteristics of differentiated child mortality - early (0-2 years), before school (3-6 age), schoolchildren 7-9, 10-14 and 15-17 years old.

According to the analysis of the materials of a special complex scientific study of the legal, organizational and methodological aspects of the protection of the health of children and adolescents in our country, we have shown real reserves, the use of which is aimed at revising and improving legal norms. to increase the effectiveness of inter-agency cooperation, which

contributes to the strengthening of state security, to create a framework for the problem.

Once again, we draw attention to the large number of different, insufficiently effective legislation and other documents. In this regard, it seems appropriate to return to the history of the domestic state approach to the formation of specialized programs, albeit in another country and under different conditions - in the USSR.

We regret to say that due to serious financial and other difficulties during the political and socio-economic crises that occurred in our country in the late 1980s and early 1990s, it became impossible to implement the above-mentioned historical document. But such an approach with a single program is still interesting, because at the current stage, the country's top authorities, relevant authorities and organizations can easily get confused in the plans with a large amount of funding for the main activities in each department. In addition, these plans often include overlapping activities.

Please note that this article is about legal documents. At the same time, according to the research, for example, the absence of a modern regional regulatory legal framework was noted among the similar problems that determine the insufficient quality of medical services for children, identified in schools studied across the republic.

As the WHO has highlighted the increasing problems related to the health and medical-social needs of young people in many countries of the European region, especially in the last two decades, the original recommendations seem timely and require consideration in practice and research. Participating countries of the European region, including Uzbekistan. They provide a systematic 5S approach to support countries in improving government and sector responses to adolescent health.

A unique methodology (toolkit) is offered that provides:

- support and implement policies based on human rights principles;
- obtaining strategic information necessary for planning and monitoring;
- developing youth-friendly service models that include school-based health services and primary care;
- availability of sustainable resources for capacity building and planning;
- a cross-sectoral approach to policy/strategy and interventions for adolescent health.

During the studies, significant reserves were identified in Uzbekistan in terms of rational, coordinated integration of the activities of the main interested units in health care, protection of their rights, organization

of medical and social assistance to children, adolescents and families.

The efforts of the relevant agencies, public and other organizations at the state level and in localities, which are often scattered, do not serve to further develop the system of protecting and strengthening the health of the young generation, taking into account the requirements of the time.

We emphasize once again that the cooperation of relevant structures is an important factor (technology) in the implementation of the recommendations of international organizations in this direction, adapted to the conditions of the country. Taking it into account at the state and regional level should ensure the effective implementation of the basic principles of public health protection, including children's health. Intersectoral integration on the model of pediatric practice in the conditions of a specific medical organization allows to transform this broad concept into the term "medical and social care". It turns out to be medical and non-medical professionals (with the participation of a psychologist, legal adviser, teacher, social worker, etc.). Such assistance should be equally provided in the entire system of medical care for the children's population and in its interconnected links "polyclinic - hospital - sanatorium - polyclinic".

It should be noted that in our study, primary care refers to the first level of contact between the patient and



the medical organization in his place of residence, where the children's polyclinic, which operates on a local basis, also supervises the provision of medical care. As indicated above, in educational institutions located in the service area of this outpatient clinic (preschool educational institutions, schools, lyceums, colleges).

At the same time, the country's leading pediatricians confirmed the importance of continuity in the implementation of maternal and child health care programs in the "polyclinic-hospital" using the model of the quality of inpatient medical care for children in the regions. That is, on the one hand, there is a universal understanding of the importance of such an approach at all levels, which is reflected in almost all strategies and plans of local activities, but on the other hand, there are serious difficulties in implementing this approach. Such measures are related to the large number of interdepartmental commissions and insufficiently coordinated programs of their actions, as well as to the lack of attention to the accumulated experience of departments and regions.

## CONCLUSION

WHO estimates that the increasing burden of chronic diseases, especially among adolescents, will place great pressure on health systems in the coming decades. It can be seen that, taking into account the current situation in our country, our country's science

faces the important tasks of mandatory and coordinated interagency coordination, which are carried out in accordance with the recommendations of international organizations, in order to solve the problems raised by the health protection of children and adolescents. Integration, as well as their justification, taking into account the analysis of accumulated experience - effective organizational technologies, both at the state level and in the regions. It is no coincidence that the strategy for the development of medical science in our country until 2025 envisages the development of innovations in the field of health care, increasing the effectiveness of fundamental and applied scientific research.

## REFERENCES

1. [president.uz/uz/lists/view/2221](http://president.uz/uz/lists/view/2221) Address of the President of the Republic of Uzbekistan to the Oliy Majlis
2. Бабосов Е.М. Социология: Энциклопедический словарь. От классики до современности. Изд.(МФЦП). Минск. 2009. 480 с. ISBN 978-5-397-00009-3
3. Корчагин Ю. А. Современная экономика России.- Ростов-на-Дону: Феникс, 2008. ISBN 978-5-222-14027-7
4. Цит. по: Майбуrow И.А. Эффективность инвестирования и человеческий капитал в США и России. Мировая экономика и международные отношения. 2004, N 4, с. 4.

5. Марцинкевич В.И., Соболева И.В. Экономика человека. М., 1995, с. 14.
6. Галкина Т.П. Социология управления: от группы к команде. Учеб.пособие. -М.: Финансы и статистика, 2004.
7. Karimov I. "Uzbekistan is on the path of deepening economic reforms" - Т.: "Uzbekistan", 1995, p. 18.



OSCAR  
PUBLISHING SERVICES