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## PHYSICAL DEVELOPMENT OF PRESCHOOL CHILDREN IN MUNICIPAL DISTRICTS OF THE REPUBLIC OF SAKHA (YAKUTIA)

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The relevance of studying the state of children's health is closely related to the issues of their physical development, which is one of its main indicators. Our article presents data from the analysis of the anthropometric indicators of preschool children living in the regions of the Republic

of Sakha (Yakutia). The study was conducted in 17 municipal districts representing 5 socio-economic zones of the republic: arctic, eastern, western, central, southern. A total of 643 pupils of preschool educational institutions aged 3 to 6 years were examined. The study group on physical development consisted of children with an actual age of 3 years in the amount of 208 people and children of 6 years old in the amount of 127 people.

**Keywords:** body weight, height, body mass index (BMI), physical development, anthropometry, head circumference, subcutaneous fat, obesity, tall stature, short stature.

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Introduction. The physical development of children is one of the main indicators reflecting the health of the younger generation and the nation as a whole. According to the definition of the Union of Pediatricians of Russia, physical development is understood as a dynamic process of growth (increase in body weight and length, development of organs and body systems) and biological maturation

of a child. Healthy growth and development means that children are supported to thrive in areas including physical, cognitive, language and emotional areas that play an important role in children's lives from birth to adulthood [4, 6]. Monitoring height and weight helps to correctly diagnose diseases and implement therapeutic and preventive measures.

Not only genetic predisposition, but



Table 1

## Physical development of children in municipal districts of the Republic of Sakha (Yakutia), z-score, %

Соцэконом. зона	z <-3	$-3 \le z < -2$	-2 ≤ z < -1	-1 ≤ z ≤ +1	$+1 < z \le +2$	$+2 < z \le +3$	z>+3	
	3 years, «height-for-age»							
RS(Ya)	0	4.63	17.77	63.27	8.53	3.83	1.95	
Arctic zone	0	5.88	5.88	82.35	5.88	0	0	
Eastern zone	0	8.33	25.00	41.66	25.0	0	0	
Western zone	0	4.29	21.43	62.86	7.14	4.29	0	
Central zone	0	4.65	23.23	62.79	4.65	1.55	3.10	
Southern zone	0	0.00	13.33	66.67	0.00	13.33	6.67	
	3 years. «body mass index for age»							
RS(Ya)	0.29	0.29	6.35	61.60	22.39	4.30	4.77	
Arctic zone	0	0	0	70.59	23.53	0	5.88	
Eastern zone	0	0	0	66.66	25.00	0	8.33	
Western zone	1.43	1.43	11.42	55.71	20.00	8.57	1.43	
Central zone	0	0	7.03	61.72	23.44	6.25	1.53	
Southern zone	0	0	13.33	53.33	20.00	6.67	6.67	
		3 years. «head circumference for age»						
RS(Ya)	0	2.508	7.706	51.254	20.946	10.43	3.376	
Arctic zone	0	5.88	11.76	47.06	17.65	5.88	11.76	
Eastern zone	0	0	0	50.00	25.00	25.00	0	
Western zone	0	0	4.29	47.14	31.43	12.86	4.29	
Central zone	0	0	2.48	52.07	23.98	1.74	0.83	
Southern zone	0	6.66	20	60	6.67	6.67	0	
		3 years. «circumference of the middle part of the shoulder»						
RS(Ya)	0.58	3.16	11.17	60.71	16.99	8.05	1.85	
Arctic zone	0	5.88	11.76	58.82	17.65	5.88	0	
Eastern zone	0	0	0	58.33	8.33	25	8.33	
Western zone	1.43	1.43	27.14	68.57	14.29	0	0	
Central zone	0.9	1.80	3.60	71.17	18.02	2.70	0.9	
Southern zone		6.67	13.33	46.67	26.67	6.67	0	
	6 years. «height-for-age»							
RS(Ya)	0	5.21	18.11	73.04	8.58	2.86	2.86	
Arctic zone	0	0	6.67	86.67	6.67	0	0	
Eastern zone	0	0	25.00	75.00	0	0	0	
Western zone	0	8.69	26.09	65.22	0	0	0	
Central zone	0.95	1.90	20.00	68.57	4.76	3.81	0	
			6 years.	«body mass inde	x for age»			
RS(Ya)	0.19	1.33	3.99	44.72	16.46	8.37	4.09	
Arctic zone	0	6.67	0	40.00	33.33	6.67	13.33	
Eastern zone	0	0	0	50.00	25.00	25.00	0	
Western zone	0	0	8.89	68.89	11.11	6.67	4.44	
Central zone	0.95	0	11.43	67.62	13.33	3.81	2.86	

Table 2

also environmental factors, such as nutritional conditions, upbringing, the presence of diseases, social, climatic and other factors, have a significant impact on the process of growth and development of children [4, 5].

In recent years, a significant number of overweight and underweight children have been registered, there is a tendency to disharmonious development of children, an increase in the frequency of various deviations from normal developmental parameters [1, 2, 3].

Impairment of physical development is the result of long-term exposure to inadequate nutrition, lack of child care, poor environmental and socio-cultural conditions. This is associated with higher morbidity and mortality, mental retardation, poor educational achievement, and reduced intellectual ability, all of which are strong predictors of human capital and social progress.

Childhood malnutrition is estimated to be the largest contributor to the global burden of disease, killing millions of children in developing countries and causing high health care costs [6].

In some regions of Russia, due to the diversity of climate and geographical areas, nationalities and ethnic groups, differences in the social and economic situation, regional indicators of the physical development of children have been developed. In the Republic of Sakha (Yakutia) in the 2000s. research was conducted and regional standards for the physical development of children under the age of 7 were developed.

The purpose of this work is to identify, compare and evaluate the physical development of preschool children in 5 socio-economic zones of the republic: arctic, eastern, western, central, southern.

**Materials and methods.** To assess the physical development of children, anthropometry was carried out, the following somatometric indicators were

The results of the assessment of the physical development of rural and urban children of preschool age

Index	Urban	Rural	p			
3 year						
Height	98,55 (95-102,64)	97,3(94-100,5)	0,008			
Weight	15,18(14,0-16,5)	15,0(14,0-16,55)	0,574			
Body mass index	15,64(14,86-16,69)	15,85(14,6-16,97)	0,993			
6 year						
Height	118(114,85-121,35)	115(111,9-118,65)	0,0001			
Weight	21,15(19,32-23,6)	20,55(18,7-23,1)	0,023			
Body mass index	15,17(14,39-16,39)	18,05(15,91-20,5)	0,0001			

measured: height, body weight, head circumference, circumference of the middle part of the shoulder, subcutaneous fat of the back and shoulder according to the AnthroWHO-2007 program guidelines. Preliminarily representatives of all identified children received informed consent.

According to the requirements, anthropometric measurements were carried out on a naked child, in the "at attention" position (the child stands upright, tucking up his stomach and straightening his shoulders, lowering his arms along the body, putting his heels together, toes apart, the head is set in the "horizontal" position the lower edge of the orbit and the upper edge of the tragus of the ear are in the same horizontal plane) in the first half of the day, since the body length decreases by 1-2 cm by the end of the day due to the flattening of the arches of the foot, intervertebral cartilage, a decrease in muscle tone, and body weight increases on average almost per 1 kg.

Height was measured in a standing position at the height of inhalation on a vertical electronic stadiometer REP-1 Napolny, with an error of ±2 mm. The

counting was carried out from the platform along the vertical rack.

Body weight was measured on a BMЭH-150-100-И-Д-A electronic scale. These scales are easy to use. Allow to measure the weight of people up to 150 kg. Measurement accuracy up to 100 g. Before weighing, the scales were checked and adjusted.

The data of anthropometric measurements were entered into an individual card. All anthropometric data of the subject were accompanied by mandatory information, such as: individual number, date of examination, gender, year, month and date of birth (with subsequent calculation of age on the day of the examination).

All obtained somatometric data were entered into the WHO Antrho (from 0 to 5 years old) and WHO Antrhoplus for personal computers (from 5 to 19 years old) computer programs. This program allows you to calculate individual indicators of height, body weight, BMI and evaluate them in accordance with the current WHO standards on a percentile scale and on a Z-score, with the criteria of underweight, short stature -2SD, over-

Table 3

Height and weight indicators with an interval of 20 years

Indicators	Age	Data of Zakharova N.M. (1976)		Data of Zakharova N.M. (2001)		Own research (2022)	
		Д	M	Д	M	Д	M
Height (cm)	3.0	92.29	92.54	93.38	94.52	97.75±3.97	99.20±4.02
	4.0	98.64	99.80	99.47	100.38	104.13±4.33	103.87±3.08
	5.0	104.92	104.76	104.91	105.17	112.12±4.36	112.53±4.43
	6.0	109.98	111.36	111.01	111.80	116.15±4.77	118.03±4.18
Weight, (kg)	3.0	14.35	14.88	14.32	15.00	15.30±1.81	15.78±1.68
	4.0	15.85	16.17	15.79	16.30	17.46±2.33	17.10±1.84
	5.0	17.27	17.64	17.76	17.42	19.90±2.59	19.96±2.30
	6.0	18.94	19.40	19.33	19.67	21.4±2.86	22.5±3.19



weight +1SD, obesity, tall stature + 2SD.

Research results. The study involved 17 municipal districts representing 5 socio-economic zones of the republic: arctic, eastern, western, central, southern. In total, 643 pupils of preschool educational institutions from 3 to 6 years old were involved, of which children with an actual age of 3 years in the amount of 208 and 6 years in the amount of 127 were included in the study group on physical develop-

We carried out an assessment of physical development in the socio-economic zones of the republic in which children lived. The proportion of children meeting WHO standards in general was 88.3% at the age of 3 years, and 65.2% at the age of 6 years. The table below presents data on territorial administrative zones (Table 1).

At the age of 3 years, short stature is most often found in the regions of the Eastern zone (8.33%), and tall stature in the regions of the Southern zone (20%). Underweight is more common in areas of the Western zone (2.84%), and in this zone the largest number of overweight children (8.57%). Obese children are more common in areas of the Southern zone (6.67%).

At the age of 6 years, the prevalence of short stature is higher in the areas of the Western zone (8.51%). The proportion of tall children is higher in the regions of the Central Zone (5.72%). Overweight children are more common in areas of the Eastern zone (25%), with obesity in areas of the Arctic (13.33%) and Western zones (4.26%).

In addition, we compared the main parameters of the physical development of rural children with urban children (Table 2).

The analysis showed that rural children in both age groups lag behind in height. At the age of 6 years, the lag in physical development in rural children increases (p <0.0001). At the same time, the body mass index is higher than that of urban residents, against the background of low growth and almost equal weight categories.

In order to identify the acceleration of development rates, a comparison was made of the average values of the heightweight indicators of the physical development of boys and girls aged 3 to 6 years with an interval of more than 20 years, the data are presented in table 3.

As can be seen from the table, children are now taller and larger in body weight, which shows the acceleration of their development compared to the previous generation and confirms the fact of acceleration.

Conclusion. According to the results of the study, it was revealed that the physical development of most children correspond to the WHO standard for height and body weight. However, there are a number of children with deviations towards deficiency or overweight. It is also worth paying attention to the differences in the physical development of children depending on the socio-economic zone of residence, which confirms the need to take into account this aspect. Such differences may be related to the climate, economic situation and other factors. In addition, given the dynamics of growth and weight indicators of preschool children over the past 20 years, the need to update the standards of physical development of children of this age group is obvious.

In general, the study allows us to assess the physical development of children and identify problem areas that reguire additional attention and correction.

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