

<https://doi.org/10.32921/2225-9929-2022-4-49-37-44>

UDC 615.47; 616-7; 681.73

IRSTI 76.13.01

Original article

Analysis of the equipment of school medical offices in the context of the studied regions in the Republic of Kazakhstan

Akbota Abildina ¹, Assiya Turgambayeva ², Gulnar Zhaksylykova ³, Osama Ali Maher ⁴

¹ 3rd year PhD student at the Department of Public Health and Management, Astana Medical University, Astana, Kazakhstan.

E-mail: akbota.s.abildina@gmail.com

² Head of the department of Public Health and Management, Astana Medical University, Astana, Kazakhstan. E-mail: tak1973@mail.ru

³ Professor of the Department of Nursing, Astana Medical University, Astana, Kazakhstan. E-mail: zhaksylykova_g@amu.kz

⁴ Professor of the Faculty of Social Medicine and Epidemiology, Lund University, Sweden. E-mail: mahero@who.int

Abstract

Background. The European Region's school attendance rate is almost 100%, providing a unique opportunity to reach the entire population of school-age children and adolescents, regardless of their socioeconomic status. By providing equal access to opportunities in health promotion, preventive care, and health surveillance, growth, and development, school health services significantly contribute to social equity by optimizing health care and improving education, improving the academic achievement of all children and teenagers.

According to the World Bank, global enrollment rates in primary education are 89%. Educational institutions are a unique platform for implementing long-term and large-scale programs to protect the health of children and adolescents. Thus, the school health system can be an institutional way of covering the health needs of most school-age children and adolescents daily.

The aim. The analysis aims to assess the equipment of medical rooms in schools in Kazakhstan to provide the required assistance to students.

Methods. We analyzed the medical offices of 10 schools in Astana, Akmola, Kyzylorda, East Kazakhstan, and the Atyrau regions.

Results. The share of medical offices that meet the sanitary and epidemiological requirements in the country is 85.5%. In Astana, the share of medical offices that meet the requirements of sanitary and epidemiological standards is 99.1%. The indicators of compliance with the sanitary and epidemiological requirements of medical offices in the East Kazakhstan (84.6%) and Atyrau (80.4%) regions were lower than the republican value (14).

Conclusion. The health care system has sanitary and hygienic standards for educational institutions regarding lighting, ventilation, heating, size, and location. These rules are observed throughout most of the country.

Key words: Health Services, School, School Health Promotion, School-Based Health Services, School-Based Services, Services, School Health.

Corresponding author: Akbota S. Abildina, 3rd year PhD student at the Department of Public Health and Management, Astana Medical University, Astana, Kazakhstan
Postal code: 010000
Address: Kerey, Zhanibek Khandar Street building 28, apartment 394
Phone: +7 778 461 09 86
E-mail: akbota.s.abildina@gmail.com

J Health Dev 2022; 4 (49): 37-44

Received: 04-10-2022

Accepted: 12-12-2022



This work is licensed under a Creative Commons Attribution 4.0 International License

Introduction

According to the World Bank, global enrollment rates in primary education are 89% [1]. Educational institutions are a unique platform for implementing long-term and large-scale programs to protect the health of children and adolescents [2]. Thus, the school health care system can become an institutional means of covering the medical needs of most school-age children and adolescents daily [3].

Kazakhstan ranks 19th in the countries (among 21 countries) in active pastimes for schoolchildren aged 6-9, behind the Czech Republic, Russia, and Kyrgyzstan [4]. At the same time, students spend up to 1/3 of their time at school daily, and ensuring an optimal environment, including health, is extremely important. Preventive measures to help reduce a wide range of health risks among school-age children include health system education standards for lighting, ventilation, heating, size and location, and compliance.

Some factors contributing to these differences include student needs, community health resources, available funding, local preferences, school health provider leadership, and opinions about health services held by school administrators and other key decision-makers in the education system.

Materials and methods

We conducted a literature review based on empirical data analysis, relevant case studies, statistical data for the study regions, World Health Organization standards, and the reports of the United Nations and World Bank.

As part of the study, we carried out the following activities: an analytical review of the legal acts regulating the conditions for the implementation of school medicine services in the Republic of Kazakhstan; a retrospective analysis of reporting data of authorized bodies and departments in the field of healthcare; determined a list of key informed persons, participants in the study, taking into account geographical conditions and representativeness in some regions (Astana, Akmola region, Kyzylorda region, East Kazakhstan region, Atyrau region); conducted a stakeholder survey using the National School Health Systems Assessment Questionnaire; and conducted focus group discussions based on the Guidance for Gathering Information from Various Stakeholder Groups.

Pre-tested the Questionnaires considering ethical standards and approved by the Local Ethics Commission the List of questions for interviews with key informed persons, for discussion in a focus group with key stakeholders, and for conducting an online survey, adapted to the current conditions and translated into Kazakh.

Conducted focus group discussions to collect and summarize the opinions of representatives of specific stakeholders (school students, considering age groups, school health workers, teachers, school administration, and parents), emphasizing specific issues and topics. Due to COVID-19 pandemic restrictions, face-to-face meetings were limited, and critical interviews and focus group discussions were conducted using Zoom, telephone, and a Google questionnaire.

When forming the sample at the initial stage of the study, we planned to select 12 schools across the country for participation in focus groups and

In 2014, the World Health Organization (WHO) published the European Framework for Quality Standards in School Health Services and the Competencies of School Health Professionals. Developed to support Member States in the WHO European Region in improving the quality of care in school settings as part of the national health care system [5]. According to these standards, SHSs must have medical rooms, equipment, staffing, and data management systems that enable them to achieve their goals.

This study is relevant as the analysis will allow the development of recommendations and actions in the future for the provision of adequate health services in educational institutions that have a preventive component both at the individual and community level, as well as a curative component at the individual level through screening for acute conditions and first aid in emergency conditions for children and adolescents.

The purpose of the study was to assess the equipment of medical rooms in schools in Kazakhstan to provide the required assistance to students.

interviews, that is, three schools from four regions. The choice of four regions is due to the country's enormous territory and the presence of 17 regional units. Thus, four regions represented the northern, southern, eastern, and western parts of the republic:

North - Astana, Akmola region,

South - Kyzylorda region,

East - East Kazakhstan region,

West - Atyrau region.

Ten schools out of twelve planned could participate in the assessment due to the restrictive measures associated with the COVID-19 pandemic. Local health authorities chose schools (Health departments of Akimats / territorial departments of the Committee for Quality Control of the Safety of Goods and Services of the Ministry of Health of the Republic of Kazakhstan), considering the representativeness of the sample.

School management identifies focus group participants from school staff and administration. The school health workers who participated in the focus groups were specialists attached to the school from the territorial PHC and were permanently based at the school. In working with schools, we had to show flexibility and loyalty, as restrictive measures to prevent the spread of coronavirus infection in educational institutions prevented pre-planned activities.

Organization of the educational process for preschool and grades 1-11 was carried out in a remote format, except for schools with a contingent of 5 to 180 people (22), where the number of children in a class was limited to fifteen students, according to the statements of parents and legal representatives of children in the presence of appropriate conditions in schools (32) and the opening of duty classes with the presence of up to 15 children for students in grades 1-4.

To work with schools, we chose methods recommended by the research team and those adequately adapted to the restrictions during the COVID-19 pandemic: interviews and focus group

discussions (Table 1). An online survey on the Google forms platform was chosen as an additional method for working in schools.

Table 1- Methods of communication with informed persons at school

| | | |
|---------------|---------------------------|---|
| Interview | The school administration | Principal and/or his deputies School health worker |
| Focus groups | Teaching Staff | Teachers School psychologist Social educator |
| | Pupils | 6–9 years old 10–14 years old 15–18 years old |
| | Parents | 1–11 Russian-language class 1–11 Kazakh-language class <i>In case the languages of instruction at the school are Kazakh and Russian (mixed)</i> |
| | | Grades 1–5 Grades 6–11 <i>If a school with Kazakh or Russian as the language of instruction</i> |
| Online survey | | Parents School administration |

We have adapted and translated into Kazakh the list of questions for interviews with key informants, for focus group discussions with key stakeholders, and for conducting an online survey. Conducted focus group discussions to collect and summarize the opinions of representatives of specific stakeholders (school students, considering age groups, school health workers, teachers, school administration, and parents), emphasizing specific issues and topics. Due to COVID-19 pandemic restrictions, face-to-face meetings were limited, and critical interviews and focus group discussions were conducted using Zoom, telephone, and a Google questionnaire.

Parents' participation in the SHS assessment was ensured through online focus group discussions via the ZOOM platform and online questionnaires adapted for the Google forms database.

Medical assistance within the framework of the SHS in Kazakhstan is provided to students aged 6-17 years [6]. As of September 2020, 6,759 state general educational organizations are operating in the Republic of Kazakhstan, and the total number of students is 3,344,085 [7]. Accordingly, according to the current norms in the country, the percentage of coverage of medical services for schoolchildren within the framework of the SHS is 100% based on assigned PHC facilities.

The pre-medical stage is carried out by the paramedical staff of the medical center, obstetrical station, medical outpatient clinic, district, city polyclinic, and paramedical staff of the educational organization (if any), including preschool organizations.

Medical assistance to students and pupils of educational organizations is provided at medical centers within the guaranteed volume of free medical care (GOBMP), and there are no big differences between regions and districts. The medical center operates in schools at the rate of one per organization, except for small schools (comprehensive schools with a small contingent of students, combined classes-sets and with

a specific form of organization of training sessions) with up to 50 students [8].

The uneven population density in the country has determined the regional aspect: most ungraded schools are located in the North Kazakhstan (61.0%), Pavlodar (59.0%), and Akmola (41.0%) regions. As of June 2020, the number of small schools was 1,879. The trend towards an increase in the number of small schools is observed in Almaty, Karaganda, Pavlodar, and North Kazakhstan regions, which is associated with the movement of the population to large rural and urban settlements.

In the absence of a medical center in educational organizations, medical care for students and pupils is provided by a PHC organization, determined by the decision of local public health authorities.

Medical care organization in private schools is similar to public schools in terms of essential provision.

The healthcare system has sanitary and hygienic standards for educational organizations regarding lighting, ventilation, heating, size, and location of the object, which are regulated by the Committee for Sanitary and Epidemiological Control of the Ministry of Health of the Republic of Kazakhstan [9,10].

The current regulatory legal acts regulate the necessary list of equipment, consumables, and basic resources to provide the required assistance in educational organizations [11]:

- a minimum list of medical equipment and tools for equipping a medical office;
- composition of the first aid kit;
- national calendar of preventive vaccinations in the Republic of Kazakhstan;
- a list of medical documentation in a general educational organization;
- the recommended weight of a portion of dishes in grams, depending on the age of the students.

Results

The main contingent of study participants were schoolchildren from 6 to 18 years old (41.2%) and parents (42.2%). The gender representation of respondents in the study among students was 1:1, among parents - 4.4% of men and 95.6% of women.

The representativeness of the ethnic composition is observed by the official statistical ratio in the republic: 68.1% Kazakhs, 17.3% Russians, and 14.6% representatives of other ethnic groups (Tatars, Uighurs, Uzbeks, Poles, Germans).

In a breakdown by place of registration of citizens, participants from the urban population amounted to 27.9%, and the rural population - 72.1%. The proportion of participants in the study by region is relatively evenly represented: in the Atyrau region

(31.3%), East Kazakhstan region (26.7%), Astana (22%), and Kyzylorda region (19.9%).

Twenty people participated in interviews with informed persons from ministries, local governments, and PHC. One hundred thirty-one people participated in the focus group discussions from the school administration.

For the focus group discussion, we divided the students into three age groups (Table 2), totaling 371 people.

Note that among the focus group participants, there were relatively few children of 6 years of age - only 24 children. There were also very few teenagers aged 18 - only six people.

Table 2 - Focus group participants among students

| | | |
|--------------|-----------------|-------------|
| First group | 6-9 years old | 129 persons |
| Second group | 10-14 years old | 131 persons |
| Third group | 15-18 years old | 111 persons |
| Total | 371 persons | |

The share of medical centers that meet the sanitary and epidemiological requirements in the country is 85.5%. In Astana, the share of medical offices that meet the requirements of sanitary and epidemiological standards is 99.1%. The indicators

of compliance with the sanitary and epidemiological requirements of medical offices in the East Kazakhstan (84.6%) and Atyrau (80.4%) regions were lower than the republican value (85.5%) (Figure 1).

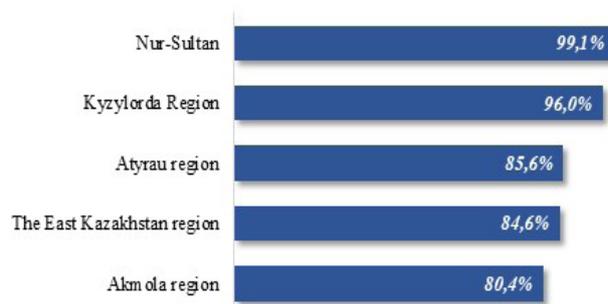


Figure 1 - Indicators of compliance of medical posts with sanitary and epidemiological requirements

The share of medical rooms that do not meet sanitary and epidemiological requirements in the republic amounted to 6.7. There are no medical

offices in Nur-Sultan that do not meet sanitary and epidemiological standards (Figure 2).

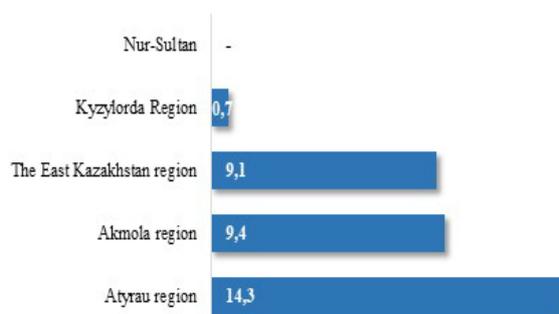


Figure 2 - The share of medical stations that do not meet sanitary and epidemiological requirements

The available equipment of medical offices in the regions under study remains mostly satisfactory;

accordingly, there is no significant gap between the regions in terms of equipment. However, computer

equipment indicators are unsatisfactory, particularly in the Akmola region. Integrating medical information

systems also demonstrate a particular need in Akmola, East Kazakhstan, and Kyzylorda (Table 3).

Table 3 - Information on the equipment of the school health system for the selected regions

| REGION | EQUIPMENT OF MEDICAL POINTS | | | | | |
|----------------------------|-----------------------------|---------|---------------------|--------------------------------------|---|--|
| | Equipment fact, % | Need, % | Number of computers | Share of equipment with computers, % | Number of computers with integrated MIS | Share of equipment with computers with integrated MIS, %МИС, % |
| Akmola region | 76 | 23,95 | 23 | 7,3 | 5 | 1,6 |
| Atyrau region | 83 | 17 | 145 | 77,1 | 145 | 70,7 |
| The East Kazakhstan region | 80 | 20 | 105 | 21 | 57 | 54 |
| Kyzylorda Region | 78,3 | 21,7 | 78 | 18,7 | 58 | 74,4 |
| Astana | 81 | 19 | 83 | 72,2 | 86 | 74,7 |
| The Republic of Kazakhstan | 84,6 | 15,4 | 2266 | 40,4 | 1550 | 48,6 |

The indicators of the share of equipment with computers and the share of equipment with computers with integrated MIS in some regions differ radically: in the Akmola region, the share of equipment with computers was 7.3%, while the share of equipment with computers with integrated MIS was 1.6%; in the

Atyrau region, the data respectively amounted to 77.1% against 70.7%. These indicators demonstrate that computer equipment in a medical office does not imply full integration with automated medical information systems for polyclinic records.

Do the SHS classrooms comply with existing sanitary and hygienic standards?



What do you think does not comply with existing health and safety regulations (including standards for size, lighting, ventilation, heating, and location)?

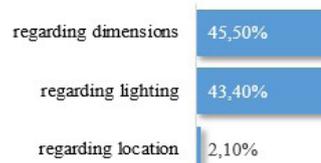
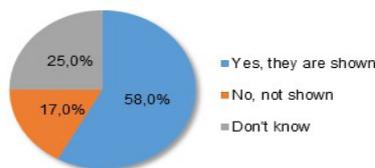


Figure 3 - Opinion of SHS employees. Compliance of medical offices with existing sanitary and hygienic standards

The opinion of the employees of the ShSZ regarding the compliance of medical rooms with the existing sanitary and hygienic ones was distributed as follows: 46.7% believe that the offices of the SHS correspond to the existing sanitary and hygienic

standards, while 36.6% express disagreement, 16.8% refrain from answering at all, mainly this point of view belongs to nurses of Akmola region and East Kazakhstan region.

Are you aware of health promotion materials being displayed in the waiting areas in front of the health worker's office?



Have you seen health promotion materials elsewhere in the school?

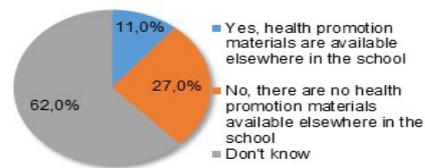


Figure 4 - Medical information. Parents' opinion

We asked an open question about what, in the

opinion of the employees of the SHS, does not meet the

sanitary and hygienic standards. The response of the interviewees demonstrated that in the Akmola region, Kyzylorda region, and East Kazakhstan region, the standards do not meet the standards in terms of the size (45.50%) and location (2.10%) of medical rooms, complementing the answer is that medical rooms

are distributed according to the residual principle. Also, sanitary, and hygienic standards are mainly not observed in the lighting of medical rooms (43.40%), which prevents a reliable medical examination of students (Figure 3).

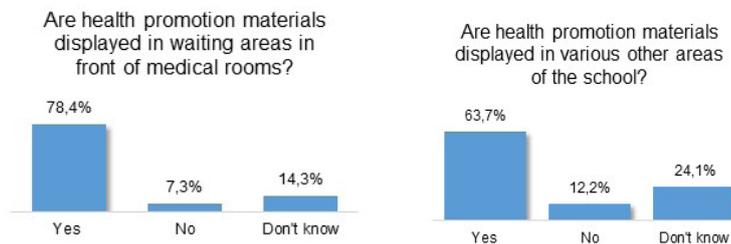


Figure 5 - Medical information. Opinion of school workers

Data from an online survey among parents (58%) and school workers (78.4%) confirmed the availability of information and educational materials in the offices

Discussion

In current norms in the country, the percentage of coverage of medical services for schoolchildren within the framework of the SHS is 100% based on assigned PHC facilities. The medical center functions in schools at the rate of one per organization, except for small schools with up to 50 students. In the absence of a medical center in educational organizations, medical care for students and pupils is provided by a PHC organization, determined by the decision of local public health authorities.

The current regulations handle the necessary list of equipment. In the healthcare system, there are sanitary and hygienic standards for educational organizations regarding lighting, ventilation, heating, size, and location of the facility, which are regulated by the Committee for Sanitary and Epidemiological Control of the Ministry of Health of the Republic of Kazakhstan.

The available equipment of medical offices in the studied regions is mostly satisfactory; accordingly, there is no significant gap between the regions in terms of equipment. However, computer equipment indicators are unsatisfactory, particularly in the Akmola region. The share of integration with medical information systems also demonstrates a particular need in the Akmola region, the East Kazakhstan region, and the Kyzylorda region.

The opinion of the employees of the ShSZ in the Akmola region, Kyzylorda region, and East Kazakhstan region testify that the norms do not comply with the size (45.50%) and location (2.10%) of medical rooms, and medical rooms are distributed

Conclusion

The health system has health and hygiene standards for educational institutions in terms of lighting, ventilation, heating, size, and location, and the bars are observed in most of the country.

An assessment of the equipment of medical rooms in schools in Kazakhstan showed that the healthcare system provides educational organizations with

of health centers, in waiting areas, as well as in other school premises (Figures 4 and 5).

according to the residual principle. Also, sanitary and hygienic standards are not observed in the lighting of medical rooms (43.40%), which prevents a reliable medical examination of students.

The results of focus group discussions with pupils indicate the availability of up-to-date educational materials on health promotion in printed form. Data from an online survey among parents (58%) and school workers (78.4%) confirmed the availability of information and educational materials in medical centers' offices, waiting areas, and other school premises.

The study allows us to make the following recommendations:

Conditions should be created to provide information and communication technologies (Internet) throughout the country, including in remote rural areas, for full-scale automation and digitalization of school medical services.

It is necessary to introduce uniform quality standards for school medical services with a revised regulation of equipment and sanitary and hygienic standards.

It is necessary to ensure the full integration of HIS with the operational processes of the SHS throughout the country, taking into account the opinions of the SHS specialists regarding the relevance, adaptability, and ease of use of information support.

sanitary and hygienic standards in terms of lighting, ventilation, heating, size, and location of the educational organization. These sanitary and hygienic standards are observed in most of the country.

Conflict of Interest Statement: The authors declare no conflict of interest in this study.

Financing: Not applicable.

Author Contribution Statement: All authors – A.A and A.T.; writing (original draft preparation) – A.A; writing (review and edition) – A.A.

Conceptualisation – A.A; methodology – A.A.;
A.T.; examination – A.T., G.Z. and O.M.; formal analysis

References

1. School enrollment, primary. World Bank, 2020. Web site [Cited 12 Oct 2022]. Available from URL: <https://www.worldbank.org/en/home>
2. Baltag V., Pachyna A., Hall J. Global overview of school health services: data from 102 countries. *Health Behav Policy Rev.* 2015; 2(4): 268–283. [Crossref]
3. Knopf J.A., Finnie R.K.C., Peng Y., Hahn R.A. et al. School-based health centers to advance health equity: a community guide systematic review. *Am J Prev Med.* 2016; 51(1): 114–126. [Crossref]
4. Whiting S., Buoncristiano M., Gelius P., Abu-Omar K. et al. Physical Activity, Screen Time, and Sleep Duration of Children Aged 6–9 Years in 25 Countries: An Analysis within the WHO European Childhood Obesity Surveillance Initiative (COSI) 2015–2017; Obesity facts. 2021; 14 (1): 32–44. [Crossref]
5. Stronski S., Hoppenbrouwers K., Baltag V., Pierre-Andr  Michaud. European concept of quality standards for school health services and competencies for school health professionals, World Health Organization, 2014, European Union for School and University Health and Medicine. Electronic resource. Available from URL: https://www.euro.who.int/_data/assets/pdf_file/0003/246981/European-framework-for-quality-standards-in-school-health-services-and-competencies-for-school-health-professionals.pdf
6. Об утверждении Правил оказания медицинской помощи обучающимся и воспитанникам организаций образования. Приказ Министра здравоохранения Республики Казахстан: от 7 апреля 2017 года, № 141. Режим доступа: <https://adilet.zan.kz/rus/docs/V1700015131>
Ob utverzhdenii Pravil okazaniya medicinskoj pomoshhi obuchajushhimsja i vospitannikam organizacij obrazovaniya. Prikaz Ministra zdavoohraneniya Respubliki Kazahstan (On approval of the Rules for the provision of medical care to students and pupils of educational organizations. Order of the Minister of Health of the Republic of Kazakhstan) [in Russian]: ot 7 aprelya 2017 goda, № 141. Rezhim dostupa: <https://adilet.zan.kz/rus/docs/V1700015131>
7. Reporting data. Republican e-health center. Web site [Cited 12 Oct 2022]. Available from URL: <https://rcez.kz/reports>
8. Об образовании. Закон Республики Казахстан: от 27 июля 2007 года, № 319-III. Режим доступа: <https://adilet.zan.kz/rus/docs/Z070000319>
Ob obrazovanii. Zakon Respubliki Kazahstan (On Education. The Law of the Republic of Kazakhstan) [in Russian]: ot 27 ijulja 2007 goda, № 319-III. Rezhim dostupa: <https://adilet.zan.kz/rus/docs/Z070000319>
9. Об утверждении Санитарных правил "Санитарно-эпидемиологические требования к объектам здравоохранения". Приказ И.о. Министра национальной экономики Республики Казахстан: от 24 февраля 2015 года № 127. Утратил силу приказом Министра здравоохранения Республики Казахстан от 31 мая 2017 года № 357 (вводится в действие по истечении двадцати одного календарного дня после дня его первого официального опубликования). Режим доступа: <https://adilet.zan.kz/rus/docs/V1500010713/info>
Ob utverzhdenii Sanitarnyh pravil "Sanitarno-jepidemiologicheskie trebovaniya k obyektam zdavoohraneniya". Prikaz I.o. Ministra nacional'noj jekonomiki Respubliki Kazahstan (On approval of the Sanitary Rules "Sanitary and epidemiological requirements for healthcare facilities". Order Acting Minister of National Economy of the Republic of Kazakhstan) [in Russian]: ot 24 fevralja 2015 goda № 127. Utratil silu prikazom Ministra zdavoohraneniya Respubliki Kazahstan ot 31 maja 2017 goda № 357 (vvoditsja v dejstvie po istechenii dvadcati odnogo kalendarnogo dnja posle dnja ego pervogo oficial'nogo opublikovanija). Rezhim dostupa: <https://adilet.zan.kz/rus/docs/V1500010713/info>
10. Об утверждении Стандарта организации оказания первичной медико-санитарной помощи в Республике Казахстан. Приказ Министра здравоохранения и социального развития Республики Казахстан: от 3 февраля, 2016 года № 85. Режим доступа: <https://adilet.zan.kz/rus/docs/V1600013392>
Ob utverzhdenii Standarta organizacii okazaniya pervichnoj mediko-sanitarnoj pomoshhi v Respublike Kazahstan. Prikaz Ministra zdavoohraneniya i social'nogo razvitija Respubliki Kazahstan (On approval of the Standard for organizing the provision of primary health care in the Republic of Kazakhstan. Order of the Minister of Health and Social Development of the Republic of Kazakhstan) [in Russian]: ot 3 fevralja, 2016 goda № 85. Rezhim dostupa: <https://adilet.zan.kz/rus/docs/V1600013392>
11. / Turganova M.K., Esmagambetova A.S., Aypkhanova A.T., Akhmetova Z.D., Milibaeva R.T. Guidelines for the organization of school medical services in the Republic of Kazakhstan, Astana, 2018: 52 p. Electronic resource. Available from URL: <instruktivnoe-rukovodstvo-po-organizatsii-shkolnyh-meditsinskih-uslug-v-respublike-kazahstan.docx>

Қазақстан Республикасындағы зерттелетін аймақтар жағдайында мектеп медициналық кабинеттерінің жабдықталуын талдау

Абильдина А.С.¹, Тургамбаева А.К.², Жарсылықова Г.А.³, Osama Ali Maher⁴

¹ Қоғамдық денсаулық сақтау және менеджмент кафедрасының 3 курс PhD докторанты, Астана медицина университеті, Астана, Қазақстан. E-mail: akbota.s.abildina@gmail.com

² Қоғамдық денсаулық сақтау және менеджмент кафедрасының меңгерушісі, Астана медицина университеті, Астана, Қазақстан. E-mail: tak1973@mail.ru;

³ Мейірбике ісі кафедрасының профессоры, Астана медицина университеті, Астана, Қазақстан.
E-mail: zhaksylykova_g@amu.kz

⁴ Лунд университетінің әлеуметтік медицина және эпидемиология факультетінің профессоры, Швеция.
E-mail: mahero@who.int

Түйіндеме

Өзектілігі. Еуропалық аймақта балалардың мектепке бару деңгейі 100% жуық құрайды және мектеп олардың әлеуметтік-экономикалық жағдайына қарамастан, мектеп жасындағы балалар мен жасөспірімдердің барлық тұрғындарын қамтудың бірегей мүмкіндігін іс жүзінде береді. Денсаулықты нығайту, профилактикалық көмек пен денсаулықты қадағалау, өсу мен даму мүмкіндіктеріне тең қол жеткізуді қамтамасыз ете отырып, мектептегі денсаулық сақтау қызметтері денсаулық сақтауды оңтайландыру және білім беруді жақсарту арқылы әлеуметтік теңдікке елеулі үлес қосады, осылайша барлық балалар мен жасөспірімдердің оқу үлгерімін жақсартады.

Дүниежүзілік банктің мәліметі бойынша, әлемде бастауыш білім берумен қамтудың әлемдік деңгейі 89% құрайды. Білім беру мекемелері балалар мен жасөспірімдердің денсаулығын сақтау бойынша ұзақ мерзімді және ауқымды бағдарламаларды жүзеге асырудың бірегей алаңы болып табылады. Осылайша, мектептегі денсаулық сақтау жүйесі мектеп жасындағы балалар мен жасөспірімдердің көпшілігінің денсаулығына күнделікті қажеттіліктерін қамтамасыз етудің институционалдық тәсілі бола алады.

Зерттеудің мақсаты. Талдау оқушыларға қажетті көмек көрсету үшін Қазақстан мектептеріндегі медициналық кабинеттердің жабдықталуын бағалауға бағытталған.

Әдістері. Астана қаласы, Ақмола облысы, Қызылорда облысы, Шығыс Қазақстан облысы, Атырау облысындағы 10 мектептің медициналық кабинеттеріне талдау жүргізілді.

Нәтижесі. Елімізде санитарлық-эпидемиологиялық талаптарға сай медициналық пункттері 85,5% құрайды. Астана қаласында санитарлық-эпидемиологиялық нормалар талаптарына сәйкес келетін медициналық кабинеттердің үлесі 99,1% құрайды. Шығыс Қазақстан (84,6%) және Атырау (80,4%) облыстарындағы медициналық кабинеттердің санитарлық-эпидемиологиялық талаптарға сәйкестік көрсеткіштері республикалық деңгейден (14) төмен болып табылды.

Қорытынды. Денсаулық сақтау жүйесінде жарықтандыру, желдету, жылыту, көлемі мен орналасуы бойынша білім беру ұйымдарының санитарлық-гигиеналық нормалары бар және республиканың басым бөлігінде нормалар сақталған.

Түйін сөздер: медициналық қызметтер, мектеп, мектептегі денсаулықты нығайту, мектеп медициналық қызметтері, мектеп қызметтері, мектеп аясындағы денсаулық.

Анализ оснащенности школьных медицинских кабинетов в разрезе исследуемых регионов в Республике Казахстан

Абилдина А.С.¹, Тургамбаева А.К.², Жақсылықова Г.А.³, Osama Ali Maher⁴

1 PhD докторант 3 года кафедры общественного здравоохранения и менеджмента, Медицинский университет Астана, Казахстан. E-mail: akbota.s.abildina@gmail.com

2 Заведующая кафедрой общественного здравоохранения и менеджмента, Медицинский университет Астана, Казахстан. E-mail: tak1973@mail.ru

3 Профессор кафедры сестринского дела, Медицинский университет Астана, Казахстан. E-mail: zhaksylykova_g@amu.kz

4 Профессор факультета социальной медицины и эпидемиологии Лундского университета, Швеция. E-mail: mahero@who.int

Резюме

Актуальность. В Европейском регионе доля детей, посещающих школу, составляет почти 100%, и школа предоставляет уникальную возможность охватить практически всю популяцию детей и подростков школьного возраста вне зависимости от их социально-экономического статуса. Предоставляя равный доступ к возможностям в сфере укрепления здоровья, профилактической медицинской помощи и наблюдению за состоянием здоровья, ростом и развитием, школьные службы здравоохранения вносят существенный вклад в достижение социальной справедливости путём оптимизации здравоохранения и улучшения образования, и, следовательно, повышают академическую успеваемость всех детей и подростков.

По данным Всемирного банка глобальные показатели охвата начальным образованием в мире составляют 89%. Учреждения образования являются уникальной платформой для реализации долгосрочных и масштабных программ по охране здоровья детей и подростков. Таким образом, школьная система здравоохранения может быть институциональным способом покрытия медицинских потребностей большинства детей школьного возраста и подростков на ежедневной основе.

Цель. Анализ направлен на оценку оснащенности медицинских кабинетов в школах Казахстана для оказания требуемой помощи учащимся.

Методы. Проведен анализ медицинских кабинетов 10 школ в г. Астана, Акмолинской области, Кызылординской области, Восточно-Казахстанской области, Атырауской области.

Результаты. Доля медицинских пунктов, соответствующих санитарно-эпидемиологическим требованиям по стране, составляет 85,5%. В г. Астана доля медицинских кабинетов, соответствующих требованиям санитарно-эпидемиологических норм, составляет 99,1%. Показатели соответствия санитарно-эпидемиологическим требованиям медицинских кабинетов в Восточно-Казахстанской (84,6%) и Атырауской (80,4%) областях оказались ниже республиканского значения (14).

Выводы. В системе здравоохранения существуют санитарно-гигиенические нормы, предъявляемые организациям образования в отношении освещения, вентиляции, отопления, размеров и местонахождения, и нормы соблюдаются на большей части территории страны.

Ключевые слова: медицинские услуги, школа, укрепление здоровья в школах, школьные медицинские услуги, школьные услуги, школьное здоровье.