



RESEARCH ARTICLE

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## IMPROVING EARLY MEDICAL REHABILITATION, PSYCHOLOGICAL, PEDAGOGICAL, SOCIAL AND LEGAL ASSISTANCE IN THE SOCIO-CULTURAL ADAPTATION OF CHILDREN USING HEALTH

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### ABSTRACT

Improving early medical rehabilitation, psychological, pedagogical, social and legal assistance in the socio-cultural adaptation of children with disabilities. Implementation of an early intervention service in family clinics and rural medical centers. **Material and methods:** Specialists from 2013 to 2018. Medical rehabilitation, psychological and pedagogical services in command of more than 3223 children were investigated and provided. In the first group of 2231 children from birth to 7 years, In the second group of 992 children from seven to eighteen years old, who received courses of comprehensive medical and educational rehabilitation for the period from 2013-2018.

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## INTRODUCTION

One of the priorities of the state policy of the Republic of Uzbekistan in the field of education and social protection is the support of children with special needs [1,2,3,4]. In many countries, children with disabilities are portrayed as objects of care - as a kind of "burden" that relatives, society and the state are forced to bear. The number of such children, unfortunately, is not decreasing. Ecological deterioration, a high level of maternal illness during pregnancy, socio-economic, psychological and pedagogical problems contribute to an increase in the number of children with disabilities, making this problem especially urgent [6,7,8]. Based only on the diagnosis, a forecast is formed, the volume and nature of medical care. Unfortunately, pedagogical and psychological assistance to children with special needs and their parents remains outside the walls of a medical institution. A child with persistent health problems does not have the opportunity to learn, to participate fully in society. Children with special needs continue to only be "treated" and parents who do not have experience in integrating children have to develop and

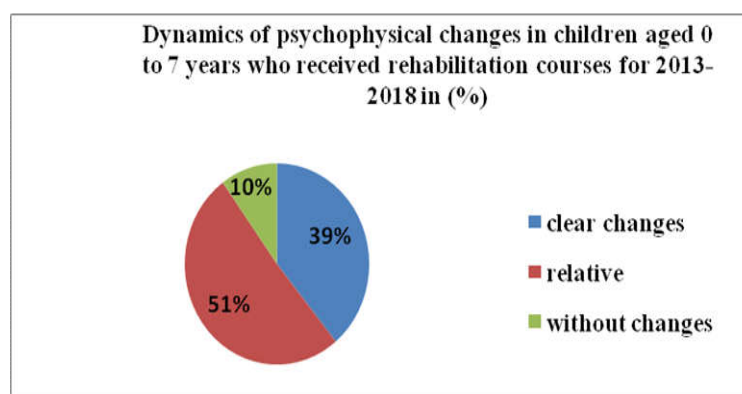
adapt. Those who can be "cured" are sent to preschool and school institutions, and children with a "low rehabilitation potential" are recognized as "untrained" and placed in institutional institutions or these children remain at home under the care of lost parents. At an early age, precious time is lost necessary for the development of the child [6,7,8,11]. The ability to restore basic life skills and adaptation for psychophysical disorders occur up to three years. The neurophysiologist Glen Domman, having developed a rehabilitation system for children with severe lesions of the central nervous system, came to the conclusion that brain development can be most effectively affected during its active growth up to 6-7 years. Moreover, after three years, this process slows down, and after seven it practically stops. As the data show, the younger the child, including those under the age of one year, the easier the process of his treatment and education goes. It should be borne in mind that the focus of social work in the field of health should not be psychopathology, but the adaptive abilities of children and their families, used to accelerate recovery or adaptation of a child with special needs [9,10,11]. The effectiveness of the

rehabilitation and adaptation of children with special needs is an urgent social problem. All necessary conditions are created that ensure a decent life, promote self-confidence and facilitate the active participation in the life of society of children with special educational needs. But, despite this, the probability of being left without education for children with disabilities remains significantly high. It is important to know where to go with your problems. The analysis of the problem of medical care and social work involves obtaining answers to the questions: How to organize medical, educational, and social assistance to children with special needs, i.e. children with disabilities.

## Objective

Mechanisms for the creation, development and provision of comprehensive medical, rehabilitation and social protection for children with special needs from an early age. Early diagnosis of psychophysical disorders in children and prevention of secondary physiological and psychological problems. Organization and development of the service of early comprehensive medical rehabilitation, pedagogical and psychological assistance in family clinics and rural medical centers. Active inclusion in the process of early development of a child with special needs not only the health system, but also the education system and other structures, as well as their parents and close people.

early intervention and further support for children, which includes: a pediatrician, a neuropathologist, a rehabilitation specialist, a pathologist, psychologist, exercise therapy instructor and a social worker. For 6 years from 2013 to 2018 medical and rehabilitation, psychological and pedagogical services were provided in command to more than 3223 children with diagnoses such as severe perinatal damage to the central nervous system with a risk of transition to cerebral palsy, cerebral palsy, consequences of acute cerebrovascular accident, consequences of transferred meningoencephalitis, organic lesions central nervous system, congenital malformations of the central nervous system, delayed psycho-speech development, hereditary genetic diseases, syndrome Down syndrome, autism, severe diseases of the musculoskeletal system, severe consequences of traumatic brain injury and others. Of these, children under three years old - 893, from three to seven years old -1338, from 7 years old to 18 years old - 992. Specialists regularly conducted classes with children and training seminars with mothers raising children under 3 years old, from 3-7 years old, 8 years and older. Classes were held according to individually developing programs for the development of the child, involving the development of cognitive, socio-personal, communicative and other aspects of the personality in accordance with its psychophysical capabilities and needs. To this end, various rehabilitation techniques are used (physical therapy exercises, massage, a pool using reflexology



**Picture 1**

**Statistical data of obvious, relative positive results, as well as those who did not have a positive result in children who received medical rehabilitation, psychological and pedagogical services for 2013-2018 (Table 1)**

Years	Numberofreceivers	0-3 unit	4-7 unit	c/ch	r/ch	no/ch	8-18	c/ch	r/ch	no/ch
2013	194	50	34	37%	50,5%	12,5%	110	11,8%	45,5%	42,7%
2014	459	100	206	39,1%	51,7%	9,2%	153	12,7%	44,9%	42,4%
2015	573	161	245	38,7%	48,6%	12,7%	167	10,3%	44,4%	45,3%
2016	660	206	284	37,9%	51,4%	10,7%	170	11,1%	46,8%	42,1%
2017	671	194	303	41,1%	52,1%	6,8%	174	13,2%	47,3%	39,5%
2018	666	182	266	40,1%	51,7%	8,2%	218	12,9%	47,1%	40,0%
Total	3223	893	1338	39%	51%	10%	992	12,0%	46%	42%

## MATERIALS AND METHODS

Information consulting service of the Ferghana branch of the republican, which operates a medical-psychological, pedagogical commission, early intervention service (SRV), and applies methods of medical-rehabilitation and psychological-pedagogical diagnosis of children from 2 weeks of age to 3 years. Specialists of the branch have developed and put into practice specialized questionnaires for parents on the early detection of violations of the psychosocial development of children. An integrated team approach is being taken for

techniques, Bobat, Voight, etc.). Teachers conducted classes and taught parents methods such as ART therapy (music, fairy tale therapy, sand therapy), Montessori method, Glenn Doman (method of stimulating mental processes), flora time, work in the sensory room, as well as the method of hippotherapy and others.

## RESULTS AND DISCUSSION

Out of 2231 children from birth to 7 years who received comprehensive medical and pedagogical rehabilitation courses for the period from 2013-2018, 39% showed obvious positive

psychophysical changes (s / s) in dynamics, 51 - relative improvement (s / s) % and 10% of children showed no changes (b / i). (Picture 1). However, not all parents from remote areas have the opportunity to visit the branch. Based on the needs and economic opportunities of parents, it is advisable to develop an early intervention service in the field in family clinics and rural medical centers.

## Conclusion

As we see in table No. 1, children of parents of applicants at an early age have the highest positive positive dynamics (51%) in dynamics than children who apply after seven years (12%) and this service was in demand. Unfortunately, statistics show that parents of children living in remote areas come to us after 5-7 years. This suggests that spending only therapeutic measures on the part of doctors misses the valuable time of medical and pedagogical rehabilitation and adaptation, which children and their families need during this period. The branch's specialists cope with the task of organizing medical, pedagogical and psychological assistance to children previously recognized as untrained. So that these children can attend general educational preschool institutions. After visiting the Information Consulting Service of the branch, on the recommendation of the Medical Psychological and Pedagogical Commission, more than 60 children with special needs went to educational institutions. Children with special needs and their parents were actively involved in the process of sociocultural adaptation through events organized by the information and consulting service of the branch. Comprehensive rehabilitation measures with physiotherapy, massage, pool exercises are combined with the activities of a psychologist and a pathologist. More than 30 teaching aids, recommendations for specialists, teachers, university students, and educators have been developed with the aim of increasing their competence in the care and development of children with special needs and disabilities.

The successful inclusion of children in the general educational environment depends on the early detection of his state of health. The experience of the branch's specialists shows that the early start of targeted correctional and pedagogical work, determining the optimal content, teaching and upbringing methods, depending on the reserve capabilities and individual characteristics of the child, timely inclusion of parents in the correctional and pedagogical process gives positive results in changing dynamics. All this is possible only if the unity of requirements for specialists is ensured: physicians, defectologists, psychologists and teachers in raising and educating the child, choosing the right forms of interaction between specialists involved in the comprehensive rehabilitation of children with developmental disabilities. At this time, the severity of this problem is given a lot of attention from our state. The system of public education in our republic comprehensively takes into account ensuring their right to receive a quality education and presenting them equal opportunities for development with their peers. Previously, work with children was carried out in special boarding schools in isolation from society, but now, together with the International Foundations, Non-Governmental Non-Profit Organizations, the Ministry of Health, and the Ministry of Education, they are collaborating on resolving a set of problems for children with specific needs in order to integrate them into society. Specialized institutions are opening that

provide medical, pedagogical, psychological assistance to children with special needs.

## Recommendations

- Creating conditions for the provision of social, psychological, medical and educational assistance to young children;
- Further improvement of the mechanisms for providing medical, psychological, pedagogical and social assistance to children with disabilities and their families;
- Ensure an adequate level of individual development of the personality, assimilation by the younger generation of accumulated social experience, with the subsequent possibility of its use in practice.
- Active inclusion in the process of early development of a child with special needs of the healthcare system, education and other structures, as well as their parents and relatives.
- Formation of positive public opinion in relation to people with special needs;
- Creation in family clinics, rural medical centers for paid staff units of an early intervention service as part of a pediatrician, pediatric neurologist, pediatric psychologist, speech therapist, speech therapist, exercise therapy instructor.

**Purpose:** Improving early medical rehabilitation, psychological, pedagogical, social and legal assistance in the socio-cultural adaptation of children with disabilities. Implementation of an early intervention service in family clinics and rural medical centers. Material and methods: Specialists from 2013 to 2018. Medical rehabilitation, psychological and pedagogical services in command of more than 3223 children were investigated and provided. In the first group of 2231 children from birth to 7 years, In the second group of 992 children from seven to eighteen years old, who received courses of comprehensive medical and educational rehabilitation for the period from 2013-2018. Results: Of the 2231 children from birth to 7 years who received comprehensive medical and pedagogical rehabilitation courses for the period from 2013-2018, obvious positive psychophysical changes (s / s) in dynamics were observed in 39%, relative improvement (s / s) - 51% and in 10% of children there were no changes (b / i). Of 992 children from seven to eighteen years old who received comprehensive medical and pedagogical rehabilitation courses for the period from 2013-2018, clear positive psychophysical changes (s / s) in dynamics were observed in 12%, relative improvement (s / s) - 46 % and 42% of children showed no changes (b / i). Conclusions: Development of early medical rehabilitation, pedagogical, psychological service. Creation in family clinics, rural medical centers for paid staff units of an early intervention service for children with special needs, with a risk of disability, consisting of: pediatrician, pediatric neurologist, pediatric psychologist, speech therapist, physical therapy instructor.

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