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## THE IMPACT OF STRESS ON THE QUALITY OF LIFE OF MODERN CHILDREN. PECULIARITIES OF LEGAL REGULATION

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**Abstract.** The study of the problem of anxiety and social emotional chronic stress in relation to the formation of disorders in the dentofacial system is highly relevant.

The article is based on a quantitative study conducted among school-aged patients with harmful habits (such as thumb sucking, sucking foreign objects, mouth breathing, or resting their head on their hands during online classes) through anonymous surveys. The level of anxiety was assessed using the STAI (State-Trait Anxiety Inventory) scale. The article presents the results of an anonymous survey of 120 patients with dentofacial anomalies. Due to the war in Ukraine, children exhibit an elevated level of anxiety. A high level of anxiety transforms into stress, which becomes a more widespread issue, especially among children. It negatively impacts their lives and health, contributing to the progression of harmful habits and, in turn, the development of acquired dentofacial anomalies. The study of anxiety in children, social emotional chronic stress, the emergence of harmful habits, and, as a result, the development of dentofacial anomalies is of significant importance.

Given the relevance of the issue, it is appropriate to examine the features of the legal regulation of children's healthcare. A key direction of state policy in the healthcare sector is creating conditions to prevent stress in children and providing them with the necessary psychological support and assistance. It is essential to improve the legal framework to reduce the negative impact of stress on children's physical and psychological health, which is the foundation for their harmonious development.

**Conclusions.** The results of the anonymous survey indicate a high level of anxiety and chronic tension among the patients, their state of social stress, which is caused by the new living conditions due to the war in the country, online education, frequent shifts between periods of in-person communication, remote learning conditions, and psychological issues within the family, as well as the feeling of emotional relief during the use of harmful habits.

Considering the psycho-emotional state of children in the context of legal regulation of healthcare is an important aspect that requires particular attention, given the growing impact of stress factors on their physical and mental health. The significance of a comprehensive approach to addressing this issue is confirmed by international standards, particularly the provisions of the UN Convention on the Rights of the Child, which guarantees every child the right to the highest attainable standard of health and necessary medical care (Article 24). The implementation of the proposed measures will help reduce the impact of social stress on the development of harmful habits in children and foster their harmonious development.

**Keywords:** children, anxiety, social stress, chronic stressor, harmful habits, healthcare, state policy, legal mechanisms.

**Introduction.** The most vulnerable group in society is children. They are exposed to a range of stress factors and live in conditions of constant heightened anxiety [1, 4]. Modern youth have experienced social stress due to the COVID-19 pandemic, which had a negative impact on their psycho-emotional state. Stress is an important factor that significantly affects the quality of life of children, es-

pecially in the modern world, which is characterized by rapid changes in social, economic, and political environments. Contemporary children experience various stressful situations that can have both short-term and long-term consequences for their physical and mental health. Remote learning, isolation at home, infrequent meetings with friends, information pressure regarding infection rates,

fear of death, illness, and the death of relatives during this period introduced children into a state of constant stress. Children were unable to adapt to the return to normalcy when the war began. Daily life since the full-scale invasion has been filled with numerous acute and chronic stressors. All these events contribute to the development of emotional instability due to prolonged living in heightened anxiety. Researchers point out that a high level of reactive anxiety leads to stress, which becomes an increasingly global problem, particularly among young people, and negatively affects their lives and health [6, 8, 9].

Children may encounter various types of stressors, including: social stressors: relationships with peers, bullying, family problems (divorce, conflicts within the family); academic stressors: learning difficulties, high expectations at school, pressure to achieve excellent results; external stressors: situations related to natural disasters, wars, or political instability (especially relevant during times of war or after its onset); digital stress: excessive use of electronic devices, social media, feelings of dependency on technology; uncertainty about the future: fears related to the conditions of a pandemic, unstable economic situations, and difficulties in adapting to new living conditions. Children who are regularly exposed to stress may experience the following psychological consequences: anxiety (stress can lead to the development of anxiety disorders, where a child constantly feels danger or threat); depression (chronic stress can provoke depressive states, mood decreases, and apathy toward learning and social interactions); self-esteem issues: children who experience stress may have lowered self-worth and fears related to comparing themselves with others; disruption of adaptive mechanisms (in a constant state of stress, children may develop unhealthy habits, among them are oral habits, which further deteriorate their physical health and form dentofacial deformations. Chronic stress in children can have serious consequences for their physical health. Some of them include: sleep disorders (stress can lead to insomnia or frequent nighttime awakenings); immune system disruptions (chronic stress weakens the immune system, increasing the risk of illnesses); eating disorders (stress can cause eating behavior disorders, such as overeating or loss of appetite); cardiovascular issues (children who constantly experience stress may develop issues with blood pressure or heart rhythm); dentofacial deformations (positional and functional oral habits).

Children experiencing stress may face difficulties in socialization. They may feel isolated from their peers and have trouble forming healthy relationships and interacting within groups. This is especially true for children who are stressed due to family problems or social instability. To reduce the impact of stress on children, it is essential to create a supportive environment that includes:

**Psychological Support:** providing access to psychological help for children experiencing stress.

**Stress Management Education:** teaching children relaxation techniques, meditation, and exercises to reduce stress.

**Family Support:** creating a healthy family climate where the child feels safe and supported.

**Balanced Load:** ensuring that children have opportunities for rest, play, and physical activity to alleviate stress.

**Limiting Digital Stress:** controlling the use of digital devices and social media to avoid information overload.

Scientists have proven that social stress is an inherent part of life; however, in recent years, it has been studied in the context of complex systematic interactions and as one of the etiological factors in the development of various diseases [7, 10, 11]. In order to mitigate the effects of stress factors, children develop harmful habits (lip biting, thumb or tongue sucking, nail biting, chewing on pencils, sitting in front of a monitor with an open mouth despite nasal breathing, and resting their head on their hands in the same position). According to the results of numerous studies, these habits may be a response to chronic stress and increased anxiety [6, 7, 11].

**Justification of the Research.** In recent years, Ukrainian children have faced a series of challenges: first, the COVID-19 pandemic, and now the full-scale war on Ukrainian territory. For the past three years, children have been living in constant fear for their own lives and the lives of their loved ones, 24 hours a day. No matter how carefully parents care for their children, they live in society and are aware of the reality around them. Young people experience a high level of anxiety due to the state of life: combined or online learning, constant anticipation of air raids, living with an emergency bag and a safe shelter. Communication with classmates and friends has largely shifted to an online mode. Children are struggling to adapt to these living conditions. Thus, young people must constantly adjust to the new rhythm of life and the dynamics of learning. The psychological difficulties children face lead to constant tension, heightened anxiety, and chronic stress.

Researchers point out that every person experiences two types of anxiety: personal and reactive. If personal anxiety is low, it is considered a beneficial anxiety that allows individuals to develop self-control and appropriate responses to the environment they are in [4, 5, 11]. There is also situational anxiety, or reactive anxiety. It is characterized by emotions subjectively experienced by each person and is an emotional reaction to a stressful situation; it can vary in intensity and fluctuate over time [3]. It is the high level of reactive anxiety that leads to the emergence of stress, which becomes an increasingly global problem, particularly among young people, and negatively affects their lives and health [3, 11].

Scientists emphasize that an elevated level of anxiety leads to chronic tension and chronic stress. Living in a stressful environment requires adaptation. Often, the development of harmful habits serves as an adaptive mechanism. However, harmful habits carry hidden dangers and are one of the etiological factors in the development of dentofacial anomalies. They play a significant role in the appearance of many orthodontic bite anomalies or worsen the treatment conditions for such patients, yet parents often overlook this. It is important to remember that all hab-

its have hidden dangers [2]. To achieve the desired therapeutic effect from comprehensive treatment, it is essential to study the anxiety level in patients and its correlation with the presence of acquired dentofacial deformities.

**Study Objective:** The aim of the study is to research the presence of anxiety and chronic social stress in children with dentofacial anomalies and to explore the relationship between harmful habits and the presence of stress factors.

**Materials and Methods.** Clinical and anthropometric examination of patients with dentofacial anomalies in the context of vestibular architecture violations of the oral cavity requires a comprehensive approach, considering the influence of the patient's psycho-emotional state on the course of the disease. The study was conducted on 120 patients living in satisfactory social conditions. Among them, 60 were aged 12-15 years, and the remaining 60 were aged 15-17 years. The examination began with a medical history collection, including details about the patient's development, previous and concomitant diseases, harmful habits, whether any orthodontic treatment or surgical interventions in the oral cavity had been previously performed, whether there had been trauma in the jaw and facial area, and whether the patient experienced stress or anxiety. To this end, all patients were surveyed anonymously.

Determining the personal and situational anxiety lev-

els was important for us to understand the patient's current emotional state. All patients underwent an anxiety assessment using the C.D. Spielberger questionnaire [3]. This questionnaire is often referred to as the STAI (State-Trait Anxiety Inventory) scale (see Figures 1 and 2). The self-assessment scale consists of 40 questions: 20 are aimed at evaluating situational anxiety, and the remaining 20 assess personal anxiety. The survey was conducted before the examination to gain insight into the patient's condition. Many harmful dental habits are associated with the emotional state of the patient. Before starting the study, the instructions were clearly explained to the patients. They were asked to carefully read each statement and to avoid overthinking the questions, as there were no right or wrong answers. For each question, there are four response options, rated by intensity. The patients were instructed to circle only one answer. It was emphasized that the numbers in the questionnaire were not the intensity values but only the response code. The results were analyzed using the answer key. When analyzing the results from each scale, the score should range from 20 to 80 points. The higher the final score, the higher the level of anxiety (Fig. 3-4).

Interpretation of Results: 0-30 points – low anxiety; 31-44 points – moderate anxiety; 45 and above – high anxiety.

#### Spielberger Self-Assessment Scale

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_

№	Statement	Responses			
		No, it's not true	Maybe yes	True	Of course, true
1	I am calm	1	2	3	4
2	Nothing threatens me	1	2	3	4
3	I feel tense	1	2	3	4
4	I am internally closed off	1	2	3	4
5	I feel free	1	2	3	4
6	I am in despair	1	2	3	4
7	I worry about potential failures	1	2	3	4
8	I feel inner peace	1	2	3	4
9	I am worried	1	2	3	4
10	I feel a sense of inner satisfaction	1	2	3	4
11	I am confident in myself	1	2	3	4
12	I get nervous	1	2	3	4
13	I cannot find peace	1	2	3	4
14	I am irritated	1	2	3	4
15	I do not feel tension or closure	1	2	3	4
16	I am satisfied	1	2	3	4
17	I am troubled	1	2	3	4
18	I am overly excited and uneasy	1	2	3	4
19	I am happy	1	2	3	4
20	I feel good	1	2	3	4

Figure 1: Situational Anxiety Scale.  
Spielberger Self-Assessment Scale

Full Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_

№	Statement	Responses			
		No, it's not true	Maybe yes	True	Of course, true
1	I am in a good mood	1	2	3	4
2	I often get irritated	1	2	3	4
3	I often feel despair	1	2	3	4
4	I wish I had as much luck as others	1	2	3	4
5	I worry greatly about troubles	1	2	3	4
6	I feel a surge of energy and a desire to work	1	2	3	4
7	I am calm and cold-blooded	1	2	3	4
8	I worry about potential difficulties	1	2	3	4
9	I get too worked up about small things	1	2	3	4
10	I often feel happy	1	2	3	4
11	I take things too personally	1	2	3	4
12	I lack self-confidence	1	2	3	4
13	I feel helpless	1	2	3	4
14	I try to avoid critical situations	1	2	3	4
15	I often feel down	1	2	3	4
16	I feel satisfied at times	1	2	3	4
17	Any small things distract and upset me	1	2	3	4
18	I sometimes feel like a failure	1	2	3	4
19	I am a balanced person	1	2	3	4
20	I get anxious when I think about my troubles	1	2	3	4

Figure 2: Personal Anxiety Scale.

№	Responses			
	4	3	2	1
1	4	3	2	1
2	4	3	2	1
3	1	2	3	4
4	1	2	3	4
5	4	3	2	1
6	1	2	3	4
7	1	2	3	4
8	4	3	2	1
9	1	2	3	4
10	4	3	2	1
11	4	3	2	1
12	1	2	3	4
13	1	2	3	4
14	1	2	3	4
15	4	3	2	1
16	4	3	2	1
17	1	2	3	4
18	1	2	3	4

19	4	3	2	1
20	4	3	2	1
$\Sigma$ Situational Anxiety				

**Figure 3. Answer Key for Situational Anxiety Evaluation.**

№	Responses			
1	4	3	2	1
2	1	2	3	4
3	1	2	3	4
4	1	2	3	4
5	1	2	3	4
6	4	3	2	1
7	4	3	2	1
8	1	2	3	4
9	1	2	3	4
10	4	3	2	1
11	1	2	3	4
12	1	2	3	4
13	1	2	3	4
14	1	2	3	4
15	1	2	3	4
16	4	3	2	1
17	1	2	3	4
18	1	2	3	4
19	4	3	2	1
20	1	2	3	4
$\Sigma$ Personal Anxiety				

**Figure 4: Keys for Determining Personal Anxiety. Survey on Stressors in Children.**

The survey aimed to assess the presence of stressors in children, including chronic tension, new living conditions during the war in Ukraine, the fear of losing home and family, family problems, forced relocation, frequent changes between in-person communication and online learning, the presence of oral habits, and the feeling of emotional relief during the application of these oral habits.

Survey on Stressors in Children with Dental Anomalies

Objective: to assess the level of stress, anxiety, and the presence of harmful dental habits in children against the backdrop of the ongoing war and changes in social conditions.

Instructions: Please select the most appropriate answer for each question. Your answers will help to more accurately assess the emotional and psychological state of the child.

1. Chronic Tension:

How often do you feel constant tension or nervousness in your daily life?

- Never
- Rarely
- Sometimes

Often

2. New Living Conditions During the War:

How much have your living conditions changed during the war in Ukraine?

- Almost no change
- Slight change
- Significant change
- Drastic change

3. Fear of Losing Home or Family:

Do you experience fear of losing your home or family due to the war?

- Never
- Occasionally

Frequently

Constantly

4. Family Problems and Forced Relocation:

Have you experienced family problems or had to change your place of residence due to the war circumstances?

- Never
- Rarely
- Sometimes

Often

5. Changes Between In-Person Communication and Online Learning:

How do you assess the changes in your communication with classmates and friends during online learning?

No change at all

Slight change

Significant change

Drastic change

6. Presence of Harmful Dental Habits:

Do you have any habits that might negatively affect your dental health (e.g., biting nails, chewing pens, using teeth to open things)?

Never have such habits

Occasionally have

Frequently have

Always have

7. Feeling of Emotional Relief When Using a Harmful Habit:

Do you feel relief or calm when you engage in a harmful habit (e.g., biting nails or using your teeth to open things)?

Never

Occasionally

Frequently

Always

This survey helps to identify various aspects of the emotional and psychological state of children that may impact the development of dental anomalies. It also helps to assess the connection between social conditions, stressors, and harmful habits.

**Results of the Study and Discussion.** The results of the study showed that all children in the age group 12-15 years had a high level of anxiety according to the results of the Spielberg questionnaire. Among them, 59 children (98.3%) live in a state of chronic tension; 51 children (85.0%) report that they have been in a state of social stress for more than 1 year, caused by the new living conditions during the war in Ukraine, the fear of losing home and family; 29 patients (48.3%) mentioned psychological problems within their families and the forced change of their place of residence, as well as frequent shifts between periods of in-person communication and online learning, and problems with friends. The survey results showed that 96.6% of the examined patients (58 children) have harmful habits: resting their heads on their hands – 33 children (55.0%); sitting at a computer with an open mouth – 3 patients (5.0%); 5 respondents (8.3%) reported biting their lips more than 5 times a day; keeping fingers or pencils in the mouth – 4 children (6.6%); 13 children (21.7%) reported putting their hands under their heads during sleep and/or not sleeping on orthopedic pillows. The young individuals had difficulty overcoming their harmful habits, which, according to the patients, have worsened in the last two years due to life during quarantine, prolonged online learning, and living in the conditions of war.

The results of the study showed that all children in the age group 15-17 years had an anxiety level above 50 points according to the Spielberg questionnaire, indicat-

ing a high level of anxiety. The survey results showed that 56 children (93.3%) live in a state of chronic tension; 39 individuals (65.0%) report being in a state of social stress for over 1 year, caused by the new living conditions during the war in Ukraine, fear of losing home, family, and loved ones; 53 patients (88.3%) report psychological problems within their families, forced relocation, separation from loved ones, and frequent changes between periods of in-person communication and online learning. The results of the anonymous survey showed that 95% of the examined patients (57 children) have harmful habits (resting their heads on their hands – 49 individuals, sitting at a monitor with an open mouth – 5 patients, keeping fingers or pencils in the mouth – 3 individuals). Patients link the worsening of these harmful habits to the ongoing quarantine, wartime conditions, and online learning.

We conclude that the presence of chronic social stress stimulates the development of harmful habits, and their use leads to a feeling of temporary relief and calmness in patients. We did not find a significant difference between the indicators in different age groups ( $p > 0.05$ ). The results suggest that the impact of stress factors on children's bodies is independent of age group. Our findings are supported by the presence of adaptive responses in the body to stress factors [1, 10, 11]. Oral habits act as adaptive mechanisms for the child's body, reducing anxiety and stress, but these habits are the first link in the etiopathogenetic chain that triggers the development of acquired dental and jaw deformities.

Children's healthcare is one of the key components of social development, as childhood lays the foundation for physical, mental, and social well-being in adulthood. In modern conditions, where social, environmental, and economic factors increasingly impact children's health, special attention must be given to legal regulation in the healthcare sector, particularly concerning children with special needs, such as dental and maxillofacial anomalies.

The Ukrainian legislator prioritizes children's healthcare by establishing legal frameworks and mechanisms to protect their rights. Article 49 of the Constitution of Ukraine guarantees every individual the right to healthcare, medical assistance, and health insurance. The state ensures healthcare through public funding of relevant social, medical, and preventive programs. The Fundamentals of Ukrainian Legislation on Healthcare define the general legal, organizational, economic, and social principles of healthcare in Ukraine and regulate public relations in this sphere. Additionally, Article 59 of this legislative act stipulates the protection and strengthening of children's and adolescents' health.

The Law of Ukraine "On Child Protection" aims to ensure children's rights to life, healthcare, education, social protection, and comprehensive development. Article 6 of this law guarantees children the right to healthcare, free qualified medical assistance in state and municipal healthcare institutions, and state support in creating safe living conditions, ensuring proper nutrition, and fostering a healthy lifestyle.

The Civil Code of Ukraine contains provisions that

indirectly affect children's healthcare, such as Article 281, which defines a child's right to life, health, and physical development; Article 284, which secures a child's right to medical assistance and treatment; and Article 285, which regulates guardianship and care, including medical support for children.

The Family Code of Ukraine includes a set of norms aimed at protecting children's rights to health and physical, mental, and social development. These provisions emphasize the crucial role of parents, guardians, and the state in ensuring proper conditions for a child's growth and development. To effectively implement these norms, it is necessary to harmonize them with international standards and introduce comprehensive programs for children.

These legal acts provide the framework for state policy on children's healthcare; however, their effectiveness remains insufficient due to the lack of a comprehensive approach to addressing social stress and harmful habits.

Ukraine is a party to several international treaties that establish standards in children's healthcare. Article 24 of the UN Convention on the Rights of the Child affirms every child's right to the highest attainable standard of health and obliges states to ensure access to medical assistance. Article 8 of the Convention for the Protection of Human Rights and Fundamental Freedoms guarantees the right to respect for private and family life, which includes healthcare aspects. Article 25 of the Convention on the Rights of Persons with Disabilities ensures access to healthcare services and rehabilitation for children with disabilities. These international documents serve as crucial guidelines for harmonizing Ukraine's national legislation.

However, the issue of preventing social stress and related harmful habits in children requires further attention. Existing laws and programs often fail to account for the complex nature of the problem and do not ensure sufficient coordination between various sectors, such as education, healthcare, and social protection.

To enhance the effectiveness of legal regulation, the following steps are advisable:

**Develop and implement specialized programs** aimed at identifying and supporting children experiencing social stress, with a focus on psychosocial assistance and resilience-building skills. All children should have access to professional psychological support, including through school counseling services, medical institutions, and social services. It is crucial that this support is available not only in crisis situations but also as a preventive measure against stress-related disorders. Legislation should mandate psychological programs designed to support children's emotional and mental well-being, incorporating stress management techniques and anxiety reduction strategies. These programs should be integrated into educational curricula while also reducing academic and social pressures by optimizing study plans, introducing flexible schedules, and ensuring adequate time for rest.

**Ensure the integration of efforts across different agencies** by establishing effective cooperation between educational institutions, healthcare facilities, and social services for a comprehensive approach to the issue.

There is a need to develop effective mechanisms for interagency coordination to identify and support children in stressful conditions. This may include collaboration among school psychologists, medical professionals, social workers, and other relevant entities, as the current level of interaction remains insufficient. It would be beneficial to adopt international experience and best practices to develop efficient response mechanisms for children's stress-related situations while taking into account the specifics of national legislation.

**Increase awareness through national and regional information campaigns** targeted at parents, educators, and children, focusing on stress reduction, the importance of psychological support, and effective coping strategies. It would be beneficial to introduce educational programs on emotional intelligence, specifically by incorporating specialized courses into school curricula aimed at developing emotional intelligence, stress management, communication skills, and conflict resolution techniques.

**Implement legal guarantees for providing psychological assistance to children in crisis situations**, including the establishment of a state crisis intervention program for children. To achieve this, it is necessary to adopt relevant government programs at the legislative level to ensure immediate psychological assistance for children facing crises, such as war, natural disasters, or domestic violence. Additionally, the legal framework should regulate the operation of crisis centers, defining their legal status and conditions of operation to ensure not only medical but also psychological and social support for children.

**Foster partnerships with civil society organizations and international institutions.** The state should enhance cooperation with international organizations specializing in child protection and non-governmental organizations to implement programs aimed at combating child stress. This includes creating platforms for experience and resource exchange, as well as securing funding to support these initiatives.

**Conclusions.** Stress is a significant factor affecting the quality of life of modern children. Its impact can have both short-term and long-term consequences for their physical, mental, and social health. Addressing the emotional state of children and providing necessary support is crucial for reducing the negative impact of stress. Therefore, it is important to actively work with children who experience stressful situations and create conditions for their harmonious development.

Thus, oral habits, according to our patients, help reduce the impact of stress on their quality of life and emotional state. The relationship between chronic harmful habits in children under conditions of social stress is explained by the formation of adaptive mechanisms in the body. The high level of anxiety and harmful habits in different age groups indicates that during patient treatment, we need to consider the children's psycho-emotional state. Each orthodontic patient should be treated while considering their level of anxiety and life under chronic stress, paying special attention to the presence of chronic harmful habits, which often act as a trigger in the development of

acquired dental and jaw deformities. We believe that an unexamined state of anxiety and stress, along with undiagnosed harmful habits, serve as obstacles to achieving effective results in comprehensive orthodontic treatment.

Improving the legal framework for child healthcare in Ukraine is a necessary step to uphold children's right to health and align national legislation with international standards. The implementation of these proposed measures will help mitigate the impact of social stress on the development of harmful habits in children and ensure their healthy growth.

**Prospects for Future Research.** A follow-up survey of these children will be conducted after the removal of the chronic stressor's impact.

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#### References:

1. Hampton RS. Cultural changes in neural structure and function. 2018; 3:1-22. DOI: <https://doi.org/10.31234/osf.io/52eg>.
2. Joelijanto R. Oral Habits That Cause Malocclusion Problems. IDJ. 2012; 1(2):88-93.
3. Kozliakovskyy P *Zahalna psykholgia: navchalnyy posibnyk v 2 tomakh, T. 2. Mykolayiv, 2004: 240.*
4. Loktyeva SA. Rozvytok osobystosti i adaptatsiya v studentskomu seredovuschi. Psykhologichni nauky. 2009; 24:78-82.
5. McLeod. Expanding the stress process model. Society and Mental Health. J. The meanings of stress. 2012; 3:172-186.
6. Naugolnuk LB. Psykholgiya stresu. Lviv: Lvivskyy derzhavnyy universytet. 2015. P.324.
7. Sapolsky R. The influence of social hierarchy on primate health. Science. 2005; 308:648-652.
8. Smirnov BA. Psykholgiya diyalnosti v eksperymentalnykh sytuatsiyakh. Kharkiv. Gumanitarnyy tsentr. 2007. P.76.
9. Selin H, Davey G. Happiness across cultures: Views of happiness and quality of life in non-Western cultures. NY: Springer. 2012. P.123 DOI: <https://doi.org/10.1007/978-94-007-2700-7>.
10. Radchenko OM Teoriya stresu ta filosofski poglyady Gansa Selie: znachennya dlya suchasnoi medytsyny. Zdorovya Ukrainy 21 stolittya. 2022; 15-16: 532-533.
11. Tytarenko TM. Profilaktyka porushen adaptatsii molodi do povsyakdenykh stresiv i kryzovykh zhytlyevykh situatsiy: navchalnyy posibnyk. Kyiv. 2001. P. 275.

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## ВПЛИВ СТРЕСУ НА ЯКІСТЬ ЖИТТЯ СУЧАСНИХ ДІТЕЙ: ПРАВОВІ МЕХАНІЗМИ ЗАХИСТУ ТА ПІДТРИМКИ

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**Резюме.** Стрес є важливим фактором, що значно впливає на якість життя дітей, особливо в умовах сучасного світу, який характеризується швидкими змінами в соціальному, економічному та політичному середовищі. Сучасні діти які регулярно переживають стрес, можуть стикатися з такими психологічними наслідками, як **тривожність**: стрес може призводити до розвитку тривожних розладів, коли дитина постійно відчуває небезпеку або загрозу; **депресія**: хронічний стрес може спровокувати депресивні стани, зниження настрою, апатію до навчання та соціальних взаємодій; **проблеми з самооцінкою**: діти, які переживають стрес, можуть мати знижене почуття

власної гідності, страхи через порівняння себе з іншими; **порушення адаптаційних механізмів**: в умовах постійного стресу діти можуть розвивати нездорові звички (наприклад, шкідливі ротові звички, порушення режиму сну і відпочинку, їдять нездорову їжу), що додатково погіршує їхнє фізичне здоров'я та стан зубощелепної системи.

Діти, які переживають стрес, можуть мати труднощі в соціалізації. Вони можуть відчувати себе ізольованими від однолітків, мати труднощі в побудові здорових стосунків і взаємодії в колективі. Це особливо актуально для дітей, які переживають стрес через родинні проблеми або соціальну нестабільність. Саме тому вивчення проблеми тривожності та соціального емоційного хронічного стресу на формування порушень зі сторони зубощелепної системи є актуальним.

В основу статті покладено кількісне дослідження, яке проведене серед пацієнтів шкільного віку, що мають шкідливі звички (смоктання пальця чи чужорідних предметів, дихання ротом, спирання голови на руки під час прослуховування онлайн заняття) шляхом таємного анкетування. Визначали рівень тривожності за шкалою STAI (State-Trait-Anxiety-Inventory). У статті наведені результати анонімного опитування 120 пацієнтів з наявними зубощелепними аномаліями. Через війну в Україні у дітей наявний підвищений рівень тривожності. Високий рівень тривожності перероджується у стрес, який стає більш глобальною проблемою, особливо серед дітей. Він негативно позначається на їхньому житті та здоров'ї, на прогресуванні шкідливих звичок і, у свою чергу, на появу набутих зубощелепних аномалій. Актуальним є вивчення проблеми тривожності у дітей, соціального емоційного хронічного стресу на появу шкідливих звичок і, як результат, на розвиток зубощелепних аномалій.

**Висновки.** Стрес є важливим чинником, що впливає на якість життя сучасних дітей. Його вплив може мати як короткострокові, так і довгострокові наслідки для фізичного, психічного та соціального здоров'я. Врахування психоемоційного стану дітей та забезпечення необхідної підтримки є ключовими для зниження негативного впливу стресу. Тому важливо активно працювати з дітьми, які переживають стресові ситуації, і створювати умови для їхнього гармонійного розвитку. Результати таємного анкетування свідчать про високий рівень тривожності та стан хронічного напруження пацієнтів, їхнє перебування у стані соціального стресу, що зумовлений новими умовами життя через війну в державі, онлайн навчання, частими змінами між періодами живого спілкування, умовами дистанційного навчання та психологічними проблемами у родині, відчуття емоційного полегшення у період застосування шкідливої звички.

Урахування психоемоційного стану дітей у контексті правового регулювання охорони здоров'я є важливим аспектом, який потребує особливої уваги, з огляду на зростаючий вплив стресових факторів на їхнє фізичне та психічне здоров'я. Важливість комплексного підходу до вирішення цієї проблеми підтверджується міжнародними стандартами, зокрема нормами Конвенції ООН про права дитини, яка гарантує кожній дитині право на найвищий досяжний рівень здоров'я та необхідну медичну допомогу (стаття 24). Впровадження запропонованих заходів сприятиме зниженню впливу соціального стресу на розвиток шкідливих звичок у дітей і сприятиме їхньому гармонійному розвитку.

**Ключові слова:** діти, тривожність, соціальний стрес, хронічний стресор, шкідливі звички, охорона здоров'я, державна політика, правові механізми.

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