

mechanically compressed by the fetal head [28]. Violation of venous flow and tissue hypoxia ensure direct activation of arteriovenous anastomoses located in the cavernous space of the rectum. The longer the period of childbirth, the more clearly these processes are revealed [29]. After childbirth, the sphincter of the anus gradually shrinks, the internal nodes become smaller and straighten independently, but with a rapid contraction of the sphincter, the nodes can be compressed and an acute complication may develop [6,10]. Conservative treatment is carried out in the acute and initial stages of chronic inflammation. The goal of therapy is to relieve pain and inflammation, normalize blood circulation in the rectum [30].

Conservative treatment includes: systemic treatment with phlebotonics and anticoagulants, ointments, gels, suppositories and microclyses that improve wound healing, local treatment with analgesic and antipruritic drugs [31]. At the same time, a diet containing foods rich in fiber is prescribed: vegetables, fruits, flour products. Spicy foods, spices and alcohol should be excluded from the diet [6,7,52]. In the period of pregnancy and the postpartum period, budesonide has a significant impact not only on the patient's condition, but also on the quality of life. When choosing a drug for the treatment of a pregnant or lactating woman, we must consider the safety of the patient, as well as the fetus and newborn, and the final effect of the treatment [32,35]. In half of the women who had hemorrhoids during pregnancy, there is an outbreak of the disease after childbirth. According to a number of authors, more than 50% of pregnant women suffer from hemorrhoids, their number increased to 80% in the later period [5,34]. In the first trimester of pregnancy, the disease occurs in 33% of pregnant women, in the second trimester - in 35%, in the third trimester - in 42%, after childbirth - in 41%, and the frequency of the diagnosis increases significantly as the age of pregnant women increases [7]. It causes the disease to worsen after childbirth in women who have had hemorrhoids before giving birth. More than half of women who have had a miscarriage during pregnancy complain of severe postpartum illness [36,37].

Despite the fact that this problem has been well studied for a long time, there are certain difficulties in solving it, which is often associated with multidisciplinary pathology in medicine. Obstetricians and gynecologists refer pregnant women with cystic fibrosis to special specialists "send". Surgeons and coloproctologists, in turn, are "afraid" to treat hemorrhoids in pregnant women. Because in almost all indications for the treatment of cystitis, the use in pregnant women is not recommended or recommended with caution [4,11,38].

Pregnant women are a very vulnerable group with a high risk of developing complications. Therefore, it is very important to study the characteristics of the development of hemorrhoids in pregnant women. These factors reach their maximum level in the 3rd trimester of pregnancy [1 2].

The continuous and increasing compression of the pelvic vessels by the uterus plays a leading role in the rapid expansion of the rectal vessels. Current evidence suggests that

medical treatment with phlebotropic drugs, topical agents, and a high-fiber diet are the preferred strategies for treating early stage chronic vasculitis and acute vasculitis thrombosis [39]. Currently, most doctors do not recommend taking any medication during pregnancy, and attribute it to the negative effect on the fetus. In turn, many pregnant women seek to protect themselves from taking the drug for the same reasons [40]. Unfortunately, this practice also applies to drugs used during pregnancy, in particular, as phlebotonics. As a result of this approach, despite the many publications devoted to various aspects of hemorrhoids, many issues of prevention and treatment of hemorrhoids and its complications in pregnant women are still controversial [41]. The need for preventive measures, timely detection of the disease and medical treatment in pregnant women is important for ensuring a normal course of pregnancy and reducing the risk of postpartum complications. Additional research is being conducted to find optimal ways to manage pregnant women with ovarian cysts in order to develop recommendations for implementing a set of diagnostic and treatment measures in these women [5,15,42]. The "gold standard" of hemorrhoid treatment is hemorrhoidectomy, a surgical method that has been used since the middle of the 20th century [13]. In the USA and European countries, usually hemorrhoidectomy is currently performed only in 17-21% of patients, and the rest are treated with minimally invasive methods [16,17,43]. At the same time, in Russia, hemorrhoidectomy is the most common treatment method, which is performed in 75% of patients, and minimally invasive methods are used in only 3% of patients [9,22,25,26,44]. In order to reduce the risk and effectiveness of hemorrhoid treatment, minimally invasive outpatient treatment methods have been developed: sclerotherapy, latex ligation, infrared photocoagulation, suturing of hemorrhoidal arteries under the control of ultrasound dopplerometry [15].

In recent years, surgery as an independent method of treatment is used only in 20-25% of patients, and even then it is performed only in the late stages of the disease [8]. When choosing a method of treatment for hemorrhoids, it should be remembered that in the absence of normal anatomical conditions and clinical signs of the disease, one should not rush to surgical treatment. Conservative treatment plays a leading role in the early stages of acute and chronic disease [3, 14]. Their main purpose is to relieve pain and inflammation, normalize blood circulation in the rectum and regulate digestion. Conservative medical treatment can be general (drugs that increase vascular tone, improve blood flow through small vessels and cavernous veins) and local (wound healing, analgesic and antipyretic ointments, suppositories, microclysms and baths) [9, 15,46,52]. In addition, it is important to prevent the onset of the disease: fight with diarrhea, eat right, limit the use of spicy food and alcohol, observe defecation hygiene, prevent hypodynamia, etc. [47].

First of all, it is necessary to fight constipation and prevent constipation for a long time. A diet rich in fruits and vegetables can help with this. Patients with hemorrhoids are strictly prohibited from alcohol, salty, spicy food, because these products increase the blood filling of the pelvic veins and, first of all, blood filling in hemorrhoidal venous

entanglements [48]. Eating fatty foods slows down the digestion process and thus creates conditions for the development of constipation. It is recommended to limit the use of onions, mustard, black bread, legumes, unripe fruits and berries. Broccoli, corn, carrots, ripe apples, beets, cabbage, potatoes, raisins, apricots, dried apricots and honey are recommended [47,48,52]. Porridge, especially if eaten by grinding barley or oatmeal, also prevents constipation. If prone to constipation, the 3rd diet table is recommended. If prone to diarrhea, table 4b is recommended. In addition, it is advisable to use the following: regular consumption of enzyme preparations, substances affecting the flora and peristalsis of the small and large intestine, hydrophilic colloids or liquid; Plant and flax seeds are often used abroad. If you are prone to diarrhea, it is advisable to take adsorbents that improve absorption, enzyme and bacterial preparations, and substances that affect the peristalsis of the small and large intestines [1,49]. Increasing the strength of the muscles of the anal area and abdominal wall, reducing the dampness in the veins of the small groin area, physical therapy, hygienic gymnastics help to improve the function of the large intestine. It is also recommended to lie with the pelvis elevated for 15 minutes 2-3 times a day, for example, on a small pillow [9 11,50]. Hypothermia, especially in the lower part of the body, is very important not to sit on a cold surface, to avoid long (over 1 hour) walking and long standing or sitting work [51]. The use of personal hygiene products after each defecation has a good preventive effect. Washing with warm water, even cold water, can be continued for a short time (from 15-30 to 60 seconds) to wash the anal area with cold water [10, 14]. When choosing a drug for the treatment of a pregnant or lactating woman, it is necessary to consider its safety for the patient as well as for the fetus and newborn, which significantly limits the choice of the doctor [2]. The basis of the general treatment is the use of phlebotropic drugs that affect the increase in venous tone, the improvement of microcirculation in the cavernous bodies, and the normalization of blood flow in them [7, 11]. This group includes glyvenol, rutoside, cyclo-3 Forte, diosmin and ginkor forte. Heparin ointment, gincorprocto, Proctoglyvenol and Hepatrombin g are usually used as local thrombolytic and anti-inflammatory effects . The drug of choice for improving the regeneration of the anal canal and mucous membrane of the vagina is posterizan in the form of suppositories and ointments[1, 8, 10].

Women with asymptomatic cysts are prescribed only preventive measures. In the I-II stages of the disease, suppositories and ointments, syrups of medicinal herbs and oral medications are treated. Rectal suppositories containing analgesic components can be used after defecation. Oil suppositories can be placed in the spasm of the anus sphincter. If the cyst comes together with an anal fissure and acute cyst is treated conservatively in the hospital. It includes rest, nutrition, cleansing enemas, drugs normalizing intestinal activity, novocaine blockade in the anus, local treatment with suppositories and ointments. When removing internal nodes, without acute inflammatory phenomena, they are carefully performed on the nodes after defecation. (this is best done in a hot sitting bath). When there is an urge to defecate, small cleansing enemas are recommended. Women are

strictly prohibited from hard physical labor and some domestic work. At the time of onset of the disease, pregnant women who are affected by the disease are forced to go to the hospital and undergo surgical treatment. Terms of operation are determined separately. Patients with such complications are treated with surgery (hemorrhoidectomy) or minimally invasive treatment methods (small or bloodless operations). Such methods include sclerotherapy, rubber band ligation, infrared photocoagulation, and laser coagulation. If the condition of the pregnant woman is normal, all interventions are transferred to the postpartum period. Aggravation of the uterus, especially in combination with postpartum injuries, is the most common disease that affects the quality of the postpartum period. Both men and women suffer from hemorrhoids in the same way. One of the main factors in the development of cysts in women is pregnancy and childbirth. The treatment of hemorrhoids in pregnant women is slightly different from the treatment of this pathology in all other people. Any drug used by a pregnant woman, even for local use, cannot be considered completely safe for the fetus, therefore, the drug should be used during pregnancy only if it is necessary and the potential benefit of the drug clearly exceeds the possible harm to the mother and fetus.

In conclusion, in most cases, hemorrhoids in pregnant women can be treated with conservative means, and in rare cases there is a need for hemorrhoidectomy. Thus, emergency hemorrhoidectomy is 0.2% in pregnant women [12]. Treatment of hemorrhoids in pregnant women is dominated by local conservative treatment, diet and disease prevention methods. The most important conditions for the successful treatment and prevention of this disease are the normalization of the gastrointestinal tract, the regulation of the consistency of the intestinal contents and the transit of feces through the large intestine. For this purpose, a diet rich in plant fiber is recommended, with regular and adequate consumption of water and osmotically active nutrients such as fruit and vegetable juices. Of course, the most effective and safe medicines are always given, including those made from natural ingredients.

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STEAM TA'LIM ORQALI BOLALARDA IJODKORLIKNI RIVOJLANTIRISH.

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"Maktabgacha ta'lim yo'nalishi" 1-bosqich 2mt22 guruh talabasi

Annotatsiya: *Ushbu maqolada maktabgacha yoshdagi bolalarni maktab ta'limiga tayyorlashda STEAM ta'limi orqali bolalarda ijodkorlikni rivojlantirishi haqida so'z boradi.*

Abstract: *This article talks about the development of creativity in children through STEAM education in preparing preschool children for school education.*

STEAM o'qitish professional rivojlanish ishlari: bolalarning ijodkorligi va motivatsiyasiga ta'siri

STEAM (San'at bilan boyitilgan STEM) ni maktabgacha yoshdagi bolalar ta'limiga olib kirishning istiqbolli usuli bu Kasbiy rivojlanish yo'lidir. Uning odatiy faoliyatdan asosiy farqi shunchaki kognitiv ta'limga emas, balki ijtimoiy ko'nikmalarga ega bo'lgan ijodkorlikni joriy etishdadir va shuning uchun STEAM o'qitishda pedagoglar ta'lim berishning yangi usullari bo'yicha treningga muhtoj. Kundalik maktabgacha ta'lim yoshdagi bolalar hayotida STEAMni o'rnatish uchun samarali ta'lim berish usullaridan foydalanish kerak.

"STEAM" kalit so'zi klassik STEM o'qitishda (Fan, texnologiya, muhandislik va matematika) san'at (A) va ijodkorlik integratsiyasini anglatadi. Bu ta'lim maktabgacha ta'lim yoshdagi bolalarni ijodiy aralashuvlar bilan boyitish va shu yo'l bilan har bir faoliyatni o'tishning mavhum, qiyin yoki hatto zerikarli bo'lishning oldini oladi. STEAM ta'limi har bir faoliyatni yanada jozibador qilishni ta'minlaydi. Bundan tashqari, ilmiy tafakkur faqat iste'dodga asoslanmaydigan ijodiy qobiliyatni talab qilishi e'tirof etilgan, lekin uni saqlab qolish va o'rgatish kerak. Hozirda ko'pgina mamlakatlarda o'quv dasturlarida STEAM ta'limida o'qitish tavsiya etilayapti. Kasbiy rivojlanish tashabbuslari pedagoglar tarkibiga tarkibiy o'zgarishlarni rag'batlantirishga yordam berishi kerak. Shu o'rinda bir savol tug'iladi.

Nima ijodkorlikni shu qadar jozibador qiladiki, ta'limning tarkibiy o'zgarishi talab qilinadi?

O'quv rejalarining kognitiv ta'lim maqsadlari va ijodkorlikka bo'lgan yangi talablar o'rtasidagi ziddiyatda pedagoglar nimaga erisha oladi?

Professional rivojlanish qanchalik samarali?

STEM ta'limini integratsiyalashuvi uchun tubdan o'zgartirishga intilish uchun ijodkorlikni nima jozibador qiladi?

Muayyan topshiriqni muvaffaqiyatli bajarish uchun o'z imkoniyatlarini baholash yoki baholash sifatida tavsiflangan o'z-o'zini samaradorligi, ichki motivatsiyaning elementidir.

O'z-o'zini samaradorlik his qilish, fikrlash, harakat qilish yoki o'zini-o'zi rag'batlantirish orqali xatti-harakatlar kabi o'zgaruvchilarga ta'sir qiluvchi etakchi kognitiv bo'lmagan tuzilmani tashkil qiladi. Ikkinchisi shaxsning xulq-atvorini maqsadni amalga oshirishga yo'naltirish uchun ichki harakat sifatida qaraladi. O'z-o'zini samaradorligi sog'lom, samarali shaxsni shakllantirishda va odamlarni o'rganishga undashda asosiy rol o'ynaydi. STEAM-dagi ijodkorlik bolalarning motivatsiyasini kuchaytiruvchi joriy tadqiqotlarda istiqbolli natijalarni ochib beradi. Yechim izlashda STEM Arts bilan birgalikda ushbu to'siqlarni bartaraf etishga yordam berish uchun muhokama qilinadi..

STEM o'quv dasturlari, STEAM ta'limning yangi formatida, ijodiy echimlarni rag'batlantirish uchun san'at va ijodiy jihatlar integratsiyasidan foydalanishi mumkin. Aql-idrokning tizimli modeli doirasida ijodkorlik hali ham muammolarni hal qilishning misli ko'rilmagan va samarali usuli sifatida aniqlanadi.

Ijodkorlikni tushuntirish uchun eng qiyin psixologik tuzilmalardan biri bo'lib tuyuladi. Agar ijodkorlik kam bo'lsa, uning ta'siri va ahamiyati ayon bo'ladi. Eng muhimi, muammolarni hal qilish uchun ijodiy fikrlash talab etiladi. Muammolar qanchalik murakkab bo'lsa, shunchalik ko'p ijodkorlik talab etiladi. Shu sababli, ijodkorlik yigirma birinchi asrning asosiy mahorati sifatida tan olingan.

Ijodkorlik uchun munosabat muhim hisoblanadi. Ijodkor shaxs ham, uning ijtimoiy muhiti ham g'oyalarni shakllantirish jarayoniga katta ochiqlikni talab qiladi.

Ijodkorlik qo'rquv va zerikish o'rtasidagi muvozanatni saqlashi kerak, bu ijodkorlikning evolyutsion ustunligini tushuntirishi mumkin. Odamlar yangi muammoga duch kelganlarida, omon qolish uchun ong va xavf o'rtasidagi muvozanatni saqlab, yechimlar bilan tajriba o'tkazdilar. Ushbu evolyutsion fonni hisobga olgan holda, inson ijodining arxetipi muammoni hal qilish qobiliyati ekanligi ayon bo'ladi, uning rivojlanishi uchun xavfsizlik kerak. Ijodkorlikning STEM ta'limiga (STEAM) integratsiyasi bir nechta imkoniyatlarga ega bo'lishi mumkin. Bir tomondan, STEAM bolalarni muvaffaqiyatli olim bo'lishga o'rgatishi mumkin, chunki ular ijodiy fikrlash qobiliyatlarini rivojlantirishlari kerak. Boshqa tomondan, ijodkorlik motivatsiya bilan chambarchas bog'liq deb hisoblanadi, chunki ijodiy sub'ektlar kashfiyot jarayonini eng yoqimli tajriba deb hisoblaydilar, garchi ijodkorlikning o'quv muvaffaqiyati va motivatsiyasiga o'zaro bog'liqligi va ta'siri hali tushunilmagan. STEAM ta'limini yanada jozibador qilishi, motivatsiyani oshirishi va real muammolar haqida ijodiy, tanqidiy fikrlashni rag'batlantirishi mumkin. "zerikarli bilimlar"ni ijodiy aqliy ish bilan bog'lash STEMdagi mavjud "ijodiy bo'shliq" ni bartaraf etishga yordam beradi. Bolalar ilm-fanning ijodiy go'zalligini his qilganlarida, ular ilmiy martaba bilan shug'ullanishga ko'proq rag'batlantirishlari mumkin. Bolalarning san'at bilan shug'ullanishi mumkin bo'lgan kuchli hissiy ta'sir va ishtiyoq, bolalar STEAM ta'limi bilan o'rganganlarida faoliyatlarda o'tkazilishi mumkin. Motivatsiya va kognitiv yutuq hatto STEAM-dan kognitiv muvaffaqiyat daromadlari bilan bog'liq bo'ladi.

Ijodkorlik o'z-o'zini boshqarish va o'z-o'zini samaradorligini qo'llab-quvvatlash uchun o'z-o'zini mas'uliyatini oshirish uchun alohida e'tiborga muhtoz bo'ladi, chunki, bular

kompetentsiyani rag'batlantiruvchi o'quv muhitining bir qismi sifatida o'rganishni rivojlantirish uchun yaxshi ma'lum.

Bizga ma'lumki, STEAM zamonaviy ta'lim uchun to'g'ri yo'lda ekanligi aniq, lekin u ekzotik individual chora bo'lib qolmasligi kerak. Ijodkorlik tamoyillari har qanday fan va kundalik ta'limda integratsiyani talab qiladi. Rassom buyum bo'lganidek, lekin rassom ijodiy jarayonga e'tibor qaratganidek, kognitiv bilim berish ham diqqat markazida emas, balki har bir faoliyatning yakuniy mahsuloti sifatida qaralishi kerak. Bolalarga yo'naltirilgan bilimlarni o'rganish jarayoni diqqat markazida bo'lishi kerak. Ayniqsa, tabiiy fanlarda tajriba va sinov va xato tajribasi orqali o'z-o'zidan ta'lim olish imkoniyatlari aniq. Faoliyat oxirida bolalar mavzuni o'zlashtiradilar va o'z-o'zini mas'uliyat bilan mustaqil ravishda erishganlik uchun motivatsion tajriba bilan kompetentsiyalarga ega bo'ldilar. Bolalar STEAM ta'limi orqali o'tilgan faoliyatdan so'ng bilim testlarida va savol javoblarida to'liq ball to'plamasliklari mumkin, ammo ular mustaqil ravishda olgan bilimlari keyingi maktab darslarini o'zlashtirishda qiyinchilik tug'dirmaydi.

Ijodkorlik va ilm-fan tabiiy dunyo haqida yangi tushunchani ta'minlash bilan chambarchas bog'liq. Bu tushuncha ijodkorlikning yangi foydali g'oyalarni o'ylab topish qobiliyati yoki muammoni yangi amaliy va misli ko'rilmagan tarzda hal qilish qobiliyati sifatidagi dastlabki ta'rifdan kelib chiqadi. Shunday qilib, ijodkorlik STEAM ta'limiga qanday yordam berishi aniq. Bu ta'limda ijodkorlikni integratsiya qilish bo'yicha yo'riqnomani belgilaydi.

Pedagog bu borada ikkita yangi namunani qabul qilishi kerak: bir tomondan o'zining murabbiy sifatidagi roli, tegishli o'quv muhitini mos o'quv materialini bilan ta'minlash vazifasi. Pedagogning vazifasi bilimni shunchaki berish emas, balki qiziqishni uyg'otuvchi tadqiqot savoli va bolalarning faoliyatiga moslashtirilgan ish materialini oldindan tanlab olish bilan o'quv muhitini tayyorlashdir. Boshqa tomondan, bola o'z vazifalarini mas'uliyat bilan bajaradigan etuk ijodkor sifatida qarashi kerak. Buning natijasida, avvalombor, bolalarga bo'lgan ishonch va ularning xatti-harakatlari orqali talabalarga ochiqlik namunasi bo'lishi mumkin. Ikkinchidan esa, bolalarga o'z-o'zini samaradorligi va o'quv jarayonlarini o'z taqdirini o'zi belgilash tajribasini taklif qilinishi ularda tadqiqotchilik ruhini namoyon qiladi.