

RESULTS OF STUDIES ON THE LEVEL OF POPULATION KNOWLEDGE ABOUT PARASITIC DISEASES AND ITS PREVENTION

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Only 1/3 of the respondents gave correct answers about the transmission pathways of parasitic diseases, which indicates their low level of knowledge about the transmission pathways of these diseases. The level of knowledge of the population about parasitic diseases common in the region is high compared to others (teniarinosis 21.1%, ascariidosis and giardiasis $19,5 \pm 1,4\%$, toxoplasmosis $17,8\% \pm 1,4\%$); Notably, there are more correct answers about food parasitic diseases (contaminated water 29.2%, meat and fish 32.9%) than about other transmission routes (soil-sand 23.7%, contact 29.2%).

Keywords: Helminths, route of infection, prevention, alimentary route, respondents.

Introduction. Currently, more than 15 thousand species of parasites are known that live at the expense of humans, animals and plants, and more ascarids, ostriches, slingworms are found in humans [1,4]. One of the factors that determine the health of the population are diseases related to social aspects, including protozoonosis and helminths, all of which account for 99% of Parasitic Diseases [5]. Helminths parasitize on the respiratory, digestive, muscles, liver, gallbladder, spleen, blood, brain, eyes and other organs of the human body. The increase in helminthiasis diseases in different countries of the world is the result of environmental pollution with helminth eggs as a result of wastewater runoff, population migration, increased human communication with animals, low socio-economic living standards, weakening of the population's immune system [1]

Scientific sources admit that vomiting (helminths), living at the expense of organs and tissues of humans and animals, the diseases caused by them are called helminthoses. The source of the disease is the sick person and animals infected with vomiting [3, 5, 8].

Parasitism (Greek parasitos - teak-Eater, co-Eater) is one of the interactions between organisms of different species. In doing so, one of the organisms (the parasite) uses the other (the host) as a living environment and food source to harm it. Parasites are found in single-celled (sarcomastigophora, spore-bearing, knidosporidia, microsporidia, and infusions) as well as multicellular animals (flatworms, stinging nettles, and arthropods [6].

Children have been found to be a vulnerable class of population to parasites. This is due, on the one hand, to the lower level of compliance with sanitary and hygienic standards, on the



other hand, to the decrease in rapid growth and development as a result of parasitic invasion. Parasitic invasion in childhood is often caused by factors that lead to chronic eating disorders, gastrointestinal dysfunction, intoxication, body sensitization, and weakened immune systems. Helminth larvae migrate to visceral membranes, which can damage the brain, eyes, lungs and nervous system. 5-7% of larval migrants enter the brain, larvae of more than 30 species of parasites affect lung tissue [2, 3, 9].

The above problems are also relevant in the Republic of Uzbekistan [7, 8], there are few scientific sources devoted to this problem in the literature. Scientific work on the environmental issues of parasitosis, identification of factors of origin, laboratory diagnosis, determination of the prospect of problems and a conceptual approach to the Prevention of parasitic diseases are not enough.

Purpose of the study. It consists in studying the level of knowledge of the population on parasitic diseases and their prevention.

Verification methods. Three districts of the Khorezm region and the parents of 774 learned children of school age residing there were selected by random selection. A Social Survey was conducted among the parents of 774 selected children, studied the incidence of Parasitic Diseases, identified the level of their medical knowledge of Parasitic Diseases, their clinical signs, transmission routes and other aspects. Taking into account that the high level of knowledge of the population, including children and their parents, on the Prevention of various infectious diseases is important for the primary prevention of these diseases, a special questionnaire was prepared for parents, consisting of correct and incorrect answers, in order to study and analyze the level of knowledge of them in the primary prevention of Parasitic Diseases.

Results of the inspection. The opinion of respondents varied when it was necessary to select and display parasitic disease triggers from infectious disease triggers, and only $34.4 \pm 1.7\%$ ($n=266$) of parents showed the correct answer. $65.6 \pm 1.7\%$ of those studied answered these questions incorrectly. A response was received that $26.4 \pm 1.6\%$ ($n=204$) of those involved in the survey believed that parasitic diseases were called by bacteria, $24.4 \pm 1.5\%$ ($n=189$) by viruses, while $14.8 \pm 1.3\%$ ($n=115$) were called by fungi.

Another elementary question is "which parasitic diseases do you know?", which named 10 infectious diseases, and only two of them were correct answers (enterobiosis and hymenolepidosis), and the rest were interpreted as incorrect answers. Analysis of the results obtained showed that $22.5 \pm 1.5\%$ of respondents ($n=174$) correctly showed enterobiosis as a parasitic disease, and $8.9 \pm 1.0\%$ ($n=69$) correctly showed hymenolepidosis. It is noteworthy that the number of respondents who identified infectious diseases unrelated to parasitic diseases as being in this group was 531 (68.6%).



We found it necessary to check their level of knowledge in this regard, taking into account the importance of knowledge of the ways of transmission of these diseases for the primary prevention of Parasitic Diseases for the population. To do this, it was necessary to find diseases with a certain route of transmission among the 10 listed parasitic diseases.

One of the characteristics that assess the level of knowledge of the population, which characterizes the medico-social aspects of Parasitic Diseases, is their ability to distinguish between clinical manifestations typical of Parasitic Diseases. A study of the process of knowing clinical symptoms specific to Parasitic Diseases found that a large proportion of respondents ($30.7 \pm 1.7\%$, $n=238$) showed patients grinding their teeth as a specific symptom, as well as nausea as a characteristic of Parasitic Diseases ($21.2 \pm 1.5\%$, $n=164$), pain symptoms observed around the navel ($22.2 \pm 1.5\%$, $n=172$), skin whitening ($21.2 \pm 1.5\%$, $n=164$), disorders of the intestinal functional state ($20.5 \pm 1.5\%$, $n=159$) have also been shown. They have also shown evidence of salivation ($10.9 \pm 1.1\%$, $n=84$), seizure seizures ($10.2 \pm 1.4\%$, $n=79$), yellowing of skin color ($8.3 \pm 10\%$, $n=64$), oral mucosal damage - stomatitis ($4.8 \pm 0.8\%$, $n=37$). In the course of our study, it was studied that parasitic diseases are habitual from concrete preventive measures in accordance with the transmission routes that are the basis of primary prevention. The results obtained were brought in the form of studying and taxing answers to the questions posed by the respondents. Primary prevention methods used in everyday life, which are possible to carry out in a family environment that do not include specific prevention methods that are suitable for each transmission route, which are common among halq, which depend on preventive institutions, health organizations, and their level of knowledge has been analyzed. When asked questions about primary prevention of parasitic diseases transmitted through meat and fish products, consumption of meat products that have undergone sanitary examination ($78.6 \pm 1.5\%$, $n=608$), consumption of meat products after thermal processing ($68.2 \pm 1.7\%$, $n=528$), non-thermally processed canned and smoked meat products ($72.4 \pm 1.6\%$, $n=560$) were recognized by many. Those who did not specify the answer to these questions did not specify because these rules did not always apply.

Survey-interview results for primary prophylaxis of similar parasitic diseases other transmission routes, results of a study on the Prevention of parasitic diseases transmitted by chunonchi pets, the need for rational nutrition to avoid succumbing to parasitic diseases ($89.9 \pm 1.1\%$, $n=696$), the need to see a doctor quickly when parasitic diseases appear ($85.9 \pm 1.1\%$, $n=696$), the need to follow the rules of personal hygiene when caring for pets ($85.4 \pm 1.3\%$, $n=661$) were widely acclaimed.

The level of knowledge of measures related to the primary prevention of contact-borne parasitic diseases has also become similar to the above. Of the 10 events listed, the responses for 5 (50%) were in higher percentages, while the percentage of responses for the other 5 (76.1-99.5%) were in lower numbers of 9.9-45.3%.

Many of the respondents who responded recognized a low medical culture of the population ($90.4 \pm 1.1\%$, $n=700$) indicated a low sanitary culture of preschool and school-age children ($79.1 \pm 1.5\%$, $n=612$), who self-prescribed improper treatment ($78.8 \pm 1.5\%$, $n=610$) when

suspected of Parasitic Diseases. Most of the remaining 7 events had a low response percentage as special preparation was needed to respond - from $12.4\pm 1.2\%$ (n=96) to $28.3\pm 1.6\%$ (n=219), respectively.

When the survey was conducted, on the basis of the data obtained, respondents were asked to critically approach and evaluate their level of knowledge in parasitic diseases and their primary prevention. 1/3 of those surveyed rated the knowledge levels "low" ($32.6\pm 1.7\%$, n=252), while most gave "medium" assessments ($64.7\pm 1.7\%$, n=501) only a very small proportion gave themselves a "high" rating ($2.7\pm 0.6\%$, n=21). From the results obtained, it can be seen that the main layer of the population has underestimated its level of knowledge about parasitic diseases. From respondents, "is it important to know about parasitic diseases in order to maintain human health?" when asked, most of them ($78.9\pm 1.5\%$, n=611) responded positively, with only $9.1\pm 1.0\%$, n=70) considering it "irrelevant". $12.0\pm 1.2\%$ of those surveyed, (n=93) reported difficulty answering this question.

Conclusion. The results obtained showed that among children, where the population is especially sensitive to it, parasitic diseases are exacerbated by primary prevention issues. A comparative analysis conducted proved that in the primary prevention of these diseases, it is important to increase the level of knowledge of the population about parasitic diseases and their primary prevention. In primary preventive measures, raising the level of knowledge of the population in parasitic diseases is convenient, affordable, does not require special qualifications and training, the level of influence is maintained for a long time, the absorption of these skills and skills by parents into their children ensures a high medical, socio-economic effect, the reduction of Parasitic Diseases has an economic effect. Including activities on parasitic diseases and their primary prevention among organized children (caregivers of a preschool institution, school children) serve to increase this level of knowledge, which leads to an increase in the level of medical knowledge of the population, a decrease in parasitic diseases among children.

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