

## THE MEDICAL CARE ORGANIZATION FOR CHILDREN IN THE REPUBLIC OF DAGESTAN: REGIONAL FEATURES.

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The Republic population size is equal to 2,946,035 people (2013). The population density — is 58,60 pl./sq. km (2013). The urban population — is 45,1% (2013). So, the Republic of Dagestan is characterized by the high level fertility rates – 19,5 per thousand population (e.g. the 3-rd place in the Russian Federation, after Ingushetia and Chechnya), the birth rate in 2010 — is 18,8 per 1 thousand people, and the high level rate of the infant mortality – is 12,3 per 1,000 born alive. The average number of the children per one woman — is 2,13. According to the preliminary official data, the 2010 census population of Dagestan, in comparison with 2002, has already been increased by 15,6%, and it has been reached 2,977,4 thousand people. So, the urban population share has already been raised from 42,8 up to 45,3%. Then, the men and women proportion has already been left and remained quite stable (e.g. the men share has been decreased by 0,1%, and it has been amounted 48,1%) [1,2].

So, many researchers have already noted the low level of the rural population health, and, **moreover**, there is the consistent trend of its further deterioration [1,3].

The Republic of Dagestan is characterized by the high level of the birth rate – is 15,4 per 1,000 population (e.g. the RF – is 10,2), and the high level of the infant mortality – is 12,3 per 1,000 born alive (e.g. the RF – is 11,0), the natural increase rate in the RD (e.g. +9,6), in the RF – (5,9), the number of the physicians provision in the RD has been made up 32,6 per 10 thousand (e.g. the RF – 43,2; the SFD – 38,5), the physician staffing rate is 89,4% (e.g. the RF – is 93,6%). Then, the index of the bed provision in the RD (e.g. 67,1). This index is quite lower, than in the RF (e.g. 96,8) per 10 thousand population. So, the Republic is characterized by the low population density – 43,2 people at 1 sq. m., by the large number of the small settlement points with their population from 50 up to 100 people, and many settlement points and small villages do not have their stable and sustainable transport links with their regional center.

So, there are their own the characteristics, regional special features, and peculiarities, having determined the specifics of the village's public health reforms, in the RF subjects, in particular, in the Republic of Dagestan (RD).

Thus, the Republic of Dagestan (RD) is quite distinguished by the different climatic and various geographic specific features and its peculiarities, by the low level of the socio – economic development, by the insufficient resources provision, by the progressive type of the population reproduction, by the low level of the medical care, which are particularly expressed and prevalent in the rural areas, where 53,8% of the indigenous people are living on. So, all these above – mentioned

characteristics, specific features, and peculiarities have been significantly exacerbated and worsen, as a result of the military operations conducting in the Republic of Chechnya border [2].

The incidence of disease (e.g. for the uptake) of the children in the RD has been made up 1.720,4 per 1.000 children; so, this figure is higher by 1,3 times (e.g. 2.270,0) in the RF. The lower incidence of disease and the morbidity rate in the RD are associated with the poor access to the medical care for the children, as well as the low medical activity of the population, including the mothers. In the first place, in the structure of the total incidence and the sickness rate of the children in the RD, the class of the respiratory organs diseases – (e.g. 28,8%); the subsequent places the digestive diseases organs are occupied (e.g. 15,6); the traumas, injuries, poisoning, and certain other consequences of the external causes influence (e.g. 7,8); the diseases of the blood and the blood – forming organs and the certain disorders, having involved the immune mechanism (7,1); the eye diseases and adnexa (e.g. 5,9); the certain infectious and parasitic diseases (5,3%); the diseases of the endocrine system, the nutritional and metabolism disorders (5,2), and etc.

So, the incidence and the sickness rate of the children by the blood diseases, the blood – forming organs and the certain disorders, having involved the immune mechanism (e.g. in 3.4 times), by the non–infectious enterocolitis and the colitis (e.g. in 2,8 times); by the functional disorders of the stomach (e.g. in 1,4 time) have already been marked higher in the Republic of Dagestan, in comparison with the RF. In the RD, the children have anemia in 3,7 times more often, than in the RF, that it is defined this pathology, as the regional one for the RD.

The study, having conducted by us, had been shown, that the adolescents' incidence and the sickness rate, for the uptake, were amounted 1.788,7‰, the first revealed incidence and the sickness rate – 1.109,3‰. In the morbidity structure, for the uptake, of the adolescents' in the RD, in the first place, the respiratory organs diseases – (e.g. 22,5%); the subsequent places the digestive diseases organs were occupied (e.g. 20,1); the eye diseases and adnexa (e.g. 6,5); the traumas, injuries, poisoning, and certain other consequences of the external causes influence (e.g. 11,1); the endocrine system diseases, the nutritional and metabolism disorders (e.g. 4,8), the diseases of the skin and subcutaneous tissue (e.g. 7,9), and etc.

So, the children and adolescents, having lived in the mountainous area, have often applied for the consultative and diagnostic care, than who is living on in the city of Makhachkala, concerning the individual states, having arisen in the perinatal period, by 5,5 times; the congenital anomalies in 2,3 times, the diseases of the nervous system in 1,6 time; the diseases of the endocrine system by 1,3 time, and etc. At the same time, the children and adolescents of the city of Makhachkala more frequently have turned to **RDCP**, for the traumas, injuries, poisoning, and certain other consequences of the external causes influence by 5,5 times, the digestive organs diseases by 2,4 times, the respiratory organs diseases by 1,9 time.

Thus, the primary disability of the children and adolescents in the RD has already been made up 55,3 per 10 thousand of the appropriate age (e.g. RF – 29,0; SFD – 39,6), in the towns and the cities of the RD the rate has been amounted (e.g. 55,0) in the rural area – 55,5. So, the highest frequency of the primary disability has already been associated: with the mental disorders – 8,7 per 10 thousand of the appropriate age, the diseases of the nervous system (e.g. 8,6); the congenital anomalies (e.g. 7,7); the diseases of the musculoskeletal system (e.g. 3,3); the diseases of the blood circulation system (e.g. 3,3); the diseases of the digestive system (e.g. 2,9); the diseases of the genitourinary system (e.g. 2,8), and etc.

The sociological questionnaire survey of the parents has been indicated on the low level medical and healthy activities of the population of the RD. Thus, only 39,1% of the parents have regularly attended the outpatient polyclinic Institutions with the early age children, only ¼ of the mothers have consulted their doctor, when their child was unwell, 76% have accessed, when their child was seriously ill, for all this, 32% of the parents have not followed the DP's recommendations, and 68% have not been satisfied with the medical care provided to them, that it has been indicated on the necessity to be worked with the children and adolescents, and teenagers.

Having based on the final results of the conducted study, we have already been developed the strategic approaches to the child morbidity and sickness rate prophylaxis at the regional and municipal levels of the Republic of the Dagestan.

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