

**THE RELEVANCE OF STUDYING HEALTH AND MEASURES TO REDUCE THE  
INCIDENCE OF EMIGRANTS AND THEIR CHILDREN**

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**Purpose of the study.** According to UNICEF, migration can create unfavorable conditions not only for the migrants themselves, but also have a negative impact on children, who are most often left with relatives in their own country. In Uzbekistan, children are often left with family members or relatives who act as guardians when one or both parents migrate. Such children may face developmental, psychosocial and emotional problems as the absence of parents creates problems in caring for the child. Parental migration in particular has a negative impact on the child's education, health and social status. Parental absence can cause a child to mature early due to increased housework and responsibilities, which can affect nutrition, academic performance, and depression.

An important aspect of health is the health risks borne by migrants and the public health implication. Migrants travel with their own epidemic profiles, their level of exposure to infectious agents, their genetic and lifestyle risk factors, their culturally shaped beliefs about health, and their susceptibility to certain conditions.

**Materials and methods.** A recent study, "The Impact of Migration on Children in Uzbekistan," found that the majority of migrant workers from Uzbekistan leave their children with relatives who care for them without formal guardianship. The study found that children can feel vulnerable, lonely and depressed when their parents move away. They experience mood changes, increased anxiety and psychological stress, which in turn can negatively affect other aspects of children's well-being.

The reasons for the increase in morbidity among the population of countries due to migration processes have been studied. The separation of children from their parents and the destruction of the family support system have a negative impact. Discrimination and lack of health coverage for migrant workers can pose a public health threat, as in the case of an influenza pandemic or other international disease.

**Research results.** We analyzed studies on the health status of children of labor migrants. In order to address global and regional priorities regarding children left behind by migrant parents, the EU and UNICEF-funded project "Protection of Children Affected by Migration in Southeast, South and Central Asia" has been actively operating in the country since 2011. The EU and UNICEF-funded project "Protection of Children Affected by Migration in Southeast, South and Central Asia" has been active for 8 years. The project covered 204 families with 403 children (220 boys and 183 girls) left behind by one or both migrant parents. To help migrant children and families, the project's advisory committee facilitated a series of recommendations to address the identified problems. Based on the results of the study, the committee instructed social workers to provide support to migrant families in obtaining child custody. It was decided to improve the social protection system in Uzbekistan by creating family support services, involving power and other organizations. It

was decided to improve the social protection system in Uzbekistan by creating family support services, involving power and other organizations. The committee also noted the importance of engaging professionals to inform people about job opportunities in their country or region before they decide to migrate.

Representatives from ministries and departments were instructed to assist in improving general access to health services, non-formal education programs and coverage of pre-school education throughout Uzbekistan. At the beginning of 2020, the project committee noted the importance of expanding professional psychological support services for children affected by migration in schools, colleges and local communities. Conducted comprehensive clinical and social studies of the health status, conditions and lifestyle of children aged 3 months and older. up to 1 year from migrant families, showed that children from migrant families are lagging behind in physical development, the majority have delayed psychomotor development, the frequency of detected pathology is significantly higher than in children from families permanently residing in this region. The data obtained indicate the need for close attention to children from migrant families from both medical and social workers.

According to research, many migrant families (45%) have at least two children left in their care. Almost 63% of these children live with their mother because their fathers are migrants. About 37% of children live in care Relatives. Children responded that guardians use various methods of education and control: 12% of children were deprived of privileges, 3% were called stupid, lazy, etc., and 8% of children were shouted at.

Migrants are carriers of the vulnerabilities inherent in their communities of origin. If, for example, immunization coverage is low in the country of origin or return, the initial risk to the population will be transferred to the country of arrival until migrant coverage equals that of the native population. If a particular infectious or neglected disease is more common, the likelihood that migrants will suffer from the condition and/or carry it across borders increases. Conversely, when the prevalence of diseases is higher in countries of destination, migrants may contract them and bring them back to the country of origin or return. There is also evidence that certain noncommunicable diseases, such as hypertension, cardiovascular disease, diabetes and cancer, are a growing burden on migrants and place a significant burden on the health systems of destination countries.

Infectious and sexually transmitted diseases are often are considered in a single key: through the prism of the risk brought by migrants when entering the country (or transiting through it). However, issues of vulnerability must be considered at all stages of the migration process. In addition, differences between migrants in their movements and in their socio-economic and migration status must also be taken into account.

Exposure to risks associated with population movements increases the vulnerability of migrants to psychosocial disorders, drug abuse, alcoholism and violence. Moreover, due to limited access to medical care during transit and early

During the adaptation stages of migration, the burden of untreated non-infectious conditions increases. The health issues noted above highlight the challenges facing national health systems.

**Conclusions.** Since migration has the greatest impact on the emotional well-being of children, it is extremely important to develop and expand professional psychological support services for children affected by migration in schools and colleges. Psychologists working in schools should receive additional training in how to work with specific target group, such as migrant children. A psychological hotline can be useful for both caregivers and children from migrant families. Comprehensive programs and strategies are needed to combat bullying and ensure safe learning environments in schools.

Migrants need to be given attention and addressed because of their particular vulnerabilities and health care needs.

The response includes targeted interventions to reduce migrants' health risks and the establishment or strengthening of service programs that are “migrant-friendly,” meaning they include cultural, religious, linguistic and gender-sensitive care and provide migrants with guidance on how to approach to their new national health system.

Some of the measures that can help resolve this issue include:

- Organizing educational campaigns among families and communities about the benefits of formal guardianship and the negative consequences of its absence.
- Providing support to guardians in the process of registration and collection of documents
- Simplification of guardianship procedures
- Providing legal support and advice.

Improve overall access to health services throughout Uzbekistan, providing better coverage for families located in remote areas. Improve coverage of preschool education for children aged 0 to 6 years in all regions to increase employment opportunities for mothers and provide subsidies for low-income families to access private services and receive needed vaccines.

Provide diversity and access to non-formal education programs throughout Uzbekistan through well-trained professionals and ongoing links with schools. This support should take into account the age and needs of young children, who are most affected by parental migration.