

HYGIENE EDUCATION IN DISEASE PREVENTION FOR CHILDREN, ADOLESCENTS, AND YOUNG ADULTS

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In the future, the state of health of children, adolescents, and young adults will require continuous attention from healthcare professionals. The stably high prevalence of the school-related diseases associated with the learning conditions and lifestyle components requires introduction of new approaches into prevention of health problems in the younger generation. The study aimed to summarize the results of the research focused on the features of lifestyle of children, adolescents, and young adults, as well as on the approaches to their hygiene education. The review of scientific papers deposited in the eLibrary, PubMed, CyberLeninka databases in 2010–2024 was accomplished. The literature data analysis showed the need to refocus attention on the methods for primary prevention of health problems in the youth, not on the secondary prevention methods. One effective mechanism of such work is the hygiene education system, which in this case should be directed towards individuals engaged in the youth training and education system, healthcare professionals, and parents.

Keywords: children, adolescents, youth, school-related diseases, hygiene education, disease prevention

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ГИГИЕНИЧЕСКОЕ ВОСПИТАНИЕ В ПРОФИЛАКТИКЕ ЗАБОЛЕВАНИЙ ДЕТЕЙ, ПОДРОСТКОВ И МОЛОДЕЖИ

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В будущем состояние здоровья детей, подростков и молодежи потребует постоянного внимания медицинских работников. Стабильно высокая распространенность школьно-обусловленных болезней, связанных с условиями обучения и компонентами образа жизни, требует введения новых подходов в профилактику нарушений здоровья подрастающего поколения. Целью настоящей работы было обобщить результаты научных исследований особенностей образа жизни детей, подростков и молодежи и подходов к их гигиеническому воспитанию. Выполнен обзор научных статей, размещенных в библиографических базах данных eLibrary, PubMed, КиберЛенинка в период с 2010 по 2024 г. Анализ литературных данных продемонстрировал необходимость перенести фокус внимания с методов вторичной профилактики на методы первичной профилактики нарушения здоровья молодого поколения. Одним из действенных механизмов такой работы является система гигиенического воспитания, которая должна быть в данном случае ориентирована на лиц, причастных к системе воспитания и образования молодого поколения, медицинских работников и родителей.

Ключевые слова: дети, подростки, молодежь, школьно-обусловленные заболевания, гигиеническое воспитание, профилактика заболеваний

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Negative trends of social and economic processes in the first quarter of the 21st century were manifested by noticeable changes in the quality of life of the population, including the quality of life of the younger generation. The incidence of all disease categories grows; the demographic situation worsens [1–3].

The term “school-related diseases” is still relevant. The rate of those remains stable. These diseases include musculoskeletal disorders, diseases of the eye and adnexa, gastrointestinal disorders, diseases affecting the cardiovascular and nervous systems [4–7]. Secondary prevention of such disorders demonstrates its inconsistency over a long time.

The study aimed to summarize the results of the research focused on the features of lifestyle of children, adolescents,

and young adults, as well as on the approaches to their hygiene education.

The review of scientific papers deposited in the eLibrary, PubMed, CyberLeninka databases in 2010–2024 was accomplished.

The results of multiple studies suggest that there are a number of risk factors for the health problems associated with the conditions of the children's and adolescents' stay in the educational institution. The control of their effects on the students' bodies is accomplished in accordance with the current regulatory and procedural documents. Among most important factors that can affect the health of the younger generation since preschool age, parameters of microclimate and lighting in the educational institution, fullness of the group or class, compliance of furniture

with anthropometric measures, curriculum, and adherence to the daily routine are reported [8–12].

The prevalence of school-related diseases among children and adolescents in the last seven years demonstrate a trend towards slight growth in the groups of both 7–11-year-old and 16–17-year-old students. The diseases typical for this group include diseases of the eye and adnexa, nervous system disorders, gastrointestinal and cardiovascular disorders. A slight decrease in the disease prevalence in this period has been reported for musculoskeletal disorders [4].

The increase in the rate of school-related diseases in the group of 7–11-year-old children can be considered as an unfavorable prognostic marker indirectly showing the increase in the prevalence of this disease type among preschool children.

Currently, the use of digital technology in the educational system is a promising area contributing to faster information acquisition, enabling shaping a personalized learning trajectory, making the educational system more accessible (time, terms, and site) and clear [13].

Researchers from different countries agree that the society digitalization processes are reflected in the organization of educational and leisure activities for children and adolescents, as well as in the construction of educational programs. The electronic devices used and the conditions under which they are used must be safe, which is possible with strict adherence to sanitary and hygienic standards [15–17].

Scientists report a decrease in the age of children, who use various electronic devices regularly. The study [18] has shown that every second child (53.7%) starts using an electronic device under the age of two, every fifth (21.9%) at the age of 2–3 years, every thirteenth (7.6%) at the age of 3–4 years; only every sixth (16.8%) child starts using an electronic device over the age of four. Furthermore, according to the data provided by the authors, the number of children who received access to an electronic device under the age of four doubled over the two years of the study.

Today, the number of scientific papers on the pattern of the impact of electronic devices on preschool children is limited; the risk of health problems in children is poorly understood [19–21].

During the study [22] it was found that high-school students spend 3.0 h a day using smartphones for learning and leisure, while senior students spend as much as 5.3 h on this. In university students, the time spent on the smartphone exceeds 6.9 h a day.

The papers by other authors report that more than 90% of adolescents use electronic devices for more than two hours a day [23].

Among the longest (more than three hours a day) leisure activities, watching TV and videos is reported for the majority (74%) of adolescents aged 15–17 [24]. Furthermore, it has been found that the long-term watching of video content and visiting social networks contribute to disruption of the sleep quality and structure: the process of falling asleep is disrupted, the duration of sleep is reduced, and anxiety and depressive conditions occur [22, 25].

The long-term static tension is an integral part of the educational process; it is also caused by the use of electronic devices. Such activities are accompanied by maintaining a forced working posture, which creates prerequisites for the development of musculoskeletal disorders.

The literature sources provide information on the factors of the intra-school environment, also associated with the increase in static load and predetermining scoliosis in students. Such factors include the reduced duration of breaks, reduced

frequency of physical education classes. A negative role of deficit of certain foods in the students' diet, in particular wheat and rye bread, potatoes, fresh vegetables, milk and dairy products, fish, is noted [26].

Scoliosis is one of the most common musculoskeletal system disorders in children and adolescents. A school backpack that is too heavy for the child, uneven length and width of the straps, being engaged in elite sports, insufficient physical activity, and a number of other factors are distinguished among the factors interrelated with lifestyle and contributing to scoliosis.

The analysis of the musculoskeletal system functional state in elementary school students of the gymnasium and lyceum in Maykop revealed various postural disorders in a half of the assessed children. In particular, 27.3% of school students had a slouching posture and 14.1% had a winged scapula [27].

Other researchers report that among elementary school children (6–10 years) postural disorders are reported in every second child (48.2%). The most common disorder is a scoliotic posture reported in 43.4% of cases. As children get older, the prevalence of scoliotic posture among them increases. Thus, the prevalence of this disorder in 10-year-old children reaches 65.1% [28].

One educational space factor affecting the development of musculoskeletal disorders is the students' furniture. Regulatory and methodological documents stipulate the need for the size of school furniture to correspond to the student's body length. At the same time, the scientists' papers provide information that every second set (45.3%) of school furniture does not correspond to the student's body length. This is due to incorrect furnishing of school classrooms, equipping classrooms with furniture of the same size [29].

Thus, one more study has shown that the vast majority of student places for first-year (86.7%) and fourth-year (62.4%) students do not correspond to the students' body length [30].

Among the detected musculoskeletal system disorders, foot arch malformations are one of the most common. Thus, among children aged 7–10 years who attend sports sections, the overwhelming majority (more than 90%) have a diagnosis of flat feet of varying severity. Some of them (10%) also have postural disorders of scoliotic type [31].

According to the data from another source, flat feet are reported in every fifth first-year (22.6%) and third-year (23.8%) school student [32].

The prevalence of flat foot in university students is 44.5%. A half of these students (24.3%) also have a postural disorder [33].

The data from foreign sources suggest high prevalence (65%) of flat feet in children aged 6–8 living in Slovakia [34].

The study conducted by other researchers has shown that scoliotic alterations (OR = 4.9), flat foot (OR = 17.4), and hallux valgus (OR = 10.6) in children are associated with insufficient physical activity [35].

The paper [36] reports the increased prevalence of visual impairment among students of various levels of education, which is due to the use of electronic devices (smartphone, computer, TV). The 8.6-fold increased likelihood of developing myopia is reported for those, who use a laptop (computer) for more than four hours a day.

CONCLUSION

The available literature data suggest an adverse effect of the irrationally organized lifestyle components, learning conditions of the health of children, adolescents, and young adults. Prevention of musculoskeletal, eye, nervous system disorders and sleep-awake cycle disturbances is still relevant. The risk factors

of health problems in children, adolescents, and young adults attending educational institutions persist, so it is necessary to develop more effective preventive measures of both personalized and group type. The list of such measures should be expanded to include hygiene education programs for individuals involved in educational processes. Continuity is a particularly significant aspect of developing a healthy lifestyle and preventing diseases in students. This means that knowledge and lifestyle of children and adolescents largely depend on the awareness and formation of healthy lifestyle skills in their family members, teaching staff and healthcare professionals in educational

institutions. In the hygiene education programs, it is important to use various information presentation methods taking into account the interests of children and adolescents, as well as of their inner circle.

Thus, the scientific data acquired on the risk factors of health problems in the younger generation, including those associated with the educational process at the preschool, general and vocational education organizations, must provide a reliable scientific and methodological basis for the development of preventive measures aimed at preserving the health of the younger generation.

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