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Family Ecology and Way of Life as a Factor Shaping the State of Health of School Children

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Annotation: The basis for maintaining and strengthening the health of a person and the population as a whole is a healthy lifestyle and the use of methods and means of personal hygiene. A healthy lifestyle of the population is such a way of life that provides a combination of full-fledged biological and social adaptation of each person with the possibility of maximum self-expression of the people, nation, class, social group in specific living conditions and which predetermines and ensures the subsequent development of society. Methods and means of a healthy lifestyle include a whole range of subjective and objective conditions and factors on which the health of an individual and society as a whole depends.

Keywords: Health, healthy lifestyle, family ecology, children, bad habits

Relevance: Modern living conditions place increased demands on the health and intellectual abilities of young people. Currently, the health of the population is only 9-10% dependent on doctors and the state of healthcare; Basically, it is formed by lifestyle (51.2%), heredity (19.4%), environmental factors (19.4%). Therefore, it is impossible to solve the problem of health and disease without studying and taking into account the influence of all these factors. The state of health of children is of concern, especially the situation with regard to the state of health of schoolchildren. Thus, it is adolescents who have the most unfavorable trends, which are characterized by a significant increase in the overall incidence of almost all classes of diseases, a high frequency of chronic pathology (more than 50% of adolescents), especially endocrinological, gastroenterological, cardiological. The lifestyle of schoolchildren significantly affects the health of students and the share of this influence varies from 12 to 50%. The study of this aspect in modern schoolchildren indicates a frequent violation of the daily regimen in the form of a decrease in sleep duration in more than one third, a long stay in front of the TV in 80% or a computer in a fifth of children (more than 4 hours a day), more than half do not in the fresh air or there are very few, which leads to fatigue and in most cases a decrease in the overall reactivity of the body. The foundations of a healthy lifestyle should be laid in the family.

Purpose of the study: To assess the impact of family ecology and lifestyle on the health status of school-age children.

Research materials and methods: In the course of the study, social portraits of the families of 183 first grade schoolchildren were compiled and the formation of the concept of a healthy lifestyle in their parents was assessed according to the survey data. The readiness of parents to form a commitment to a healthy lifestyle in children was studied and aspects of family relationships of parents (105 parents) were studied using the method of analyzing family education. The psychological aspects of children's

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readiness for learning were studied using the Kern-Jierasek test (179 children) and the psychological characteristics of primary school children.

Research results: According to our research, 88.5% of children (162) were brought up in complete families, and 11.5% (21) in single-parent families. Most families (68.6%) had two children, 21.3% of families had (three and four children), 10.1% of families had only one child. The survey data made it possible to clarify the level of education of mothers and fathers, their social status. The educational level was higher among fathers: 44.5% had higher education, 43.5% had secondary specialized education, and only 12% had secondary education. Among the mothers of students, about 45.2% had secondary specialized education, 32.8% had higher education, the rest received only secondary education (22%), it turned out that one third of them indicated that their father smoked and 2.3% that both parents smoked, about 12% - to bad habits, irrational nutrition and almost 13% - a sedentary lifestyle. The remaining 44% of parents believe that they do not have bad habits. There is no doubt that the culture of health and commitment to a healthy lifestyle in children are formed under the influence of parents. However, among the adults we interviewed, 35% found it difficult to specify the components of a healthy lifestyle. About 40% of parents (73 people) singled out sports and physical culture as an important part of a healthy lifestyle, the remaining 35% (75 people) - the proper organization of nutrition in the family. An important component of the social portrait of the family is the characteristics of parents of their relationship with children, as well as upbringing methods. From the point of view of the parents themselves, calm relationships prevail in most families (147 families, 80.3%), in other cases, emotional communication (27 families, 17%) and unstable relationships (5% of 9 families) predominate. In our study, data were obtained indicating a high level of intelligence of its verbal and non-verbal components in half of the first-graders (51.6%). The average level occurred in 40.8% of children and low only in 27 children (7.4%). However, full psychological testing revealed that not all children are ready for the period of schooling. One-fifth (18%) of first graders do not develop free speech development, 38% do not have visual perception, 40% do not have educational motivation - insufficient interest in learning and a formal and careless attitude to school. More than a third of first grade students (36%) had an insufficient positional motive, which was expressed in low self-esteem of their personality. Especially in boys, there is a high risk of high school anxiety and aggression in behavior. Thus, the unpreparedness of some of the children for learning increases the risk of anxiety and reduces the likelihood of the child adapting and adapting to stressful situations, and with low school motivation, one cannot expect high performance in general educational activities. The general mental state of first-graders, assessed by the screening method of neurotic tendencies and mental stress, was characterized by the prevalence of neurotic and mental disorders among children starting education (28.3%). When clarifying the relationship between the psychological state of the student and the nature of the course of adaptation, it was revealed that the depressive state increases the possibility of implementing the tension of adaptation by 1.2 times. An even greater risk of deviation from normal adaptation (1.6 times) occurs when there is a fear of testing knowledge, fear of not meeting the expectations of parents, being misunderstood in the classroom and being left without friends (phobias). That is, a third of the students, according to our data, had signs of personality neuroticism, which increases the risk of developing psychosomatic disorders in the future. As part of our study, we studied the real awareness of teachers

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in matters of disease prevention and readiness for health-preserving and health-shaping activities in an educational institution. Thus, we assessed the degree of medical literacy of teachers. In the process of questioning, all three aspects of the pedagogical concept of "competence" and "readiness" for a particular activity were studied to varying degrees: "I know", "I can" and "I want". Thus, a significant part of the interviewed teachers (47.2%) found it difficult to indicate the signs of school maladaptation and methods for its detection, although they are convinced that it is necessary to identify adaptation difficulties in the learning process as early as possible. We have the opinion that there is no consistency in the pedagogical methods of mitigating or eliminating signs of school maladaptation: some teachers (41.6%) consider the need for an individual approach to students, others consider a more frequent change of activity and mandatory psychological support (11%), and still others - a decrease in the teaching load (5.5%) and a decrease in the number of students in the class (2.7%). Less than a third (12) of teachers showed awareness of medical approaches to the correction of symptoms of maladaptation. In general, during the survey, more than half of the teachers (20) indicated a lack of knowledge of the medical aspects of maintaining the health of students, which was associated with unsatisfactory coverage of these issues during professional retraining and advanced training.

Conclusions: 1. It was found that at the moment teachers do not have sufficient theoretical knowledge on the prevention of developmental disabilities, practical skills in the formation of a healthy lifestyle and proper methodological equipment. Based on the study, it can be argued that among the groups of factors that have a negative impact on the health of school-age children, in addition to school factors, the most significant are: living conditions (family) and medical and social risk factors (single-parent families), an increase in stressful situations in everyday life (in the family and in the learning process) and the inharmonious style of family education. 2. The unformed concept of a healthy lifestyle, a high level of behavior among parents associated with harmful behavioral factors (smoking, irrational nutrition, a sedentary lifestyle) and a low level of medical literacy of teachers were revealed, which predetermines the inability to form a value attitude towards their health in children. Given d the data emphasize the need for attention on the part of state structures and public organizations to family problems, since a healthy child can only grow up in an atmosphere of love, respect and mutual understanding.

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