

# **GEORGIAN MEDICAL NEWS**

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ISSN 1512-0112

NO 3 (336) Март 2023

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ТБИЛИСИ - NEW YORK



**ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ**

Медицинские новости Грузии  
საქართველოს სამედიცინო სიახლენი

## GEORGIAN MEDICAL NEWS

Monthly Georgia-US joint scientific journal published both in electronic and paper formats of the Agency of Medical Information of the Georgian Association of Business Press.  
Published since 1994. Distributed in NIS, EU and USA.

**GMN: Georgian Medical News** is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

**GMN: Медицинские новости Грузии** - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

**GMN: Georgian Medical News** – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

### WEBSITE

[www.geomednews.com](http://www.geomednews.com)

## К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

**При нарушении указанных правил статьи не рассматриваются.**

## REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)  
[http://www.icmje.org/urm\\_full.pdf](http://www.icmje.org/urm_full.pdf)

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned  
Requirements are not Assigned to be Reviewed.**

## ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრაფიების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

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## INTERIM ANALYSIS OF PRIMARY HEALTHCARE SPECIALISTS TRAINING IN THE UNIVERSALLY PROGRESSIVE MODEL OF HOME-BASED SERVICES: ANTICIPATED PROSPECTS IN THE SOCIAL AREA

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### Abstract.

This is an overview of the Interim analysis of primary healthcare specialists training in a universally progressive model of home-based services in the city of Astana, Akmola, and North Kazakhstan regions. A total of 482 persons were trained. Questionnaires filled in by trainees were analyzed.

**Key words.** Home-based services, child development, the art of upbringing.

### Introduction.

A universally progressive model of primary healthcare for pregnant women and young children, developed by the WHO/UNICEF for practical application in outpatient services. This course is being implemented as part of the Densauyk State Program, as it is an effective tool for improving the health, growth, development, and well-being of children and women [1,2]. The need to improve the existing home-based primary healthcare service has been long-standing due to the present-day changes in the living conditions of society. In the old home-based primary healthcare model, home visits by nurses to women and children were limited to a brief communication with the mother, during which the focus was primarily on the health of the child; the necessary forms were filled out for a follow-up report, and mother was informed about upcoming vaccinations and doctor's appointment hours at the clinic. Active visits to a sick child were made by a doctor.

During the visit, the medical worker did not assess socio-medical risks, in particular, how much parents are child-oriented; did not pay attention to his/her development and positive upbringing methods; did not take into account such things as the well-being of parents and relationships in the family. The time allocated for home-based primary care was limited. Consequently, such healthcare was purely medical. All of the above did not contribute to improving the well-being of parents and the effective performance of their parental duties aimed at ensuring the harmonious development of the child and the development of his/her confidence and vitality.

Given the above, the Ministry of Health decided to modernize the home-based primary healthcare service in the Republic of Kazakhstan in terms of fulfilling the UN Sustainable Development Goals (2015).

The first stage in the implementation of this plan was pilot projects to introduce a new home-based primary healthcare model in two regions – Atyrau and Kyzylorda. The second stage was the training of trainers from among the faculty of medical colleges and medical universities in this model to train primary health care workers (PHC) and then implement the acquired knowledge into their practice.

**Goal.** The assessment of the knowledge of PHC health workers trained under the

"Universally Progressive Model of Home-based Healthcare Services for Pregnant Women and Young Children" Program.

To achieve this goal, the work on the training of PHC specialists was analyzed.

### Materials and Methods.

The analysis of the work performed by trainers from NJSC "Astana Medical University" in Astana, in Akmola and North Kazakhstan regions during 6 months of 2019 (from April 22 to September 20) is presented here. During this period, 482 healthcare workers were trained. The structure of specialists trained in the cycles is presented in Table 1.

The main group was comprised of advanced registered nurse practitioners - 48.2% of all trainees; general practitioners - 29.2%, pediatricians - 13.4%, psychologists and social workers 4.6% each.

The cycle consisted of two blocks - basic and advanced. The duration of each of them was 54 hours. Pre-testing was done at the beginning of each block. The questions in the tests related to the topics discussed during the training. There were 26 tests for the basic block, and 20 for the advanced block. Post-test was taken upon completion. Interactive teaching methods, such as small group work, brainstorming, discussion, creative assignments, and case studies were used in the process of presenting the materials.

The structure of the basic block provides for practical training in the form of patient appointments in polyclinics, based on the universally progressive model that is being introduced. In the process of passing the advanced block, home-based visits were made to socially vulnerable families assigned to the sites. Families were visited by students of 4 people.

During the home visit, the child and family were assessed using new approaches to monitoring the child's development and needs. For these purposes, a methodological recommendation was used titled "10 steps for monitoring the development of a young child", as well as a child needs triangle chart (Figure 1) [3,2].

As can be seen from the above figure, the child's needs triangle has the following sides:

1. The child's developmental needs.
2. Family and environmental factors.
3. Parenting capacity.

Each side comprises 6-7 points related to a child's health and development, the environment in which he or she lives, as well as housing, parents' work, income, and social integration [2].

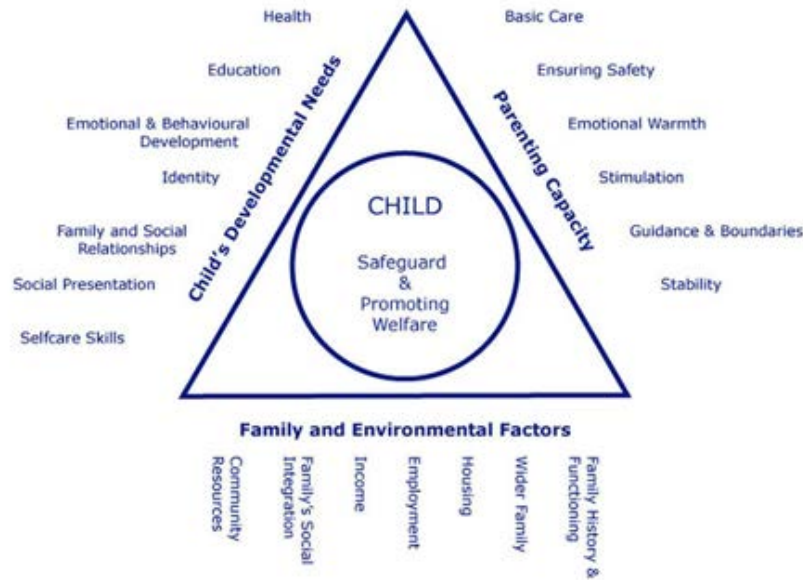
During home-based primary healthcare visits, the strengths and weaknesses of the family were identified, which were displayed in the eco-maps of the child and the family. After each class, a debriefing was held with the audience. At the end of the training



**Table 1. Audience Structure.**

Structure	General Practitioners		Pediatricians		Advanced registered nurse practitioners		Social workers		Psychologists		
	Abs.	%	Abs.	%	Abs.	%	Abs.	%	Abs.	%	
Number	141	29.2	65	13.4	232	48.2	22	4.6	22	4.6	
Total	482					100%					

### Child's Needs Triangle Chart



**Figure 1. Child Need Triangle Chart.**

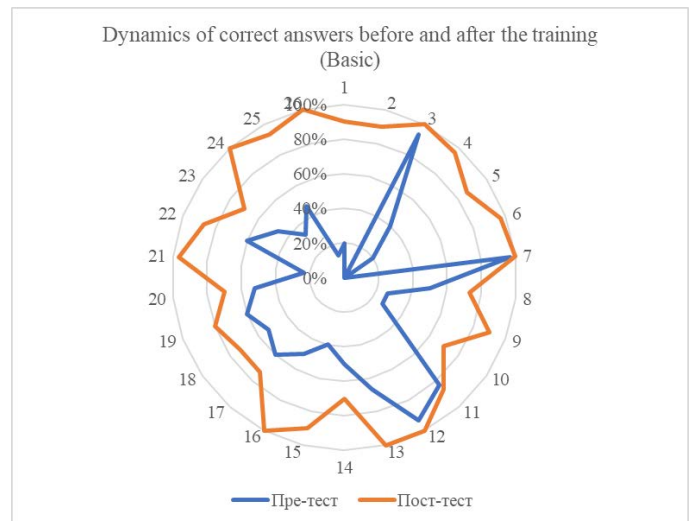
sessions, the trainees filled out anonymous questionnaires with questions about the quality of the course, comments on improvement, and their wishes.

**Results.**

Based on the evaluation of the results of pre-tests and post-tests on the basic block, it should be noted that the most difficult questions to understand were as follows:

1. Early childhood age gradation?
2. What is the ratio of the brain mass of a 3-year-old child to the mass of a mature brain?
3. How many times does the activity of the brain of a child under 3 years of age exceed the activity of an adult brain?
4. Which of the most important nutritional factors determines optimal brain development?
5. How common is postpartum depression in women? The dynamics and effectiveness of the answers to the pre- and post-test questions are shown in Figure 2, which shows the number of test questions around the circle, and the percentage of correct answers in the center. The red curve is the post-test responses, while the blue curve is the pre-test responses.

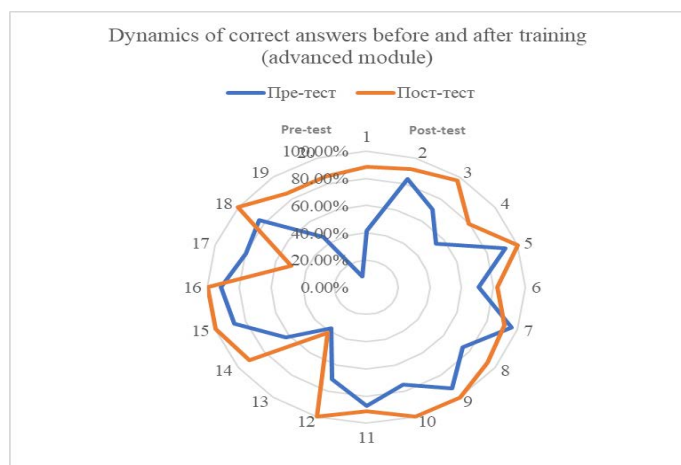
As follows from the figure, the percentage of correct answers before and after training differ considerably. At the end of the basic block, the majority of trainees (from 60 to 100%) answered all the questions correctly, which indicated a good assimilation of the training material for the basic block.



**Figure 2. Dynamics of correct answers before and after training (basic).**

Figure 3 shows the dynamics of testing for the advanced block, based on the knowledge gained from the basic block and supplemented with new modules. The figure clearly illustrates a better understanding of the studied material, which was reflected in the number of correct answers to the pre-test of the advanced block versus the basic one.

At the same time, there were quite difficult questions, such as:



**Figure 3.** Dynamics of correct answers before and after training (advance).

1. What is meant by the "Environmental Principle" of mother and child home-based primary healthcare?

2. List case management steps.

3. Why is it important to recognize your importance in working with families? There has been a positive trend in the trainees' understanding of following the sequence of all the case management steps. The question of understanding one's importance in working with a family received a low rating, which indicated that the audience did not understand the importance of having a conversation with parents in the peer-to-peer context.

In the course of counseling and home-based primary healthcare visits, trainees used non-verbal communication skills, paying attention to the interlocutor with empathy and asking open-ended questions [4].

When analyzing information on children's nutrition, it should be emphasized that based on preliminary data, only 31% of children were exclusively breastfed for up to 6 months. 49% were on mixed feeding and 20%—on formula feeding. 73% of children began to receive complementary foods starting from 6 months. The most frequently used products were poultry meat, cereals, bakery products, dairy products, and peas from the legumes group. Fruits and vegetables were consumed in smaller quantities. Children preferred thin soups, and cereals [5]. There were few nutritious snacks in the diet. According to mothers, children often eat cookies, drink tea, and love sweet juices. By the age of 1 year, 89% of children switch to common food. Only 23% of children are breastfed up to 2 years of age.

The upbringing and care of children are primarily done by women. Most fathers are not involved in the process of raising and caring for children during the neonatal period and infancy, due to stereotypes of fathers' behavioral standards, stigma, and discrimination accepted in society. As a rule, regular communication between fathers and children begins at the age of six months, but it is intermittent and short-lived. Parents don't read books. They don't talk with their children much. The information about the involvement of fathers in the upbringing of children and the need for regular reading (at least 15 minutes) was perceived by mothers with joy and enthusiasm. The

research findings on the early development of the child's brain, which were reported to parents during family visits, were new and unexpected for all family members, especially for fathers. The importance of environmental safety for the growth and development of the child was also new to parents. In particular, when assessing the environment during home visits, it was found that many families with many children live in cramped housing conditions.

A comparative analysis of home-based primary healthcare visits in rural areas, and small towns showed that families with many children are not sufficiently aware of the services provided by state organizations, and public associations (non-governmental organizations), compared with megacity residents.

What stands out is poor intersectoral interaction between the outpatient department and other government and non-government organizations. In rural areas and small towns, there are fewer social workers compared to large cities, and the range of services they provide is wide, but the not much choice as to motivating levers, which leads to a lack of motivation, and as a result, staff turnover. When evaluating the results of home-based visits, the initial alertness of parents, their concern, and then surprise and hope that the implemented home-based primary healthcare model will help children become healthy, harmoniously developed, and resilient; strengthen the families, and solve many social problems in families was noted.

### Discussion.

During the debriefings, the trainees assessed the new knowledge they had gained. According to most of them, the introduction of a universally progressive model of home-based primary healthcare services for pregnant women and young children into the PHC practice carries far-reaching prospects for addressing social problems of the community and will make the "invisible things visible". This first of all depends upon the willingness of mothers to breastfeed exclusively and to timely introduce full complementary foods, which ensures the health and harmonious development of the younger generation, regardless of social status. Moreover, parents' understanding of the need for regular reading, games, communication with children, and memorizing poems determines the best cognitive development of the child through brain activation.

In addition, timely identification of children with special health abilities and support for their further development will allow them to realize their potential.

The universally progressive model of home-based primary healthcare for pregnant women and children is not only a solution to health and development problems but also the prevention of divorce, social orphanhood, abandonment of children, abuse, and violence in families, as well as the prevention of suicide among adolescents. The importance of the latter is determined by the increase of this problem in our country since due attention is not paid to the formation of trust-based, warm relationships between children and parents. It is well-known that family support allows a child to develop such character traits as confidence, resilience, skills, and abilities to constructively solve problems and helps in overcoming crises in adolescence and throughout life [6,7].

An equally important aspect is the prevention of abandonment of elderly parents since this program is aimed at forming attachments between children and parents.

During the discussion, proposals were made that the effective introduction of a new home-based PHC model can only be implemented with the allocation of a separate salaried office of a home-based service worker for each zone covered by the polyclinic.

An important factor in the successful implementation and full-scale implementation of this program is the training of chief managers of polyclinics.

### Conclusion.

1. PHC specialists working in Astana, Akmola, and North Kazakhstan regions are familiar with the new model of home-based services, are aware of the work principles, and know the methods, which will contribute to a constructive attitude towards the planned implementation.

2. The planned introduction of a new home-based services model at the PHC level will lead to a reduction in medical and social risks and a health improvement in society.

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პირველადი სამედიცინო-სანიტარული დახმარების მუშაკების პატრონაჟული მომსახურების უნივერსალურ-პროგრესული მოდელის სწავლების შედეგების ანალიზი: მოსალოდნელი პერსპექტივები სოციალურ სფეროში

გ.ტ. ატალიკოვა, ლ.ტ. საპაროვა, ს.ნ. ურაზოვა, ე.მ. ცაი, სირ. ს.ჟუკაბაევა, სოფ. ს.ჟუკაბაევა

არაკომერციული სააქციო საზოგადოება „სამედიცინო უნივერსიტეტი ასტანა“ ქ. ასტანა, ყაზახეთი  
წარმოდგენილია ქალაქ ასტანაში, აკმოლინსკისა და ჩრდილოეთ-ყაზახეთის ოლქებში პირველადი სამედიცინო-სანიტარული დახმარების მუშაკების პატრონაჟული მომსახურების უნივერსალურ-პროგრესული მოდელის სწავლებასთან დაკავშირებული მუშაობის მიმდინარე ანალიზი. სულ სწავლება გაიარა 482 ადამიანმა. განხორციელდა მსმენელთა ანკეტირების შედეგების გაანალიზება.

საკვანძო სიტყვები: პატრონაჟი, ბავშვთა განვითარება, აღზრდის ხელოვნება

**Анализ результатов обучения работников ПМСП универсально-прогрессивной модели патронажного обслуживания: ожидаемые перспективы в социальной сфере**

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Представлен текущий анализ работы по обучению работников ПМСП универсально- прогрессивной модели патронажного обслуживания в г. Астана, Акмолинской и Северо-Казахстанской областях. Всего прошли обучение 482 человека. Проанализированы результаты анкетирования слушателей.

**Ключевые слова:** патронаж, развитие детей, искусство воспитания.