

Mykola Moskalenko

PhD (Biology), Associate Professor, Department of Biology and Methods of Teaching Biology,
Sumy State Pedagogical University named after A.S. Makarenko, Romenska Str., 87, Sumy, 40002, Ukraine
e-mail: moskalenko_nikolay@ukr.net, <https://orcid.org/0000-0002-0580-9314>

Olesia Kornus

PhD (Geography), Associate Professor, Head of the Department of General and Regional Geography,
Sumy State Pedagogical University named after A.S. Makarenko, Romenska Str., 87, Sumy, 40002, Ukraine
e-mail: zavgeogr@sspu.edu.ua, <https://orcid.org/0000-0001-7469-7291>

Anatolii Kornus

PhD (Geography), Associate Professor, Department of General and Regional Geography,
Sumy State Pedagogical University named after A.S. Makarenko, Romenska Str., 87, Sumy, 40002, Ukraine
e-mail: kornus@sspu.edu.ua, <https://orcid.org/0000-0002-5924-7812>

CHILDHOOD DISABILITY IN SUMY REGION: TERRITORIAL AND DEMOGRAPHIC ASPECTS

The article presents data on childhood disability (under 18 years) for the period 2012–2019 in the Sumy region. An analysis of the dynamics of changes in childhood disability during this period in the Sumy region, the city of Sumy, and the districts of the region was conducted. The study used materials from the State Statistics Service of Ukraine, the Ministry of Health of Ukraine, the Ukrainian Institute for Strategic Studies, the Regional Information and Analytical Center for Medical Statistics in Sumy, and the Main Department of Statistics in the Sumy region. The findings revealed an increase in the level of childhood disability in the Sumy region throughout the entire study period, with a particularly high growth rate observed in the last four years. It was noted that each year of the study, the childhood disability rate in the city of Sumy exceeded the regional average by 4–8%. Congenital developmental anomalies, mental and behavioral disorders, and central nervous system diseases were identified as the leading causes of childhood disability. The study also established that the disability rate among boys in the Sumy region exceeded that of girls by 29–30% annually throughout the study period. Children aged 7–14 years constituted the largest share of the total disabled child population in the region, accounting for 50–54%, with an annual increase observed during the study.

Keywords: *disability, child population, different age groups of children, structure of disability, share of children with disabilities.*

In cites: Moskalenko, M., Kornus, O., Kornus, A. (2025). Childhood disability in Sumy region: territorial and demographic aspects. *Human Geography Journal*, 38, 42–49. <https://doi.org/10.26565/2076-1333-2025-38-05>

Formulation of the problem. Childhood disability is a pressing issue that affects not only the well-being of children but also the social and economic development of regions. The prevalence of childhood disability varies significantly across different territories, influenced by demographic, socio-economic, and environmental factors. In the context of the Sumy region, understanding the territorial and demographic aspects of childhood disability is crucial for developing targeted policies aimed at improving healthcare accessibility, social inclusion, and support services for children with disabilities and their families.

Despite global efforts to address disability-related challenges, regional disparities in healthcare provision, infrastructure, and social services remain a key issue. Sumy region, like many other areas, faces challenges related to uneven access to medical care, rehabilitation services, and inclusive education. Moreover, demographic trends, including urban-rural differences, population aging, and migration, further impact the distribution and dynamics of childhood disability in the region.

The study of childhood disability through a socio-

geographical lens allows for a deeper understanding of spatial inequalities and demographic patterns, contributing to evidence-based policymaking. By analyzing the territorial and demographic factors influencing childhood disability in Sumy region, this research aims to provide insights into the regional disparities and propose recommendations for improving social and healthcare support for children with disabilities.

Analysis of recent research and publications. The term "disability" has many definitions. These definitions encompass various health conditions and impairments of human body functions, which lead to limitations in a person's activities to varying degrees. Such limitations, in turn, necessitate social protection. Regarding children with disabilities, Article 1 of the Law of Ukraine "On Child Protection" defines a child with a disability as "a child with a persistent impairment of bodily functions caused by illness, injury, or congenital defects in mental or physical development, which result in limitations to their normal activities and the need for additional social assistance and protection" [10].

In 2018, the Law of Ukraine "On Amendments to Certain Legislative Acts of Ukraine Concerning the Use of the Term 'Person with a Disability' and its Derivatives" was adopted, which officially removed the word "invalid" from legislative use [5]. Earlier, on March 6, 2010, the UN Convention on the Rights of Persons with Disabilities came into force for Ukraine. Article 7 of the Convention, titled "Children with Disabilities," outlines the general directions for support and protection that participating states are obligated to provide to such children [11].

Despite the fact that the issue is not new, disability remains a significant concern in modern society. Broadly speaking, disability also involves identifying the causes of its occurrence and analyzing the actions of individuals that led to such a condition. Disability, as a phenomenon in human life, is an individual event, but it carries social consequences manifested through complete or partial loss of work capacity. This is particularly true for childhood disability, as it affects not only the child but also their parents and loved ones, while the state assumes additional social responsibilities for many years.

Given the above, the traditional view of childhood disability as merely a tragic event in a child's life is no longer sufficient. It is no coincidence that in the statistical materials of healthcare institutions, disability is presented as a separate component within the structure of population morbidity.

A distinct feature of how Ukrainian researchers approach this issue is that almost all relatively recent studies were conducted over short periods (3-5 years) or focused not on the entire child population but on specific age groups. A notable number of works have been devoted to one of the causes of childhood disability-various types of injuries [1, 5].

There are numerous subordinate legal acts addressing various social aspects of the lives of children with disabilities, including the Procedure for Early Detection of Developmental Disorders in Children, the Concept of Early Social Rehabilitation of Children with Disabilities, the Procedure for Using Funds Allocated in the State Budget for the Rehabilitation of Children with Disabilities, and many others. Clearly, all of these are related to the national level.

Regarding the regional aspect, it is represented by isolated publications concerning local government decisions on the social status of individuals with disabilities or by popular materials that do not aim to provide an in-depth analysis of the issues faced by children with disabilities. Studies dedicated to analyzing the dynamics of disability in children under the age of 18 in the regions of our country over extended periods (more than five years) are lacking.

The Sumy region is average in terms of territory and population within Ukraine, making it suitable to consider as a model territorial-administrative unit. As of January 1, 2019, the region's population was 1,079,226 residents, including 743,396 (68.8%) urban and 335,830 (31.2%) rural inhabitants. The regional center, Sumy, had a population of 265,113 residents as of the same date [2].

The purpose of the study was to examine and ana-

lyze the disability rates among the child population (under 18 years old) in the Sumy region during the period 2012-2019.

Materials and research methods. The research materials included data from state statistical reports for the years 2012–2019. Materials from the State Statistics Service of Ukraine, the Public Health Center of the Ministry of Health of Ukraine, and the Ukrainian Institute for Strategic Research were utilized [2, 6, 8].

In accordance with the aim of this study, data from official regional sources were also collected and analyzed, including materials from the Regional Information and Analytical Center for Medical Statistics in Sumy and the Main Department of Statistics in the Sumy Region [3, 4, 14].

The study encompassed the following age category: children aged 0-17 years inclusive.

The main objectives of the study included analyzing the overall level of disability among the child population in the Sumy region of Ukraine, examining the structural features and trends of this phenomenon during the period 2012-2019, and determining the number of established cases of childhood disability per 1,000 population under the age of 18.

The analysis focused on diseases as one of the causes of childhood disability. The study also aimed to assess trends in the increase or decrease of disability levels among children under 18 in different age groups. It included a comparative assessment of the percentage representation of the main causes within the overall structure of childhood disability and a comparative evaluation of the identified indicators between the regional center and districts of the region.

Data processing for this study was conducted using Microsoft Excel 2010. The data analysis approach included various statistical calculations and the creation of graphical representations to facilitate the interpretation of the results. The reliability of differences between groups was assessed using Student's *t*-test. Statistical significance was recognized at $p < 0.05$.

Presenting main material. The data for analysis were selected for the years 2012-2019. The year 2019 was the last year when healthcare facilities submitted statistical reports using traditional formats. In 2020, as a result of the territorial-administrative reform, a new division of the Sumy region into districts was implemented. The region was divided into 5 districts instead of the previous 18. Consequently, the established forms of statistical reporting for healthcare institutions were modified, making a correct comparative analysis for subsequent years impossible. Figure 1 presents the dynamics of childhood disability in the Sumy region during the years 2012-2019.

According to the data obtained, the overall level of childhood disability in the Sumy region in 2019 was nearly 25 children with disabilities per 1,000 of the child population. The most stable figures for this indicator were recorded in 2012-2013, with only a 1% increase. Subsequently, a more dynamic increase in the level of childhood disability occurred each year, culminating in a 15% growth by 2019 compared to 2012.

The situation in the regional center was even more

notable. In 2013, the level of childhood disability in Sumy city was slightly lower than in 2012. However, by 2019, the indicator had increased by 18% compared to 2012. It should be noted that during each year of the study, the level of childhood disability in Sumy city exceeded the regional average by 4-8%.

This disparity is likely due to various negative factors associated with urban living, including a higher number and intensity of traffic, the lifestyle of city residents, exposure to diverse environments outside the home, and greater risks of contracting diseases.

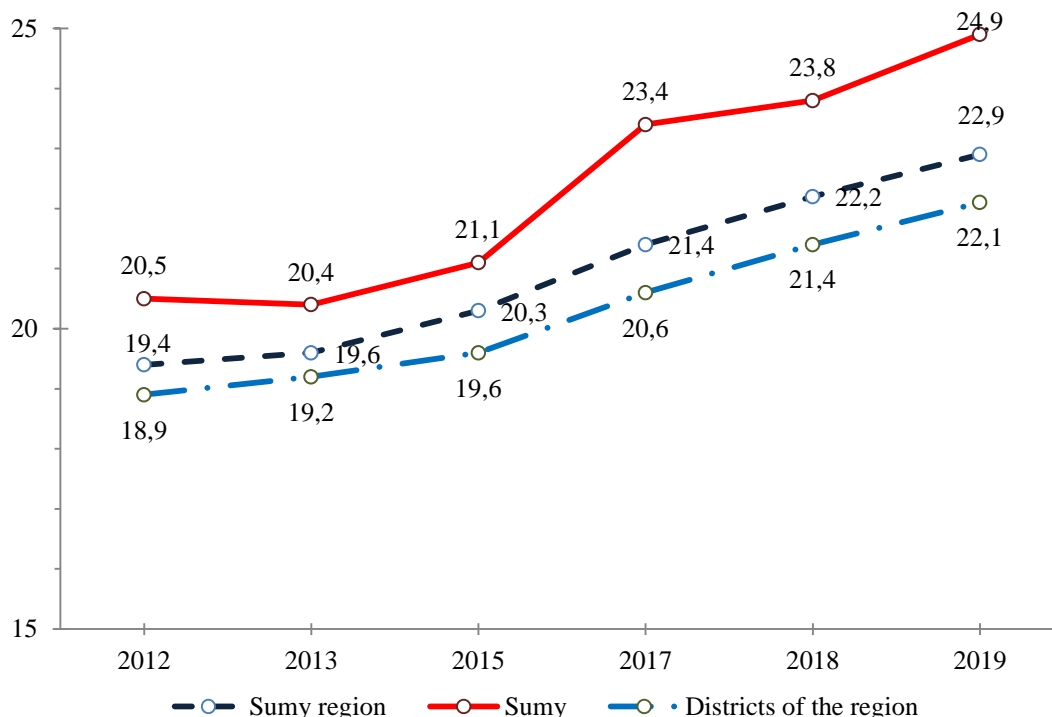


Fig. 1. Dynamics of childhood disability in the Sumy region from 2012 to 2019 (children with disabilities per 1,000 children)

For example, in 2019, the incidence of diseases among children in Sumy city was 1,069 cases per 10,000 children, compared to 998 cases in rural areas of the region. The difference in the injury rate was even more striking: in 2019, there were 111 cases of childhood injuries per 10,000 children in Sumy city, whereas rural areas recorded only 37.2 cases—three times lower.

In addition to the indicator we discussed above, another important metric is the "children who became disabled for the first time in the reporting year." This indicator reflects the rate at which childhood disability occurs within a given area. Figure 2 shows the changes in this indicator in the Sumy region from 2012 to 2019.

It was found that the rate remained stable at the regional level, ranging from 2.0 to 2.2 disabled children during various periods of the study, with minimal growth observed in 2018 and 2019. The changes in the number of children from rural areas who became disabled for the first time in a given year were very similar to the overall regional trends, with fluctuations between 1.9 and 2.1 disabled children in different years.

As for the regional center, Sumy city, in 2012, 2013, and 2019, the value of the indicator we are examining was consistent, at 2.5 children with disabilities who became disabled for the first time in those years. During the other years of the study, a dip was observed at a level of 2.1 cases of disability for children under 18 in Sumy city.

Providing a logical and well-founded explanation

for this particular pattern in the data for the regional center is challenging. It is likely that the changes in rural areas played a significant role in the overall trend due to the high percentage of the population living there – approximately 70% of the entire population of the Sumy region by the end of 2019.

It is logical to further examine the disability levels of the child population in the Sumy region in terms of diseases that led to disability. The statistical data include the following conditions: endocrine system diseases with eating disorders and metabolic and immune system disorders, mental and behavioral disorders, diseases of the central nervous system (CNS), eye diseases, ear diseases and mastoid process conditions, congenital anomalies (developmental defects), and others.

Figure 3 presents the dynamics of childhood disability in the Sumy region from 2012 to 2019 based on the consequences of the aforementioned diseases that led to the highest levels of childhood disability (over 1 disabled child per 1,000 children).

For most types of diseases that led to childhood disability in children under 18 in the Sumy region, a slow increase in the disability rate was observed throughout the entire study period. The exceptions were the categories "ear diseases" and "eye diseases," where the disability rates remained stable, with minimal fluctuations over the eight years – 1.3-1.4 and 0.9-1.0 disabled children per 1,000 children, respectively.

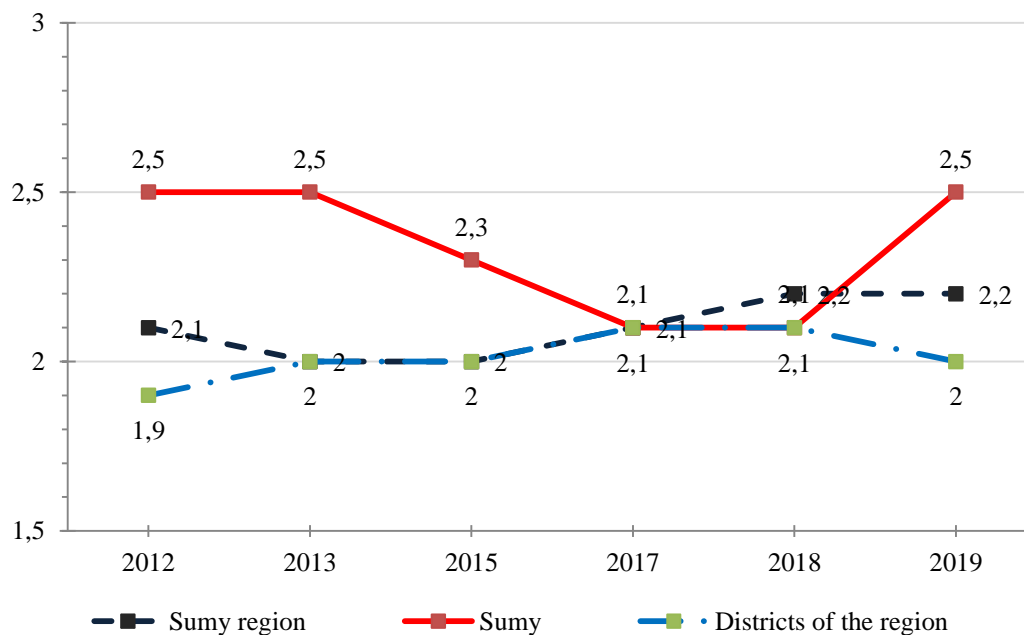


Fig. 2. Children Who Became Disabled for the First Time in the Reporting Year (Disabled Children per 1,000 Children)

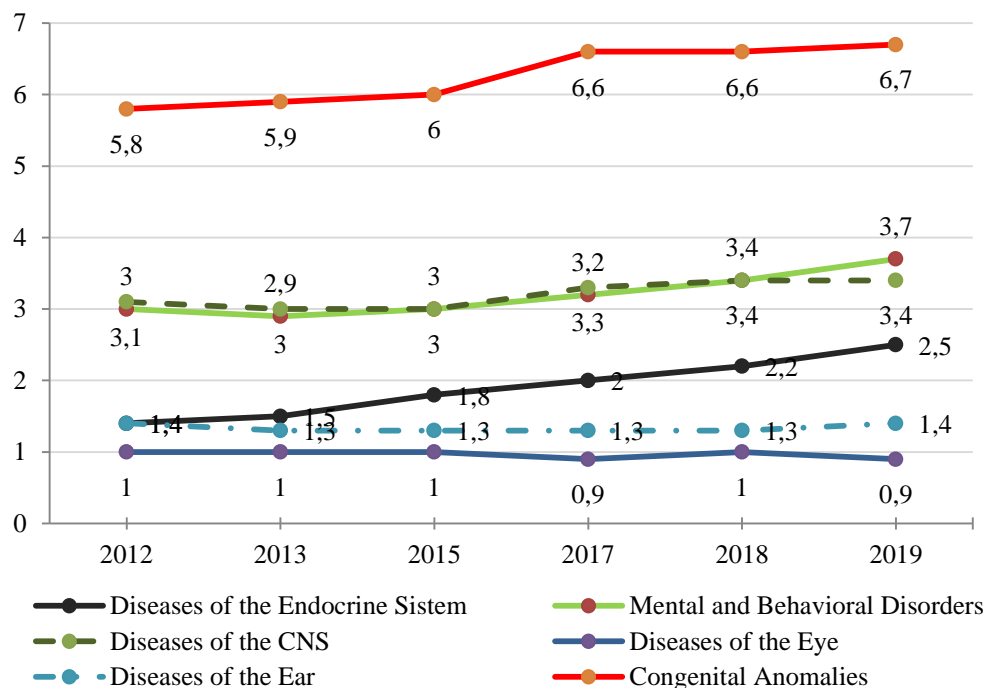


Fig. 3. Dynamics of Childhood Disability in the Sumy Region from 2012 to 2019, as a Result of Various Diseases (Disabled Children per 1,000 Children)

Overall, the disability rates in children due to mental and behavioral disorders, along with diseases of the central nervous system, were very close, almost identical, and effectively ranked 2nd and 3rd, after the category "congenital anomalies," which was nearly double their rate. Similar results were also recorded by other researchers when studying childhood disability at the national level in Ukraine [12].

The fourth-ranking group of diseases causing child-

hood disability in the Sumy region was endocrine diseases with metabolic disorders. It should be noted that this particular group, as a cause of childhood disability, showed the greatest increase during the 2012-2019 period – growing by a factor of 1.8.

It should be noted that many diseases did not make it to our list as a cause of childhood disability, but their combined numbers, despite small absolute values of the considered indicator, formed a group that should not be

overlooked when discussing this issue. In 2019, childhood disability in the Sumy region due to these diseases was as follows: infectious and parasitic diseases – 0.33, neoplasms – 0.96, blood diseases and blood-forming organs – 0.21, respiratory organ diseases (excluding tuberculosis, which is classified as infectious and parasitic diseases) – 0.4, digestive organ diseases – 0.43, musculoskeletal system diseases – 1.0, urinary system diseases – 0.53, injuries, poisonings, and other consequences – 0.18 disabled children per 1000 children.

As for the levels of childhood disability by gender in the Sumy region, male children were more prevalent than female children in this regard throughout all the years of the study – by 29-30% each year. In 2019, the disability rate for boys was 13.4, and for girls – 9.5 disabled children per 1000 children of each gender. In comparison, in 2012, for boys it was 11.3, and for girls – 8.1 disabled children per 1000 children of each gender. The increase in disability rates over the study years for boys in the Sumy region was 16%, and for girls – 15%, meaning the values are quite comparable, with no significant difference in the rate of disability acquisition between genders.

The category "children aged 0-18 years" in the statistical materials of hospital and healthcare institutions is

divided into several age intervals – children under 3 years, from 3 to 6 years, 7-14 years, and 15-17 years. For each of these groups, the materials provide both absolute values and the percentage share of each age interval, expressed as a percentage of the total number of children with disabilities aged 0-18 years in Sumy region.

Figure 4 shows the proportion of each age group in the total child disability of the Sumy region over the period of 2012-2019. The child population of Sumy region is not homogeneous due to various physiological, anatomical, and other features of each age group. This largely determines the proportion of each age group in the overall child disability of the region.

Children in the youngest group, under 3 years old, are not independent and, in most cases, remain at home under the care and supervision of parents. Therefore, disability in this age group was minimal and was mainly caused by congenital anomalies, birth injuries, and household trauma, as the exploration of the environment through walking begins at this age. It was noted that over the years of the study, the proportion of disability in this age group in the overall structure decreased from 6.9% in 2012 to 5.4% in 2019, which is a decrease of 1.28 times, which can be considered significant given the small initial absolute values of this indicator.

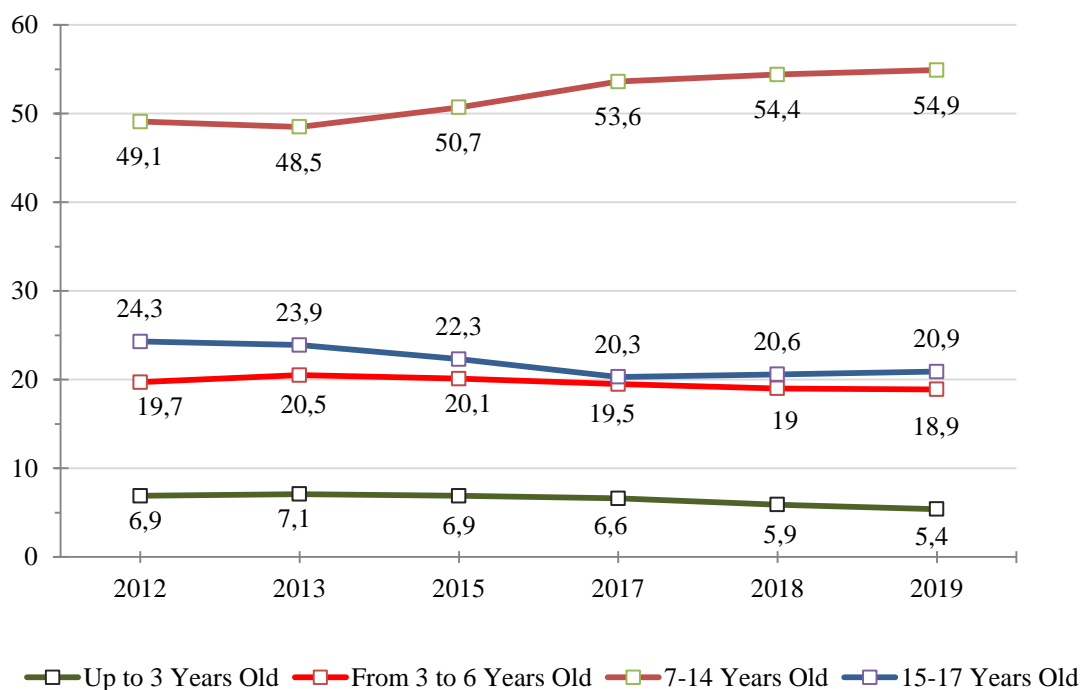


Fig. 4. Proportion of children with disabilities in different age groups in the total number of disabled children in Sumy region from 2012-2019 (%)

Children aged 3 to 6 begin attending kindergartens, which leads to an increase in their exposure to infections and a reduction in overall supervision in the group rooms and on playgrounds. As a result, the share of this age group in the total number of disabled children in Sumy region increased by 2.5 to 3.2 times in various years of the study compared to the previous age group. Throughout 2012-2019, the proportion of disabled children in the 3-6 age group within the total number of disabled chil-

dren in Sumy region remained the most stable: there was a minimal decrease in this indicator from 19.7% in 2012 to 18.9% in 2019.

The share of disabled children in the age group of 7-14 years in the total number of disabled children was the highest compared to the previous groups, constituting 50% or more. This is due to the fact that almost all children in this age group begin attending school and participate in various sports sections, dance groups, music, and

art schools, etc. The degree of independence increases, and they spend a significant amount of time without their parents, who are responsible for their health. Consequently, the risks of developing various diseases and injuries (street, sports, school, etc.) also increase. Additionally, at this age, children are first exposed to alcohol and narcotic substances, which may also result in disability. The age group of 7-14 years is the only one for which a gradual increase in the share of disabled children was recorded over the study period, from 49.1% in 2012 to 54.9% in 2023.

The share of disabled children in the adolescent group of 15-17 years remained close to the levels of the 3-6 years group, accounting for about a fifth of the total number of disabled children in Sumy region in most years. This decrease in the percentage of disabled children compared to the previous age group may be attributed to adolescents adapting to their relative independence and taking a more responsible attitude toward their life and health. As for the yearly dynamics, a gradual decline in the share of disabled children in this age group was recorded over the study period. It is worth noting that the data we obtained for disability among adolescents aged 15-17 differed in ranking from the results of a similar study conducted at the national level [12].

Our study differs from the research conducted by other authors in that it covers a large time span (2012-2019), and also includes an analysis of disability among different age groups of the child population in a specific region, rather than for the entire country. Similar studies focusing on specific regions are absent. However, there are known studies of disability among the child population of Ukraine over narrower time periods (2013-2017) [12].

Slabyi I.Ya., Dzyuba O.M., Dudina O.O., and Gaborets Yu.Yu. analyzed the dynamics of disability among children aged up to 18 years and individual age groups in Ukraine for the years 2013-2017, provided a characterization of both general and primary disability by disease categories, and determined the structure of disability among children aged 0-17 years in Ukraine in 2013 and 2017. One of the most valuable aspects of their work, in our opinion, is the identified ratio of disabled children in the total number of sick children in Ukraine in 2013 and 2017. This aspect links disease and disability (one of the causes and possible consequences). Comparing the share of disabled children in different age groups of the child population of Sumy region, which we present in our study, with the corresponding data from the research of the authors mentioned above confirmed the general trends of child disability in Ukraine [2, 6, 12].

Earlier, in another study, Slabyi H.O. and Znamenka M.A. provided an analysis of morbidity among the child population of Ukraine and the prevalence of diseases among children for the years 2010-2014 [13]. The results presented by them can also be used to substantiate the existing dynamics of disability among the child population of the Sumy region, but an analysis of the connection between morbidity and disability indicators among children, even in a specific region, requires a separate study.

Meanwhile, other authors have conducted research on one of the causes of child disability – traumatism [1, 5]. Lytvynova L.O., Donik O.M., and Grechishkina N.V. analyzed the increase in adolescent traumatism among 15-17-year-olds in Chernihiv, Cherkasy, Ivano-Frankivsk, and Sumy regions for the period from 2012 to 2017. However, this study only concerned one age group of the child population – 15-17 years [7]. Hrubar I.Ya. examined the risks of school-related injuries during physical education lessons [1]. The purpose of this research was not to analyze the possible connection between a specific type of childhood trauma and the dynamics of child disability in Ukraine as a whole or in any specific region.

Earlier, we made attempts to analyze the disability of the population within one of the districts of the Sumy region, but only for one year, which is clearly insufficient for making thorough conclusions [8]. As for the analysis we conducted of the dynamics of disability among the child population of the Sumy region for 2012-2019, as a result of various children's diseases (Figure 3), we found a similar focus in one study [12].

Conclusions. 1. The overall increase in the injury rate among the child population of the Sumy region gained particular dynamics during the last three years of the study (2017-2019). It was noted that in 2019, the disability rate of the child population in the region increased by 15% compared to 2012. It was also established that in each year of the study, the disability rate among children in the city of Sumy was higher than the regional average by 4-8%.

2. It was established that the indicator of "children who became disabled for the first time in the reporting year" remained stable at the regional level, ranging from 2.0 to 2.2 disabled children per 1,000 children during different periods of the study, with a minimal increase observed in 2018 and 2019. The changes in the number of children from the regions of the area who became disabled for the first time in the reporting year were very close to the overall regional indicators, ranging from 1.9 to 2.1 disabled children per 1,000 in different years. Significant fluctuations in the first disability establishment among children in the city of Sumy were recorded in various years of the study.

3. It was found that the level of disability among the child population of Sumy region increased as a result of most types of diseases that could lead to such consequences in children throughout the years of the study. Congenital anomalies ranked first in this sad ranking, with a significant lead over the group of disorders of the psyche and behavior, together with diseases of the central nervous system (2nd-3rd place) – twice as high.

4. Boys consistently outnumbered girls in the level of disability among children under 18 in Sumy region by 29-30% each year throughout the entire study period. No significant advantage in disability acquisition rates between the genders was found during 2012-2019.

5. It was found that the share of children with disabilities in the 7-14 age group in the total number of disabled children in Sumy region was the highest, ranging from 50% to 54% each year of the study period. The share of children with disabilities aged 3 to 6 years was

the smallest among all age groups under 18 years, ranging from 5.4% to 7.1% in different years of the study.

The analysis we conducted of the disability rates among different age groups of children, along with con-

sidering the main causes of disability, can be valuable for developing preventive measures in regions of Ukraine.

References:

1. Grubar, I.Ya. (2003). Unsolved problems of children's traumatism during physical education lessons. In *Optimization of the process of physical education in the education system*. Ternopil, pp. 144-146 [in Ukrainian].
2. *Statistical Yearbook of Ukraine, 2019*. (2020). Kyiv, State Statistics Service of Ukraine. Retrieved from https://ukrstat.gov.ua/druk/publicat/kat_u/2020/zb/11/zb_yearbook_2019.pdf [in Ukrainian].
3. *Handbook of performance indicators of health care institutions in the Sumy region for 2018* (2019). Sumy, Regional Information and Analytical Center for Medical Statistics, 345 p. [in Ukrainian].
4. *Handbook of performance indicators of health care institutions in the Sumy region for 2019* (2020). Sumy, Regional Information and Analytical Center for Medical Statistics, 282 p. [in Ukrainian].
5. Lytvynova, L.O., Donik, O.M., & Hrechishkina, N.V. (2020). Analysis of childhood injuries in Ukraine. *Modern Medical Technologies*, 2, 49-53. [https://doi.org/10.34287/MMT.2\(45\).2020.9](https://doi.org/10.34287/MMT.2(45).2020.9)
6. *Annual report on the health status of the population, sanitary and epidemiological situation, and the performance of Ukraine's healthcare system* (2019). Ministry of Health of Ukraine, State Institution "Ukrainian Institute for Strategic Studies of the Ministry of Health of Ukraine". Kyiv: Medinform [in Ukrainian].
7. Moskalenko, M.P., & Horlo, V.V. (2019). Primary disability of the population in the Konotop district of the Sumy region. In *Current Issues in Environmental Research: Collection of Materials from the Participants of the VIII International Scientific and Practical Conference, May 24-26, 2019* (pp. 204-207). Sumy: Sumy State Pedagogical University named after A.S. Makarenko.
8. Center for Public Health, Ministry of Health of Ukraine (2021). *Age-specific disability rates among children aged 0–17 in Ukraine in 2015–2021*. Retrieved from <http://medstat.gov.ua/ukr/MMXXI.html> [in Ukrainian].
9. Verkhovna Rada of Ukraine (2023). *On amendments to certain legislative acts of Ukraine regarding the use of the term "person with a disability" and its derivatives: Law of Ukraine dated May 25, 2023, № 2581-VIII*. Retrieved from <https://zakon.rada.gov.ua/laws/show/2581-19#Text> [in Ukrainian].
10. Verkhovna Rada of Ukraine (2001). *On the protection of childhood: Law of Ukraine dated April 26, 2001, № 2402-III*. Retrieved from <https://zakon.rada.gov.ua/laws/show/2402-14#Text> [in Ukrainian].
11. United Nations (2006). *Convention on the Rights of Persons with Disabilities*. Retrieved from https://zakon.rada.gov.ua/laws/show/995_g71#Text [in Ukrainian].
12. Slabkyi, I.Ya., Dziuba, O.M., Dudina, O.O., & Gaborets, Yu.Yu. (2018). Characteristics of disability among the child population of Ukraine. *Bulletin of Social Hygiene and Health Organization of Ukraine*, 1(75), 5-11.
13. Slabkyi, H.O., & Znamenska, M.A. (2015). General characteristics of morbidity among the child population of Ukraine and the prevalence of diseases among children. *Intermedical Journal*, 2(4), 9-15.
14. *Statistical yearbook of the Sumy region for 2019* (2020). Sumy, Main Department of Statistics in the Sumy Region, 458 p. [in Ukrainian].

Authors Contribution: All authors have contributed equally to this work

Conflict of Interest: The authors declare no conflict of interest

Микола Москаленко

к. біол. н., доцент кафедри біології та методики навчання біології,
Сумський державний педагогічний університет імені А.С.Макаренка, вул. Роменська, 87, м. Суми, 40002, Україна
e-mail: moskalenko_nikolay@ukr.net, <https://orcid.org/0000-0002-0580-9314>

Олеся Корнус

к. геогр. н., доцент, завідувач кафедри загальної та регіональної географії,
Сумський державний педагогічний університет імені А.С.Макаренка, вул. Роменська, 87, м. Суми, 40002, Україна
e-mail: zavgeogr@sspu.edu.ua, <https://orcid.org/0000-0001-7469-7291>

Анатолій Корнус

к. геогр. н., доцент кафедри загальної та регіональної географії,
Сумський державний педагогічний університет імені А.С.Макаренка, вул. Роменська, 87, м. Суми, 40002, Україна
e-mail: kornus@sspu.edu.ua, <https://orcid.org/0000-0002-5924-7812>

ДИТЯЧА ІНВАЛІДНІСТЬ У СУМСЬКІЙ ОБЛАСТІ: ТЕРИТОРІАЛЬНІ ТА ДЕМОГРАФІЧНІ АСПЕКТИ

У статті представлені дані про інвалідність дитячого населення (до 18 років) за період 2012-2019 рр. у Сумській області. Проведено аналіз динаміки змін інвалідності за вказаний період часу у дітей Сумської області, м. Суми та районів області. В роботі використані матеріали Державної служби статистики України, Міністерства охорони здоров'я України, Українського інституту стратегічних досліджень, Обласного інформаційно-аналітичного центру медичної статистики м. Суми,

Головного управління статистики в Сумській області. Встановлено підвищення рівня інвалідності дитячого населення Сумської області протягом всього періоду дослідження із високою динамікою приросту в останні 4 роки. Зафіксовано, що кожного року дослідження інвалідність дітей в м. Суми була вищою за регіональний рівень на 4-8%. У структурі інвалідності дітей лідирували природжені аномалії розвитку, розлади психіки та поведінки, захворювання центральної нервової системи. Встановлено, що рівень інвалідності хлопчаків переважав такий у дівчат Сумської області на 29-30% кожного року протягом всього періоду дослідження. Частка дітей-інвалідів вікової групи 7-14 років від загальної кількості інвалідів дитячого населення області, була найбільшою, становила від 50% до 54%, зафіксовано її збільшення кожного року дослідження.

Ключові слова: інвалідність, дитяче населення, вікові групи дітей, структура інвалідності, частка дітей-інвалідів.

Список використаної літератури:

1. Грубар І.Я. Невирішені проблеми дитячого травматизму під час уроків фізичної культури / Оптимізація процесу фізичного виховання у системі освіти: 36. наук. пр. Тернопіль, 2003. С. 144-146.
2. Статистичний щорічник України, 2019. Київ: Державна служба статистики України. URL: https://ukrstat.gov.ua/druk/publicat/kat_u/2020/zb/11/zb_yearbook_2019.pdf
3. Довідник показників діяльності закладів охорони здоров'я Сумської області за 2018 рік. – Суми: Регіональний інформаційно-аналітичний центр медичної статистики у Сумській області, 2019. – 345 с.
4. Довідник показників діяльності закладів охорони здоров'я Сумської області за 2019 рік. Суми: Регіональний інформаційно-аналітичний центр медичної статистики. 2020, 282 с.
5. Lytvynova L.O., Donik O.M., Hrechishkina N.V. Analysis of childhood injuries in Ukraine. *Modern Medical Technologies*. 2020. 2, 49-53. [https://doi.org/10.34287/MMT.2\(45\).2020.9](https://doi.org/10.34287/MMT.2(45).2020.9)
6. Щорічна доповідь про стан здоров'я населення, санітарно-епідеміологічну ситуацію та результати діяльності системи охорони здоров'я України / Міністерство охорони здоров'я України, Державна установа "Український інститут стратегічних досліджень Міністерства охорони здоров'я України". – Київ: Медінформ, 2019.
7. Москаленко М.П., Горло В.В. Первинна інвалідність населення в Конотопському районі Сумської області. Актуальні питання досліджень навколишнього середовища: Збірник матеріалів учасників VIII Міжнародної науково-практичної конференції, 24-26 травня 2019 р. – Суми: Сумський державний педагогічний університет імені А.С.Макаренка, 2019. – С. 204-207.
8. Вікова структура показників інвалідності серед дітей 0–17 років в Україні у 2015–2021 роках. Київ: Центр громадського здоров'я, Міністерство охорони здоров'я України. URL: <http://medstat.gov.ua/ukr/MMXXI.html>
9. Про внесення змін до деяких законодавчих актів України щодо використання терміну "особа з інвалідністю" та його похідних: Закон України від 25 травня 2023 р. №2581-VIII. URL: <https://zakon.rada.gov.ua/laws/show/2581-19#Text>
10. Про охорону дитинства: Закон України від 26 квітня 2001 р. №2402-III. URL: <https://zakon.rada.gov.ua/laws/show/2402-14#Text>
11. Про права осіб з інвалідністю: Конвенція ООН від 13 грудня 2006 р. URL: https://zakon.rada.gov.ua/laws/show/995_g71#Text
12. Slabkyi, I.Ya., Dziuba, O.M., Dudina, O.O., Gaborets, Yu.Yu. (2018). Characteristics of disability among the child population of Ukraine. *Bulletin of Social Hygiene and Health Organization of Ukraine*. 1(75), 5-11.
13. Slabkyi, H.O., Znamenska, M.A. (2015). General characteristics of morbidity among the child population of Ukraine and the prevalence of diseases among children. *Intermedical Journal*, 2(4), 9-15.
14. Статистичний щорічник Сумської області за 2019 рік. – Суми: Головне управління статистики у Сумській області, 2020. – 458 с.

Внесок авторів: всі автори зробили рівний внесок у цю роботу

Конфлікт інтересів: автори повідомляють про відсутність конфлікту інтересів

Надійшла 20 лютого 2025 р.

Прийнята 14 квітня 2025 р.