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MEDICAL GEOGRAPHICAL ZONING OF THE TERRITORY OF NAMANGAN REGION ON PUBLIC HEALTH

Abstract: The article studies the current nosogeographic situation in the regions of Namangan region and the diseases that play a special role in it, based on the medical geographical analysis of Namangan region.

Key words: Environmental condition, population health, nosogeographic region, malaria, hepatitis, brucellosis.

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Introduction

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Physiological aspects of the population, average height, weight and their appearance, physical and mental condition, and health in general are a direct reflection of the development of society, as well as the ecological conditions of the region. The level of development of countries, the well-being of the population, the health of the population is often directly proportional to the level of health care and social protection. At the same time issues related to public health are a guarantee of the country's development. Consequently, the health of the population is central to social issues, as health is one of the main conditions and guarantees for the development of various segments of society.

From the first years of gaining and strengthening state sovereignty in the Republic of Uzbekistan, great attention was paid to improving the health of the population, improving the activities of medical institutions. Measures and practices in this area are being deepened and expanded year by year. This is evidenced by the Decree of the President of the Republic of Uzbekistan dated November 10, 1998 "On the State Program of Health Care Reform in the Republic of Uzbekistan" and the work carried out on its basis [1].

As part of the health care reform program, the country is working to build new types of health centers, hospitals, dispensaries, medical centers and equip them with modern medical equipment, to organize regular monitoring of public health. However, in some regions of the country there is an increase in some diseases, under the influence of deterioration of the environmental situation, problems with social security, despite of achieved success, mortality due to a number of factors, especially in the reduction of child mortality [2].

The incidence of various diseases in the population is also increasing. Analyzes show that the majority of primary and general morbidity of the population are diseases of the blood and blood-forming organs, diseases of the digestive and respiratory organs. For example, in 2017 the intensive rate of diseases of the blood and blood-forming organs was 162.7 per 1,000 population, 25.3% of the total number of diseases (extensive), of which 240.4 or 29.5% were women, and took first place. In 2017 the second place is taken by respiratory diseases; The intensive rate per 1,000 population is 132.2, 20.6% of the total morbidity (extensive), and women are 142.7 or 17.5%.

The third place is occupied by diseases of the digestive system, with an intensity rate of 65.2 per 1,000 population, accounting for 10.1% of all cases.

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Namangan region has its own characteristics in terms of natural conditions in the country, as well as the composition and amount of diseases among the population. From time immemorial, the region has been an endemic outbreak of some infectious diseases (malaria, ringworm). Even today, the country is a leader in the country in the proportion of certain disease groups, including blood and blood-forming organs, respiratory and digestive diseases [3].

However, the region is not the same in terms of its nosogeographic situation. This situation depends mainly on natural conditions, the level of groundwater and surface water supply, population density, specialization and location of economic sectors, the geographical location of the districts. Because of these causes of disease, regional differentiation requires its nosogeographical zoning.

Based on a detailed analysis of the nature, socio-economic conditions of the region, we can divide it

into several medical geographical regions. The following criteria (principles) were taken as the main criteria:

- general geographical location of the regions;
- level of prevalence and specialization of disease groups;
- total and infant mortality rates;
- similarity of natural and ecological conditions;
- the presence of nosogeographic areas of certain diseases;
- economy of the region, its branch structure and specialization;
- Integrity of the administrative-territorial unit, etc.

Information on nosogeographical regions allocated on the basis of these features is given in the table.

Table 1. Some indicators specific to the medical geographical regions of Namangan region.

№	Districts	Regions	The main disease groups specific to the regions
I.	Northern district	Chartak, Chust, Yangkurgan, Kosonsoy, Pop	Nervous system, goiter, respiratory, hepatitis, congenital anomalies, poisoning, tumors
II.	Southern district	Namangan city, Narin, Turakurgan, Mingbulok, Uchkurgan, Namangan t., Uychi	Circulatory, musculoskeletal diseases, digestive, speech, trauma, tuberculosis endocrine diseases

I. Northern District. It includes Chartak, Chust, Yangkurgan, Kosonsoy, Pop districts. The population of the northern region is 39.7% of the total population of the region. In these areas, a special place is occupied by patients with diseases of the nervous system, respiratory, nervous, congenital anomalies, poisoning, tumors of the respiratory organs. It is known that the geographical distribution of diseases is subjected to certain laws. For example, in an area that specializes more in agriculture, nervous system or malignant tumors are less common than in urban areas. Similarly, brucellosis, which is more common in urban areas, and tetanus, which is more prevalent among the rural population, are less common.

In addition, another disease in the region is chronic hepatitis, the main aspect of which is seasonal,

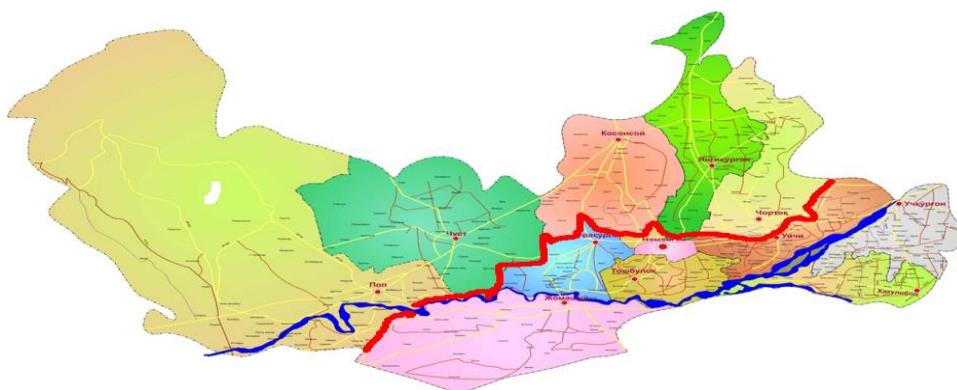
especially in winter and summer. The initial state of this is formed as a result of changes in the composition of the environment, water, soil, the general nutritional system of the plant, as well as the general processes in the atmosphere. Significantly, the formation and progression of chronic hepatitis varies sharply across regions. In terms of gender, this process is much more common in men, ie the incidence is 51% in men and 48% in women [4].

In general, the districts of the Northern region are in the forefront of the region in terms of some diseases (nervous system, goiter, respiratory, chronic hepatitis, congenital anomalies, poisoning, tumors) and the number of patients.

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MAP OF MEDICAL GEOGRAPHICAL REGIONS OF NAMANGAN REGION



Pic.1.

I – Northern region

II - Southern region

II. Southern District. When assessing this nosogeographic region from the point of view of population health, it should be noted that the region is more prone to urban diseases. Consequently, if we conditionally describe the diseases that occur among the population in relation to urban or rural life, we see that it is in this region that urban-specific diseases are more common.

It should be noted that some diseases also have urban and rural types (including cutaneous leishmaniasis). Consequently, many diseases may be common to both regions (digestive, infectious diseases).

Based on the above, it is desirable that the issues of improving the environmental situation and public health in the region be implemented in three stages and directions [5].

These directions include the improvement of socio-economic, medical and environmental infrastructure in the region, the improvement of its territorial structure. They are:

- improving the territorial and sectoral structure of the regional socio-economic system;
- improving sanitary-epidemiological and medical-ecological monitoring of the region;
- improving the territorial organization of medical services in the region.

Improving the health of the population in the region requires the implementation of many measures. It is necessary to improve the level of drinking water supply, raise the social and environmental culture of the population, improve the regional structure of medical services, especially private services. Improving sanitation, social infrastructure, deepening economic reforms will lead to a reduction in the growing number of natural and social diseases among the population.

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