WEB OF SCIENTIST: INTERNATIONAL SCIENTIFIC RESEARCH JOURNAL
ISSN: 2776-0979, Volume 4, Issue 3, Mar., 2023

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ELDERLY AND PERSONS WITH DISABILITIES IN MEDICAL AND SOCIAL INSTITUTIONS

Ermatova A. K.
Head of Department Medical and Social Services Development Agency,
ermatova_aziza@mail.ru

Abstract
Within the framework of this study, great importance is attached to identifying the socio-demographic characteristics of elderly and disabled people and their needs for medical and social rehabilitation services in medical and social institutions, including residential homes for adults "Sakhovat" and "Muruvvat".

Keywords: medical and social institution, boarding house, boarding house, medical and social services, disability.

The indicators presented in the Convention on the rights of persons with disabilities in accordance with the recommendation of the World Health Organization on the needs of persons with disabilities serve as the basis for making management decisions and conducting a detailed analysis on the development of rehabilitation infrastructure aimed at meeting the needs of citizens for medical care [1].
Medical and social service is a type of multidisciplinary professional activity of a medical, psychological, pedagogical, social and legal nature, aimed at restoring, maintaining and strengthening health.
The purpose of the medico-social service is to achieve the highest level of Health, ensure the functioning and adaptation of people with physiological and psychopathological, as well as social disabilities to a full - fledged life [2,13-15].
It is known that persons with disabilities older than 18 years of age and with disabilities in “Sakhovat” houses, persons with disabilities with mental illness older than 18 years of age in adult children's “Muruvvat” houses are provided for state maintenance. Accordingly, in the study of the needs of elderly and persons with disabilities for medico-social services, special attention was paid to the study of the dynamics of disability indicators and old age indicators of the last 10 years.
According to statistical indicators, Uzbekistan has experienced a sharp increase in disability indicators since 2019, and this trend continues even now.
Disability as a result of mental and behavioral disorders is taking leading positions among other class diseases. In particular, the 4th place in the structure of primary

disability (after tumors, diseases of the circulatory system and diseases of the musculoskeletal system) is considered to be indicators of disability due to mental disorders and behavioral disorders.

There were a total of 155,139 persons with disabilities as of the end of 2022 due to diseases of the class of mental disorders and behavioral disorders, accounting for 17.3% of the total disability.

In 2014-2023, it was found that primary disability rates due to mental disorders and behavioral disorders in dynamics were increasing significantly when studied, and in the last 3 years it was observed that primary disability was increasing due to diseases of the same class, averaging 1200±100 individuals per year.

Primary disability structure with mental and behavioral disorders was 28% in elderly and 67% in middle-aged children aged 16-17 when studied in the juvenile section.

Another contingent in medico-social institutions is the elderly when social – demographic indicators are studied (2010-2022y.) the birth rate of the population shows an increase of 1.3% (from 22% in 2010 to 23.3% in 2022yil), a decrease of 4.8% to 4.7%, with an average life expectancy of 1.6 years (from 73 years in 2010 to 74.6 years in 2022). The natural population growth rate is 5.2 million in 2010-2022 increased per person [3].

The increase in the number of elderly and elderly in the demographic indicators of the population represents demographic aging. Population aging is associated with a decrease in fertility, an increase in average life expectancy [4.63-66].

Analyzing the demographic indicators of Uzbekistan, it can be said that with a sharp increase in the number of elderly people after 1991, the demaographic aging indicators of the population are significantly increasing. This issue was discussed by sociologist scientists E.Kh.Zaitov can also be found in scientific work [5, 54-58].

Today, the population over the age of 60 is estimated to be 10.1% (international standard <7%)due to the fact that the population of Uzbekistan is considered elderly.

Research objective.

The study of the need for medical and social rehabilitation of the elderly and persons with disabilities in medical and social institutions.

Material and styles.

In accordance with the purpose and objectives of the study, methodological approaches were selected for the study. To ensure the representativeness of the data obtained, the units of observation were determined in the style of random selection (B.M.Mamatqulov 2013). Research was carried out in a multi-stage way on the basis of Sakhovat and Muruvvat houses. In the study, systematic approach and statistical,

analytical, direct observation and sociological research methods were used, which included comprehensive socio-hygienic, expert and sociological research.

Research results.

In Uzbekistan, the possibilities of providing medical and social services in different ways to the population layer in need of these other people's care are created in medical and social institutions. In these boarding houses, medical and social services are organized profiled according to the age, gender, health and social status of citizens.

Stationary services aim to provide multifaceted support by providing a complex of medico - social services to elderly and disabled individuals who have partially or completely lost their ability to self-care and need constant care and control for health reasons.

The total number of boarding houses in Uzbekistan is 36, of which 7 are children's Muruvvat houses, 7 are Sakhovat houses and 22 are older Muruvvat houses.

A total of 10,258 seats have been created in the activities of these "Sakhovat" and "Muruvvat" boarding houses as of December 2022, with the number of seats being 9,789 in the same period of 2021 (an increase of 469 seats compared to 2021). During 2012-2022, it is observed that the number of places created in medical and social institutions increases from 8,500 to 10,258, while the need increases.

Residents of Sakhovat and Muruvvat houses are subjected to medical examinations twice a year. In terms of the results, the incidence rates of 262 (29%) cardiovascular diseases, 196 (21%)nervous disorders, 172 (18%)senile psychosis, mental retardation, and 162 (17%)eye diseases are leading in Sakhovat houses when the incidence is studied.

It was observed that 931 (14%) oligophrenies/schizophrenia, 451 (6%) anemia, 319 (5%) epilepsy, 268 (4.5%) cardiovascular diseases, 263 (4%) nervous system diseases, 184 (2.8%) kidney diseases were in the leading positions in Muruvvat houses.

The study examined a total of 2,320 custodial individuals in a retrospective style of disease history with the aim of studying the need for medico-social services of custodial persons at institutions in a unit of observation.

Including 512 residents of Sakhovat houses, 1,004 residents of women's Muruvvat houses and 1,000 residents of men's Muruvvat houses, the history of the disease was studied and a social portrait of the persons under guardianship was drawn up, the needs of medical and social services were identified.

In the last 3 years, Sakhovat houses received an average of 20±3 individuals per year, while private Muruvvat houses received an average of 10±2 individuals per year. From this it can be seen that the majority (96±2%) of the persons under guardianship have been living in these institutions for many years.

When the time of stay of foster parents in the institution was studied, it was observed that out of a total of 512 individuals living in 3 Sakhovat houses, 278 (54%) lived up to 5 years, 124 (24%) lived up to 10 years, 34 (7%) lived up to 15 years, 45 (9%) lived up to 20 years, 32 (6.8%) lived for more than 20 years.

Out of a total of 2,004 individuals living in mixed Muruvvat houses, 413 (20%) were observed to live up to 5 years, 212 (10%) to 10 years, 328 (16%) to 15 years, 480 (23%) to 20 years, 571 (28%) to more than 20 years.

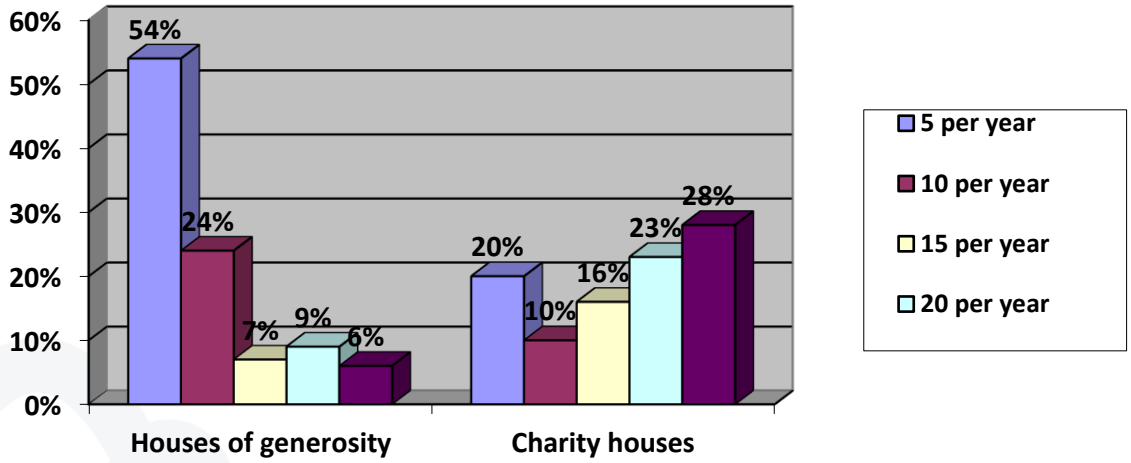

Figure 1. Duration of the time of residence in the institution of persons who have been taken into custody in boarding houses

As a result of the analysis of these indicators, it can be said that 3/2 of the residents of boarding houses have been living in boarding houses for a long time.

In Sakhovat houses, women and men live in the same institution, however, prosperous Muruvvat houses are organized with separate profiles for women and men. Analysis in the gender category of residents of Sakhovat houses showed that of the 512 individuals living in the institution, 166 were of female and 346 were of male gender.

13 (2.5%) persons in Sakhovat houses aged 18-40, 74 (14.4%) when residents were studied by age category. 40-60 years old and 425 (83%) individuals were over 60 years old.

In contrast, 795(39.6%) persons in mixed Muruvvat houses are 18-40. persons in age range, 705 (35.1%).40-60 years old and 449 (22.4%) individuals were older than 60.

These indicators showed that the age category of people living in Sakhovat houses in relation to Muruvvat houses is more senior (over 60 years old).

Also, the indicators of the disability group of persons under guardianship were studied. This observed that a total of 93 (18%) individuals with Group 1 disabilities,

63 (12.3%) individuals with group 2 disabilities, and 356 (69%) elderly pensioners were taken into custody in the Sakhovat houses. In contrast, 269 (13%) persons with disabilities with Group 1 and 1,735 (87%) persons with disabilities with Group 2 spiritual were found to be under guardianship in Muruvvat houses.

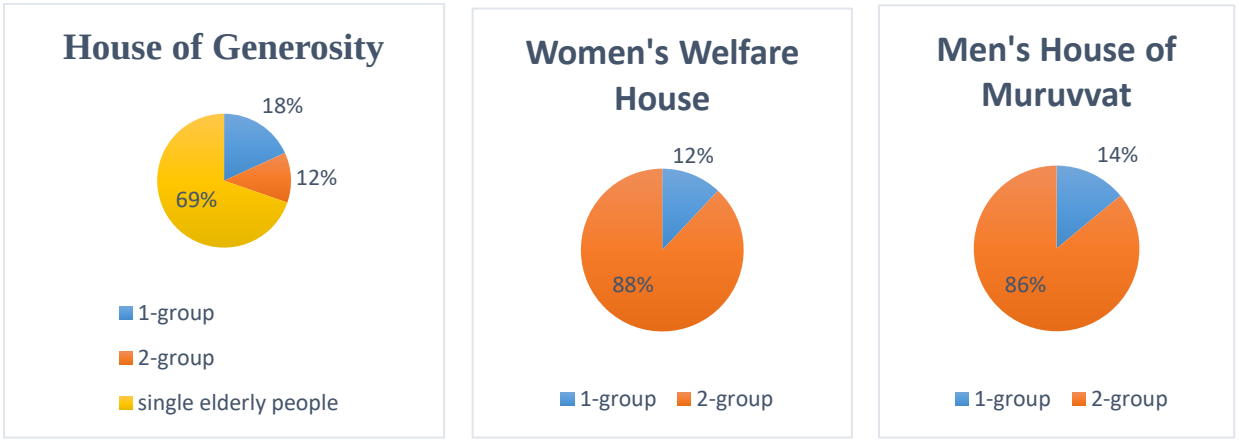

Figure 2. Indicators of the disability group of persons under guardianship

When residents of boarding houses were diagnosed with the disease, Sakhovat houses were found to be at the forefront of 20% of the total 512 residents, 15% with nervous system disorders, 8% with mental disorders, 40% with diseases of the musculoskeletal system.

Out of a total of 2,004 residents, 7% were found to have cardiovascular disease, 35% had nervous system disorders, 40% had diseases of the musculoskeletal system, and 100% had mental disorders in Muruvvat houses.

When the lifestyle restriction rate of residents of boarding houses in the observation unit was studied, it was found that Sakhovat houses were mostly 141 (27%)residents in need of peer care (bedding), 119 (23%) in need of peer care, and in Muruvvat houses were 254 (12%) in need of peer care (bedding), and 151 (7%)in need of peer care. This indicator indicates that Sakhovat houses need to be taken into account when determining the number of service personnel, the number of persons in need of other people's care (27%).

Also, the change of this indicator in dynamics in the last 3 years was studied based on the reports of the institution.

The individual rehabilitation plan of individuals was studied and found out the possibility of using a labor workshop, that is, the proportion of able-bodied persons among those who were taken into custody. Because one of the effective areas of rehabilitation of individuals in boarding houses is labor therapy.

The study found that Sakhovat houses had 233 (45%) working-age individuals, 33% of whom refused to work with labor instructors, and 12% were working with Labor instructors.

In Muruvvat houses it was found that there were 1,126 (56%) working persons, 20% of whom refused to work with labour instructors, and 36% were working with labour instructors.

Also, the state of rehabilitation of residents of boarding houses was determined using technical means. In this, it was observed that 32% of Sakhovat houses residents in the observation unit used wheelchairs, 17% used armpits, 15% used hubs, and 10% used hearing aids.

It was observed that 15% of residents of in Muruvvat houses use wheelchairs, 12% use armpits, 27% use hubs, and 5% use hearing aids.

On the basis of the indicators determined at this research stage, it is possible to have information on the scope and level of services required to be provided in institutions. The indicators of disability and old age have shown that the need for these medical and social institutions and services is increasing.

Observations have shown that from year to year institutions are experiencing a decrease in the number of patients in need of other care (bed), that is, a positive trend. Inpatient services need to provide multifaceted assistance by providing a complex of medico - social services to elderly and disabled individuals who have partially or completely lost the ability to self-care and need constant care and control for health reasons.

In Muruvvat houses individuals with disabilities with middle and severe mental disorders, single elderly in Sakhovat houses, and individuals with Group 1 disabilities have different genesuses and different forms of mental retardation. Despite this their rehabilitation potential remains at 3/1. This makes it possible to restore significantly lost mental functions and, moreover, to shape the possibility of forming socially significant skills.

References

1. Ўзбекистон Республикаси Президентининг 2021 йил 25 мартдаги “Кексалар ва ногиронлиги бўлган шахсларни ижтимоий қўллаб-қувватлаш, “Мурувват” ва “Саховат” интернат уйлари тизимини янада ривожлантириш тўғрисида”ги ПФ-6195-сон фармони.

2. Арапиев Ю.У. Психосоциальная реабилитация в психоневрологическом диспансере: научное издание / Ю. У. Арапиев, М. А.

Березовская, Т. В. Барикова, Ю. И. Шишкина // Медицинская сестра. - М., 2018. - Том 20 N1. - Ст.13-15.
3. Инаков Ш.А. Состояние здоровья, организация и совершенствование медико-социальной помощи одиноким пожилым (на примере г.ташкента и ташкентской области)// Диссертация -2021г.
4. Аммосова Е. Инновационные методы медико-социальной реабилитации пациентов с когнитивными расстройствами в условиях дома-интерната: научное издание / Е. Аммосова, О. Татаринова, В. Аммосов // Врач. М., 2018. - Том 29 N6. С. 63-66.
5. Kholmamatovich Z. E. OPPORTUNITIES TO APPLY THE EXPERIENCE OF FOREIGN COUNTRIES IN PROVIDING MEDICAL-SOCIAL SERVICES TO THE ELDERLY AND PERSONS WITH DISABILITIES IN UZBEKISTAN //Asian Journal of Research in Social Sciences and Humanities. – С. 54-58.
6. Конрой С, Ван Дер Каммен. Медицинские услуги для пожилых людей в домах пестарелых - сравнение услуг в Англии и Нидерландах. J Nutr Health Aging 2009; 13: 559 – 63. PubMedWeb of Science Google Scholar.
7. Лещинская Т. Л. Обучение и изменение жизненных смыслов взрослых с интеллектуальной недостаточностью, проживающих в психоневрологических домах-интернатах: научное издание / Т. Л. Лещинская, Т. В. Лисовская // Дефектология: научно-методический журнал / Российская академия образования, Институт коррекционной педагогики РАО. - М.: ООО "Школьная Пресса". - 2017. - N 6. - С. 39-48.
8. Носкина Н. А. Отдел профессионального ухода за пациентами в больнице: практический опыт: научное издание / Н. А. Носкина // Главная медицинская сестра. - М., 2017. - N7. - С. 96-100.
9. Пономарева И. П. Управление болью при синдроме старческой астении как фактор профилактики когнитивных нарушений: научное издание / И. П. Пономарева, М. В. Давыдова // Медицинская сестра. - М., 2018. - Том 20 N5. - С. 10-12.
10. Ўзбекистон Республикаси Президентининг “Ўзбекистон Республикаси Тиббий-ижтимоий хизматларни ривожлантириш агентлиги фаолиятини ташкил этиш тўғрисида”ги 2021 йил 25 мартдаги ПҚ-5038-сон Қарори.
11. Роббинс И., Гордон А., Дайас Д. Объяснение препятствий и напряженности в предоставлении эффективной медицинской помощи в домах престарелых в Великобритании: качественное исследование. PMID: 23872297 PMCID: PMC3717448 DOI: 10.1136 / bmjopen-2013-003178 BMJ Open 2013 19 iyulya; https://pubmed.ncbi.nlm.nih.gov/23872297/.

12. Филаткина Н.В. Особенности деятельности медицинских сестер в комплексной реабилитации инвалидов. //Вестник всероссийского общества специалистов по медико-социальной экспертизе, реабилитации и реабилитационной индустрии. - 2015. - №1. – С. 19-22.
13. Хмелевская Е. Ф. За пациентом ухаживает сиделка или родственник: что предусмотреть главной медсестре: научное издание / Е. Ф. Хмелевская // Главная медицинская сестра. - М., 2017. - N9. - С. 100-104.
14. Чугунов Д. А. Психопатологические особенности тревожно-фобических расстройств, послуживших поводом для гсопитализации в психиатрический стационар: научное издание / Д. А. Чугунов, А. А. Шмилович // Журнал неврологии и психиатрии имени С. С. Корсакова. М., 2017. - Том 117 N11. - С. 18-23.
15. Шах С.М, Кери И.М, Харис Т и другие. Качество помощи пожилым людам при хронических заболеваниях в домах престарелых и в общине в системе первичной медико-санитарной помощи: ретроспективное исследование. BMJ 2011; 342: 912.Google Scholar.
16. Коцюбинский А. П. Экологически ориентированный подход к реабилитации психически больных при оказании помощи полипрофессиональной бригадой. научное издание// Социальная и клиническая психиатрия. - М., 2017. - Том 27 N4. - С. 5-9.