

UKRAINIAN YOUTH MORBIDITY / DISABILITY IN THE FOCUS OF THE COUNCIL OF EUROPE STRATEGY ON THE RIGHTS OF PEOPLE WITH DISABILITIES FOR 2017-2023

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Abstract

The dynamics of morbidity and prevalence of diseases among the children’s population in Ukraine in recent years has multi-directional trends – an increase in the incidence and prevalence of diseases among 7-14 year old children and adolescents, and the reduction of the morbidity of children in the first year of life, the incidence and prevalence of diseases among 0-6 year old children. The decrease of the morbidity and increase of the prevalence of diseases with age was revealed. At the beginning of the 21st century, the problem of maternal and child health has become one of the priorities of public health protection in the world and was included by the United Nations in the Millennium Development Goals List. Ukraine is designated by the WHO European Regional Committee as a pilot region for the implementation of the Strategy “Health and Development of Children and Adolescents”. Data on children with disabilities in Ukraine are rare and do not give a general idea on the link between morbidity and disability, and because that information is available only by regions, not nosological forms, it cannot provide a general picture of morbidity / disability of young people in order to develop organizational measures to reduce that. The general objective of the Council of Europe Strategy for the Rights of Persons with Disabilities for 2017-2023 is to “shift the paradigm” from the traditional medical approach to disability to a human rights-based approach: independence, freedom of choice, full participation, equality, human dignity and equal opportunities for persons with disabilities. The effective participation of people with disabilities in all spheres of life and society as a whole is crucial for the realization of all human rights and the formation of their life perspective in Ukraine.

Keywords: *morbidity, disability, disease prevalence, youth.*

Introduction

The Council of Europe Strategy on the rights of people with disabilities for 2017-2023 promotes, protects, and controls the realization of human rights for everyone, including people with disabilities (*Convention on the Rights of Persons with Disabilities (CRPD)*, 2008). Persons with disabilities have the right to access and usage of the full range of human rights guaranteed by the European Convention on Human Rights, the European Social Charter and the United Nations (UN) Convention on the Rights of Persons with Disabilities, as well as all other international human rights documents, along with the others (2008). The UN Convention and the Council of Europe action plan marked that “paradigm shifted” from the traditional disability medical approach to human rights based approach: accentuating their independence, freedom of choice, full participation, equality and human dignity (2018). The general objective of the Council of Europe strategy on the rights of people with disabilities for 2017-2023 is to achieve dignity and equal opportunities for persons with disabilities. This requires ensuring independence, freedom of choice, full and effective participation in all spheres of life and society, including social integration (2016). Full and effective participation of persons with disabilities in all spheres of life and society as a whole is crucial for the realization of all human rights and formation of their life prospects (2016).

Disability is the result of interaction between individual degrees of disability severity, the existing behavioral barrier and the environment barrier. Disability may impede the full realization of human rights, fundamental freedoms and prevent persons with disabilities from effective and equal participating in society life, shaping their life prospects for better and more qualitative integration into society. One of the foundations of successful integration into the society for people with disability is an adequate assessment of their personality and characterological features as the basis and results of previous stages of development, especially for young people over 18 who had the status of children with disabilities.

In the period of socioeconomic instability, of anti-terroristic operation in the eastern part of Ukraine, a series of medical-social and demographic problems that significantly affected the health of the population arose, especially as for children, adolescents and young people. This issue was exacerbated during the unfavorable demographic situation, which was complicated by the decrease of fertility, increase of labor emigration and increase of mortality (Strong, 2016). In those conditions, and especially taking into account the health care reform in Ukraine, when the pediatric service was replaced by family medicine, the quality of health of the infant and younger generation was of particular importance and the organization nature of their health protection caused alarm feelings (Cheren'ko, Makarova, & Libanova, 2012; Panchishin, Smirnova, & Galits'ka-Kharkhalis, 2011). The problem of maternal and child health in the 20th century became one of the priorities of public health, and at the beginning of the 21st century that problem was included by the United Nations in the Millennium Development Goals (MDGs, 2000). The European Regional Committee of the World Health Organization, in order to increase attention to the health of children and young people, adopted the European Strategy for Health and Development of Children and Adolescents in 2005, and Ukraine was designated by the WHO Regional Committee for Europe as a pilot region for the implementation of the Strategy. It identifies the key challenges in the area of children and adolescents' health and options for solving them, taking into account the evidence and experience of WHO in recent years. The implementation of the Global Strategy for the Protection of Women and Children (2015) is a key condition for the achievement of the Millennium Development Goals to improve maternal protection and reduce child mortality. According to the data of State

Institution “Ukrainian Institute of Strategic Studies, Ministry of Health of Ukraine”, in recent years destabilization of children’s health was maintained in Ukraine, the prevalence of illnesses was 1938.9 in 2009 and 1920.34 in 2013 for 1.000 children, and the morbidity was 1393.9 and 1394.4 accordingly. The decrease of morbidity and increase of the prevalence of diseases with age were revealed. The dynamics of morbidity and prevalence of children diseases had multi-directional tendency – the decrease in children morbidity of the first year of life (9.6%), the morbidity and prevalence of children diseases of 0-6 year old children (6.8 and 7.2%), the increase in the morbidity and prevalence of children’s diseases at the age of 7-14 years (by 1.1%) and adolescent children (8.4% and 10.2% accordingly) (Dudina, Tereshchenko, 2014). The data on the disability of children in Ukraine, in the literature available to us, are few and do not give a general idea on the link between morbidity and disability, but due to their nature (data are given only by regions, not by nosological forms according to Statistics of children morbidity in Ukraine), they cannot provide general picture of the morbidity / disability in young people in order to develop organizational measures to reduce them.

Objective. To develop approaches to the analysis of morbidity / disability of children, adolescents and young people in Ukraine.

Materials and Methods

The prevalence of diseases and morbidity of children (0-14 years) and adolescents (15-17 years old) in Ukraine were studied according to the statistics of the Ministry of Health of Ukraine, under F. №12. “Report on the diseases registered for patients living in the district of treatment facilities” for 2016, in accordance with the International Classification of Diseases (ICD-10). Extended statistical information on the state of 18 year old persons with disability status in Ukraine contains “A report on causes of disability, indications for medical, professional and social rehabilitation” (F. № 14). The analysis of data from the reports of 2016, 2017 was used by the State Institution “Ukrainian State Institute of Medical and Social Problems of Disability Ministry of Public Health of Ukraine” for the publication of the analytical and information guides “Basic Disability Indicators and Activities of Medical and Social Expert Commissions of Ukraine for 2016 (2017)”. In 2017-2018, in the frames of the research implementation “To develop approaches to medical and social expertise and rehabilitation of young people which had the status of children with disabilities on the basis of their life prospects assessment” (state registration number 0117U000279), we collected and analyzed data on the illnesses structure of individuals older than 18 years, for which the disability group was first established. The present study is based on the comparative analysis of the data from the above mentioned documents and guides of Ministry of Public Health of Ukraine and our institution, with the use of descriptive and statistical methods.

Results and Discussion

Morbidity and prevalence of diseases of children and young people are among the indicators of public health in the country. Against the backdrop of a decrease in number of children (8186.3 thousand of 0-17 year old children in 2009 and 7990.4 thousand in 2013), the morbidity and prevalence rates of illnesses remained high – the prevalence of diseases was 1938.9 in 2009 and 1920.34 in 2013 per 1.000 children, and morbidity was 1393.9 and 1394.4 per 1.000 children (Dudina & Tereshchenko, 2014). If during 2009-2010 the morbidity and prevalence of diseases increased, then from 2011 there was a tendency towards their decrease (Antipkin & Volosovets, 2018). In 2016 that trend continued, according to statistical reporting

(Form № 12), the prevalence of diseases among children (aged 0-17 years) in Ukraine was 1777.16 per 1000 children (the absolute number 13 531 315 of people), and the morbidity rate was 1316, 07 per 1.000 children (the absolute number was 10020593 people) (2016).

Considering the diversity of environmental factors in different regions of Ukraine, it is necessary to take into account the distribution of morbidity and prevalence of diseases by regions of Ukraine. According to the data of State Institution “Ukrainian Institute of Strategic Studies, Ministry of Health of Ukraine” in 2013, the polarization of children morbidity was noted from 979.23 per 1.000 children of the corresponding age in the Transcarpathian region to 1794.09 in Kyiv, 1634.5 in the Kyiv region and 1537.15 in the city of Sevastopol. Regional differences in the prevalence rates of illnesses were 1.6 times and ranged from 1360.74 in Transcarpathian region to 2473.71 in Kyiv and 2161.76 in Chernihiv region (Dudina, 2014). In 2016, those trends also continued, and the highest ranked positions in the prevalence of all diseases were Kyiv region (2397.79) and Chernihiv region (2117.81), while the lowest were Transcarpathian (1318.50), Kherson (1505.91), and Odessa (1614.21 per 1,000 children) regions (see Table 1).

Table 1. Regional features of morbidity and prevalence of diseases among children aged 0-17 in Ukraine in 2016

Administrative territories	The registered number of diseases among children of 0-17 years old			
	prevalence		morbidity	
	absolute	per 1000 children	absolute	per 1000 children
Vinnitsa region	600 455,00	2 054,72	409 148,00	1 400,08
Volyn region	430 903,00	1 806,68	301 527,00	1 264,23
Dnipropetrovsk region	1 137 642,00	1 990,22	876 083,00	1 532,64
Donetsk region	553 685,00	1 773,73	373 932,00	1 197,89
Zhytomyr region	502 402,00	2 075,96	371 436,00	1 534,80
Transcarpathian region	383 947,00	1 318,50	273 174,00	938,10
Zaporozhye region	543 805,00	1 855,95	461 335,00	1 574,48
Ivano-Frankivsk region	592 000,00	2 115,28	449 510,00	1 606,14
Kyiv region	773 152,00	2 397,79	540 306,00	1 675,66
Kirovograd region	315 019,00	1 850,72	250 286,00	1 470,42
Lugansk region	187 617,00	1 710,34	153 738,00	1 401,49
Lviv region	919 491,00	1 901,22	688 307,00	1 423,21
Mykolaiv region	364 714,00	1 749,46	284 683,00	1 365,57
Odessa region	734 400,00	1 614,21	599 306,00	1 317,28
Poltava region	429 926,00	1 830,73	297 920,00	1 268,61
Rivne region	555 004,00	2 003,44	388 249,00	1 401,49
Sumy region	297 148,00	1 704,69	214 285,00	1 229,32
Ternopil region	382 687,00	1 898,61	276 545,00	1 372,01
Kharkiv region	882 322,00	2 072,32	625 948,00	1 470,17
Kherson region	297 232,00	1 505,91	229 252,00	1 161,49
Khmelnitsky region	441 430,00	1 849,45	330 144,00	1 383,20
Cherkassy region	406 072,00	1 990,18	312 164,00	1 529,93
Chernivtsi region	311 180,00	1 679,19	217 352,00	1 172,88
Chernihiv region	348 935,00	2 117,81	244 542,00	1 484,21
Kyiv city	1 140 147,00	2 229,95	851 421,00	1 665,25
Ukraine	13 531 315,00	1777,16	10 020 593,00	1 316,07

The dynamics of morbidity, prevalence of diseases and their differences in regions testify their relation to the social, ecological and economic factors which are pivotal in the political and social development of the country, and also testify the need for close attention to solving that problem, both at the state level and at the health care sphere level (Moiseenko, Goyda, 2017).

During 2009-2013, the morbidity and prevalence of diseases in certain age groups had their own peculiarities (Dudina, Tereshchenko, 2014). In general, in Ukraine the morbidity rate of children under the age of 6 years exceeded the morbidity of children of the first year of life (1545.44 and 1450.71 per 1.000 children of the corresponding age in 2013) with a subsequent decrease at the age of 7-14, at the age of 15-17 years 91305.81, 1220.13 per 1.000 and 10 000 accordingly), and the prevalence of diseases increased with age (1780.24 – 0-6 year old children, 1969.05 – 7-14 year old children, and 21596 – adolescents. In 2016, the prevalence of all diseases in Ukraine amounted to 171 209.7 among children and 215 452.8 among adolescents per 100 thousand of the population, the morbidity – 132 750.8 and 124975.6 per 100 thousand of the population accordingly (see Table 2) (2016). At the same time, over the years, the prevalence of diseases increased with age due to the accumulation of chronic diseases – the age dynamics of the diseases accumulation index in 2016 – 1.15 among 0-6 year old children, 1.46 among 7-14 year old children, and 1.7 among adolescents (Gaborets, 2017).

According to Dudina and Tereshchenko, who conducted the comparative description of the prevalence of diseases by age categories of children and major classes of diseases, in 2013 with age the prevalence of diseases of the respiratory system decreased (1128.55 for children aged 0-6 years, 924.58 for 7-14 year old children, and 762.5 for 15-17 year old adolescents for 1.000 population). The most negative dynamics was observed among adolescent children: an increase in the incidence of disease by 8.4%, and the prevalence of illnesses – by 10.2%, and in 2013 these figures amounted to 1220.13 and 2159.6 per 1.000 children of the corresponding age (Antipkin, Volosovets, 2018).

If we analyze the peculiarities of the age structure in the diseases prevalence in 2013, then we find that the leading places in the general population of children aged 0-17 were taken by the diseases of the respiratory system (51.28%), digestive system (6.96%). A similar structure of the prevalence of diseases was observed among children aged 7-14 years. At the same time, in the structure of the diseases prevalence of 0-6 year old children, the second ranked place was occupied by the diseases of the skin and subcutaneous tissue, the third by some infectious and parasitic diseases, and for adolescents the third ranked place was occupied by the diseases of the musculoskeletal system and connective tissue (Tereshchenko, 2014). In recent years, the prevalence of diseases in children aged 7-14 years tended to decrease only by diseases of the blood, blood-forming organs and certain disorders involving the immune mechanism, endocrine, nutritional and metabolic diseases, diseases of the eye and adnexa, diseases of the digestive system, mental and behavioral disorders, symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (Gaborets, 2017). The prevalence of diseases of adolescent children, due to the multifactorial nature of its formation, showed a more intensive negative trend of growth (and in the future it will affect the index of primary disability of 18 year old persons), due to illnesses or diseases of the circulatory system (27.4%), neoplasms (25.1%), congenital malformations. Such differences in the epidemic prevalence of diseases could be due both to the physiological processes of children and adolescents' development, and to the influence of school environment factors (Shchudro, 2011).

The prevalence of diseases among adolescents rises in 2017 (from 215 452.8 to 217 772.5 per 100 thousand of the population concerned) with weight increased.

We agree with the opinion of the researchers (Moiseenko, Dudina, & Goyda, 2017; Shchudro, 2011) and Ban Ki-moon (2011), that revealed patterns are likely caused by both anatomical, physiological characteristics of children of early age, and the duration of the influence of adverse environmental factors, as well as the problems of prophylaxis and dispensaries, which is displayed in the form of non-registration of the children's population and later appeal for medical assistance.

For the period of 2009-2013, the morbidity of children aged 7-14 was wavy with the peak in 2010, with overall increase by 1.2% and in 2013 it was 1305.81, which was lower than the morbidity of 0-6 year old children (1545.44 for 1.000 children of the corresponding age). In general, the negative dynamics in morbidity rate of children aged 7-14 years during the last 5 years showed the tendency towards the decrease in the morbidity of 6 classes of illnesses: endocrine, nutritional and metabolic diseases, diseases of the nervous system, mental and behavioral disorders, diseases of the respiratory system, diseases of the digestive system, symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified. The negative tendency of the 15-17 year old adolescents' morbidity was due to its increase in 14 classes of diseases, mainly due to the growth of neoplasms (25.2%), diseases of the ear and mastoid process (15.2%), diseases of the skin and subcutaneous tissue (13.9%). At the same time, the decrease of morbidity was noted only for mental and behavioral disorders (10.7%), congenital malformations, deformations and chromosomal abnormalities (7.0%) (Gaborets, 2017).

Table 2. Structure and morbidity level by the classes of diseases among children aged 0-17 in Ukraine in 2016

Classes of diseases	Morbidity level among children and adolescents by the classes of diseases			
	children (0-14 years inclusive)		adolescents (15-17 years inclusive)	
	per 100 thousand of corresponding population	specific weight (%)	per 100 thousand of corresponding population	specific weight (%)
All diseases	132 750,8	100,0	124 975,6	100,0
Certain infectious and parasitic diseases	4 684,8	3,5	3 569,0	2,9
Neoplasms	283,9	0,2	670,4	0,5
Diseases of the blood, blood-forming organs and certain disorders involving the immune mechanism	1 371,1	1,0	849,2	0,7
Endocrine, nutritional and metabolic diseases	1 340,5	1,0	2 497,6	2,0
Mental and behavioral disorders	403,3	0,3	407,5	0,3
Diseases of the nervous system	1 555,6	1,2	3 084,7	2,5
Diseases of the eye and adnexa	4 013,1	3,0	5 142,3	4,1
Diseases of the ear and mastoid process	3 867,7	2,9	3 466,0	2,8
Diseases of the circulatory system	650,0	0,5	1 565,6	1,3
Diseases of the respiratory system	93 441,0	70,4	72 388,1	57,9

Continued Table 2

Diseases of the digestive system	4 345,0	3,3	5 712,8	4,6
Diseases of the skin and subcutaneous tissue	6 182,6	4,7	8 178,2	6,5
Diseases of the musculoskeletal system and connective tissue	2 227,8	1,7	4 780,4	3,8
Diseases of the genitourinary system	2 003,5	1,5	5 438,5	4,4
Pregnancy, childbirth and the puerperium	6,0		611,7	0,2
Certain conditions originating in the perinatal period	812,5	0,5	*	*
Congenital malformations, deformations and chromosomal abnormalities	629,0	0,5	177,7	0,1
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	206,3	0,2	154,4	0,1
Injuries, poisoning and certain other consequences of external causes	4 732,1	3,6	6 594,9	5,3

Notes. * – no data available

The morbidity and prevalence of diseases of children and adolescents directly affect their disability and, in the future, the formation of primary disability of 18 year-old persons.

According to the statistical data, by the end of 2016, there were 156099 children with a status of a child with disability, which amounted to 205.0 per 10 thousand children, in 2016, that status was established for 16311 people, which was 21.4 per 10 thousand of children population.

The highest ranked places for the accumulated child disability by the end of 2016 were Chernihiv (258.4), Kiev (251.7) and Zhytomyr (247.3) regions, the lowest – Odessa (172.9), Kherson (190.8) and Luhansk regions (198.8 per 10 thousand of children population). By the primary disability of children in 2017, the highest places were taken by Vinnitsa (27.6), Chernihiv (27.2), Kiev (26.4) and regions, and the lowest ones were Kharkiv (18.8), Odessa (19.6), Khmelnytsky (19.7 per 10 thousand of children population) regions (see Table 3).

We decided to analyze the structure of primary disability in those areas according to the classes of diseases. The prevalence of primary disability of young people due to mental and behavioral disorders, congenital malformations, deformations and chromosomal abnormalities, diseases of the nervous system and diseases of the eye and adnexa is common to all of those regions, as for Ukraine as a whole. Among those areas, the highest number of people over 18 with primary disability was in Lviv region (congenital malformations, deformations and chromosomal abnormalities – 188, mental and behavioral disorders – 180, diseases of the nervous system – 86 cases); in Zhytomyr region (mental and behavioral disorders – 86, diseases of the nervous system – 51, congenital malformations, deformations and chromosomal abnormalities – 48 cases) and in Chernivtsi region (mental and behavioral disorders – 55, diseases of the nervous system – 49, congenital malformations, deformations and chromosomal abnormalities – 46 cases). Somewhat different was Vinnitsa region, in which high rates were by classes of diseases: congenital malformations, deformations and chromosomal abnormalities – 62, diseases of the nervous system – 51, endocrine, nutritional and metabolic diseases – 40 cases).

Table 3. The number of people under and over the age of 18 with the disability status in Ukraine in 2017

Administrative territories	The number of people with the disability status					
	under 18				over 18	
	at the end of 2017		in 2017		in 2017	
	absolute	per 10 thousand of children population	absolute	per 10 thousand of children population	per 10 thousand of adult population	per 10 thousand of working-age population
Vinnitsa region	6 965,0	239,6	801,0	27,6	3,4	4,8
Volyn region	5 516,0	230,5	562,0	23,5	4,1	5,4
Dnipropetrovsk region	13207,0	229,6	1 317,0	22,9	1,7	2,4
Donetsk region	6 880,0	224,0	738,0	24,0	2,0	3,0
Zhytomyr region	5 999,0	248,1	572,0	23,7	3,8	5,3
Transcarpathian region	6 675,0	228,6	737,0	25,2	3,7	4,8
Zaporozhye region	6 880,0	233,9	761,0	25,9	1,9	2,7
Ivano-Frankivsk region	5 971,0	214,2	641,0	23,0	4,0	5,4
Kiev region	8 325,0	252,4	866,0	26,4	2,6	3,6
Kirovograd region	3 773,0	221,2	337,0	19,8	2,8	4,0
Lugansk region	2 190,0	202,0	233,0	21,5	2,0	2,9
Lviv region	10917,0	225,1	1 193,0	24,6	3,3	4,5
Mykolaiv region	4 893,0	234,7	482,0	23,1	2,2	3,1
Odessa region	8 097,0	176,3	901,0	19,6	2,3	3,2
Poltava region	5 258,0	224,1	563,0	24,0	2,7	3,8
Rivne region	6 660,0	239,3	707,0	25,4	4,5	5,9
Sumy region	3 712,0	214,1	362,0	20,9	2,7	3,9
Ternopil region	4 626,0	231,9	466,0	23,4	2,8	3,9
Kharkiv region	9 116,0	213,9	802,0	18,8	1,5	2,1
Kherson region	3 876,0	195,9	408,0	20,6	2,3	3,2
Khmelnitsky region	5 679,0	238,0	471,0	19,7	1,9	2,7
Cherkassy region	4 527,0	222,9	419,0	21,7	0,8	1,2
Chernivtsi region	4 315,0	233,9	464,0	25,2	3,6	4,9
Chernihiv region	4 299,0	261,3	448,0	27,2	2,4	3,5
Kyiv city	10688,0	203,5	1 152,0	21,9	1,6	2,2
Ukraine	159044,0	208,8	16 424,0	21,6	2,5	3,5

Notes. * – no data available

Those common and different data may indicate general trends and regional peculiarities of the establishment of the disability, which require further investigation.

Healthcare system that is the most similar in structure with the Ukrainian one is the system of the UK. Consequently, the comparison of indicators, predictors and further development might be the most relevant. Nevertheless in all countries there is a link between health and socio-economic status in addition to the occupation of people, which may be the indicators of the way of life, values and standards of different population groups' life (Naidoo,

Wills, 2016). In UK the significant factors are income, social position, education, housing, living and working environment (Fig. 1).

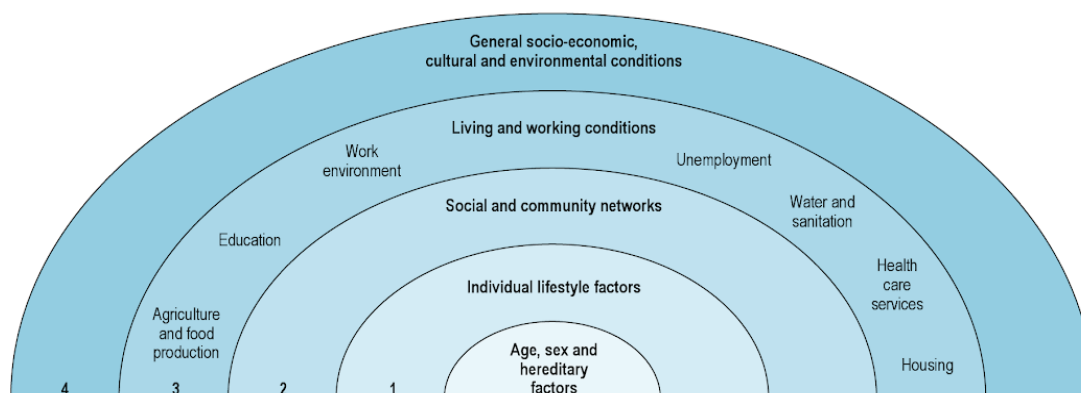


Figure 1. The main health determinants. (From Naidoo, Wills (2016), Foundations of health promotion. Elsevier)

If we compare youth morbidity and disability in Ukraine according to the territorial factor and classes of diseases, we see the regional socio-economic structure in Ukraine. According to British fundamental research, it may be clearer as for the implementation of the policy of Council of Europe strategy on the rights of people with disabilities in Ukraine.

Conclusions

The system analysis of children and adolescents' health status in Ukraine shows that in recent years, the destabilization of their health is maintained, and it directly affects the level of primary disability of persons aged 18. Problems with the children's population health status remain for Kyiv and Kyiv and Chernihiv region, where the morbidity and prevalence of diseases were and remain the highest in Ukraine.

There is a tendency for increasing the morbidity of children with the age. In the structure of the prevalence of diseases in children, the highest ranking positions are occupied by the diseases of the respiratory system (57.7%), diseases of the digestive system (5.9%), diseases of the eye and adnexa (4.7%), and for adolescents – diseases of the respiratory system (38.2%), diseases of the digestive system (8.9%), diseases of the eye and adnexa (7.9%), diseases of the musculoskeletal system and connective tissue (7.6%).

The morbidity and prevalence of diseases in children and adolescents directly affect their disability and, in the future, the formation of primary disability in 18 year old persons.

An urgent solution to the question of the systematization (bringing the forms of reporting to unification, to the same nature of the analysis of nosological forms and calculation of the unified number of the corresponding age population) of the data on morbidity and disability of the population of Ukraine is needed in order to create a unified information sociological space for the state of health of the population of Ukraine, the development and conduction of events for the prevention of primary disability in Ukrainian youth.

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UKRAINIAN YOUTH MORBIDITY / DISABILITY IN THE FOCUS OF THE COUNCIL OF EUROPE STRATEGY ON THE RIGHTS OF PEOPLE WITH DISABILITIES FOR 2017-2023

Summary

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The dynamics of morbidity and prevalence of diseases among the children's population in Ukraine in recent years is analyzed in the present article. **The object of the research** is the incidence and prevalence of diseases among children of different ages by regions and its dynamics. **The aim** is to develop approaches to the analysis of morbidity / disability of children, adolescents and young people in Ukraine. Public data on young people with disabilities in Ukraine are rare and do not give a general idea of the link between morbidity and disability, and because that information is available only by regions, not nosological forms, it cannot provide a general picture of morbidity / disability of young people in order to develop organizational measures to reduce that. We consider the approaches to reveal the connection of multi-directional trends in statistics of the last years and see the increase in incidence and prevalence of diseases among 7-14 year old children and adolescents, reduction of child morbidity in the first year of life, incidence and prevalence of diseases among 0-6 year old children. There is a tendency for increasing the morbidity of children with the age. According to the results of the analysis, morbidity and prevalence of diseases in children and adolescents directly affect their disability and, in the future, the formation of primary disability of 18 year old persons. Consequently, it is important to systematize the data on morbidity and disability of the population of Ukraine (bringing the forms of reporting to unification, to the same nature of the analysis of nosological forms and calculation of the unificated number of the corresponding age population) in order to create a unified informational sociological space and more effectively work on the prevention of primary disability in Ukrainian youth.

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