
STUDYING THE HEALTH OF FREQUENTLY ILL CHILDREN OF OLDER PRESCHOOL AGE AND METHODS FOR FORMING A HEALTHY LIFESTYLE

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Annotation: The article highlights the features of the ideas of frequently ill children about health and a healthy lifestyle at three levels - cognitive, emotional, behavioral. A comparative analysis of these indicators in frequently ill children and their healthy peers was carried out, and the statistical significance of differences in children's perceptions depending on the state of their somatic health was revealed. The study presents a factorial analysis of the application of the ideas of orthobiosis by parents of children of older preschool age. The article uses the following diagnostic methods and techniques. Empirical data collection method: analysis of medical individual records of older preschool children to assess their health status. Conversation, diagnostic tasks, problem and game situations, observation of children. In the conclusion of the article, the conditions (directions) of integrated work with frequently ill children and their families on the way to overcoming the disease and compensatory development of frequently ill children of older preschool age are highlighted.

Keywords: Somatic health; frequently ill child; senior preschool age; healthy lifestyle; ideas about health; compensatory development; recovery; orthobiosis.

Aim: Despite the scale of distribution and numerous studies of the features of mental development, the social situation of the development of frequently ill children, the medical literature indicates the insufficient effectiveness of the traditional approach to recovery and general health promotion. Many researchers raise the question of the need for professional psychological assistance to this category of children, not to eliminate the consequences, smooth out the symptoms, but directly reduce the incidence by developing an internal desire to overcome the disease. Within the framework of this approach, the question of the search by adults for compensatory options for the development of children is important. A qualitative increase in the level of health is possible in conditions of increasing motivation for recovery, including by promoting the ideas of orthobiosis. Orthobiosis is understood as typical ways and forms of human life (attitude towards work as the main condition for physiological well-being, healthy sleep, balanced nutrition, positive emotional background, optimism shown by a person, adherence to the regime, physical exercises, hardening), which heal

the body and improve its reserve resources, allowing them to successfully function in the professional sphere, family, society, regardless of changes in the political, economic and socio-psychological situation. The goal of orthobiosis is to teach a person a rational, correct analysis of emerging situations and the choice of only useful, promoting health and the rejection of everything harmful. Within the framework of this approach, the issue of motivating children to apply the ideas of orthobiosis on the way to recovery is important. In the context of this study, orthobiosis will be considered as the main condition for the development of frequently ill children on the path to overcoming the disease, since it forms a conscious attitude towards their own health. It should be noted that in preschool age, attitudes towards lifestyle are mainly determined and represented by the position of adults (parents) who are significant for the child. The child does not yet have sufficient life experience, seeks to get it from loved ones who enjoy authority over him. An adult, establishing a certain educational attitude towards a child, guided by his own ideas and attitude to health and a

healthy lifestyle, indirectly forms the child's attitude to a healthy lifestyle. Thus, an adult can either promote the observance of the ideas of orthobiosis, or hinder this process.

Taking into account the analysis of the current situation, the purpose of the study was determined: to study the ideas of frequently ill children about health and a healthy lifestyle, the possibility of applying the ideas of orthobiosis in families as conditions for the compensatory development of frequently ill children of older preschool age. Most scientists whose research object is the problem of children's health improvement note the paucity of ideas and manifestations of the principles of a healthy lifestyle (HLS) among older preschoolers. A healthy lifestyle is a set of sustainable, healthy habits. The main components of a healthy lifestyle are rational nutrition, proper sleep, adherence to the daily routine, hygiene norms and rules, rejection of bad habits, dosed physical activity, psychological comfort. An important characteristic of a healthy lifestyle is health motivation, which is understood as a person's awareness of the need to maintain and promote health as the basis for its harmonious development. The criteria for a person's attitude to their health are (according to the level of adequacy - inadequacy): at the cognitive level - the level of knowledge and orientation of a person in the field of health, awareness of significant risk factors, understanding the importance of health as a guarantee of a full and long life; on the emotional level: an acceptable level of anxiety in matters of one's own health, the possibility of a value attitude to the state of health; at the behavioral level: organization of one's own actions in relation to the requirements of a healthy lifestyle [9]. A complete picture of a person's attitude to their own health can be obtained by evaluating it at all three levels. The study of children's ideas about health and healthy lifestyles, as well as the ideas of orthobiosis implemented by children's

families, was carried out using the following methods. Empirical data collection method: analysis of medical individual records of older preschool children to assess their health status.

During regime moments and free time, we used the method of observing children to study the need for children to perform hygiene and hardening measures (hand hygiene, rinsing the mouth after eating, activity during morning hygienic exercises, hardening activities, walking in the fresh air, training daytime sleep, organized and free play activities). The data obtained during the implementation of the methods were correlated with the indicators and criteria for a qualitative analysis of the cognitive and behavioral components of ideas about a healthy lifestyle, identified by L.G. Kasyanova: completeness, awareness, generalization, consistency, initiative, independence. On the basis of the diagnostic data obtained in the process of carrying out the above methods, it is advisable to separately consider the emotional component of the idea of health and a healthy lifestyle.

Research results. Taking into account the presented data, it can be concluded that in the sample population of both healthy and frequently ill children, the cognitive component of ideas about health and a healthy lifestyle mainly has an average and low level of severity. In healthy children, the average level prevails (67%), the low level is represented by 19% of children who are characterized as healthy. Among FIC, the average level of severity of the cognitive component of ideas about health and a healthy lifestyle was found in 36%, while the majority of children in this category have a low level - 56%. A high level of cognitive component was found only in 14% of healthy and 5% of frequently ill children. In children who can be characterized as frequently ill, a very low level of cognitive component was revealed (3%).

The figure shows that the majority of both healthy and frequently ill children have an average level of severity of the emotional component of ideas about health and a healthy lifestyle (56% and 58%, respectively). 34% of healthy and 15% of frequently ill children have a high level. A low level was found in only 10% of healthy children, along with the fact that frequently ill children have a low level of emotional component in 27% of cases. A very low level was not detected in any of the groups.

In the healthy group, as well as in a group of often sick children, the low level of severity of the behavioral component prevails, in 38 % and 47 % of children, respectively. A very low level was detected in 1 % healthy and 4 % of often sick children. The average level was detected in 33 % of healthy children and 30 % of often ill children. And only 19 % of often sick children along with 28 % of healthy children have a high level. Thus, in most cases, the average level of severity of the emotional and low level of the severity of the cognitive, behavioral components of ideas about health and a healthy lifestyle prevails in often ill children. To determine the reliability of the differences between the severity of the cognitive, emotional and behavioral components of ideas about a healthy lifestyle in healthy and often ill children of preschool age, mathematical processing of the results with the help of T-criteria of Student for independent samples.

Thus, we can talk about the fairness of the statement that in healthy and often ill children of preschool age, the ideas about health and healthy health at the cognitive and emotional levels differ, namely, in often ill children of preschool age, they are less expressed than their healthy peers. In the course of a qualitative analysis of the answers of children, the following features can be distinguished in the ideas about the health and healthy healthy children of older preschool children. When describing the components of a healthy lifestyle, children

primarily call proper nutrition, daily routine, physical activity. Senior preschoolers rarely realize the influence of environmental factor on health. The insufficiency in children of experience in conducting health benefits was revealed, focusing on the family traditions of the organization of pastime, as well as an insufficient assessment of the possibility of recreation in the fresh air away from the city in the direction of healing and increasing the body's resources. In frequent children, during diagnostic tasks, the motives of recovery, assistance to other people, and unwillingness to appear on the patient's place were revealed. The concept of "health" for often sick children is excellent from classical and reflects either health factors or consequences, as well as opportunities that health gives a person. Most children (35 % often sick) understand health as the opposite disease of the condition. Only 7 % of often ill children are associated with a psychologically comfortable state. Some children replace the concept of "health" with the concept of "recovery", relating to health, exemption from painful symptoms. Often sick children, in comparison with their healthy peers, in general, have a more meager idea of the causes and circumstances of the disease. Potential dangers are less fully aware of, less often they are aware of the nature of diseases, their origin and sources. Children include hypothermia, absence or improper fulfillment of hygienic norms, infection with various microbes, lack of nutrition culture, poor environmental conditions, as well as symptoms of the disease. The judgments of children in the field of proper nutrition are quite fragmented and unsystematic. As a rule, only plant products are called, associated in children with basic vitamins, dairy products. Part of the children to healthy foods include medicines, tablets, as well as synthetic vitamins. When describing the diet of proper nutrition, children are often focused not on the benefit, but on the taste of products, as well as their energy value. Often sick older preschoolers, with

slight exceptions - 7 %, have ideas about the methods of treating various diseases. Of these means, medications, tablets, vitamins, vaccinations, syrups can be distinguished. Children describe methods of treatment based on their own experience, the specifics of the diseases. Not all surveyed children have the right idea of the importance of daytime sleep for child health. Children underestimate the need for sleep during the day, in some cases neglect them. Given the data obtained during the survey of parents, the factors were assessed in the ideal representation of parents about orthobiosis and actually observed by them. The data allow us to conclude that the parental public is an ideal idea of orthobiosis is wider than a real set of factors of a healthy lifestyle.

Ideally, such factors as complete abstinence from drugs, physical activity, adherence to sleep, adherence to diet and complete cessation of smoking are of particular relevance. The factors of dedication in work, material wealth and self-control are of the least importance for parents. Of the factors actually observed by parents, one can single out a complete abstinence from drugs, warm relationships in the family, physical activity and a complete cessation of smoking, these factors are maximally fulfilled by the interviewed parents. The least importance in the implementation is given to factors - dedication to work, material wealth, self-control - are performed by less than half of the parents surveyed. Factors: a serious attitude to health, physical activity, adherence to sleep, adherence to diet are the result of culture and hygiene, can be observed regardless of the circumstances and other people, therefore, we can conclude that parents understand the importance, motivation to fulfill these insufficient factors, which indirectly may predetermine the low culture of the implementation of the ideas of orthobiosis in children. The results of the survey make it possible to single out the category of parents leading an unhealthy lifestyle (9% of the respondents), which is

determined by the observance of 4 or less healthy lifestyle factors. The lifestyle of 84% of the respondents can be described as conditionally healthy, ambivalent, irregular in orthobiosis. The data obtained indicate the importance of the social factor - the parents' ideas about orthobiosis and adherence to its ideas, expressed in planning the daily routine, spending time together, providing educational influences and demonstrating one's own example in health improvement and prevention. The generalized ideas of parents about a healthy lifestyle also partially explain the statements and choices of children during the conversation and experimental tasks.

Conclusion. The way of life of parents is reflected in the real state of health of children, their ideas about health and a healthy lifestyle, the emergence of compensation and recovery mechanisms. Summing up, we can conclude the following. There are differences in the severity of the levels of cognitive and emotional components of ideas about health and a healthy lifestyle in frequently ill children and their healthy peers. Thus, the indicators of the severity of the cognitive and behavioral levels of ideas about health and healthy lifestyle in frequently ill children are predominantly at a low level, the emotional component is at an average level. The majority of FICs lack the necessary stock of ideas about the importance of physical activity, sleep, proper rest, balanced nutrition, sanitary and hygienic standards, and the state of the environment for health. PIDs, compared with healthy peers, have a poorer understanding of health, its factors, as well as the causes and circumstances of diseases. Children's ideas about maintaining health and recovery are insufficient, unsystematic, fragmented, respectively, they are not fully implemented and cannot provide recovery properly. Comprehensive work is needed in the following areas:

- expansion of older preschoolers' ideas about health and healthy lifestyle at the

cognitive and emotional levels, development of the ability to establish cause-and-effect relationships between health and lifestyle, development of a positive attitude towards one's own health;

- development in children of the need for a healthy lifestyle, initiative and independence in the implementation of health-saving measures, the formation of attitudes towards health promotion, the prevention of negative behavior;
- development of a system of motivational and incentive actions in relation to the formation of healthy habits in children and, in general, orthobiosis on the part of adults (parents).

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