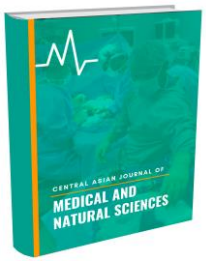

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Article

The Problem of Protecting the Reproductive Health of the Population: Methods for Studying Women's Reproductive Health in the Kashkadarya Region of the Republic of Uzbekistan

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Abstract: Identification and analysis of the main patterns of reproductive health of various population groups, and especially women. Studying the peculiarities of the formation of reproductive health of women of fertile age is an urgent task in the Kashkadarya region.

Keywords: reproductive health, fertile age, pregnancy, quality of life

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1. Introduction

The problem of protecting the reproductive health of the population remains one of the most pressing medical and social problems. The health of the nation is determined mainly by the health of women of fertile age, their ability to reproduce the population and the quality of their offspring. According to the UN definition, reproductive health is a state of complete physical, mental and social well-being of the reproductive system, its functions and processes, including the reproduction of offspring and the harmony of psychosexual relationships in the family. One of the aspects of reproductive health is the possibility of safe pregnancy and the birth of a healthy child.

In this regard, the identification and analysis of the main patterns of reproductive health of various groups of the population, and primarily women, is an urgent task in the Kashkadarya region; the study of the features of the formation of reproductive health of women of fertile age has not been previously carried out.

2. Literature Review

We used a statistical method (this is the only mandatory method of social and hygienic research), using a set of statistical tools, which made it possible to objectively (quantitatively) assess the health indicators of pregnant and childbirth women, and the

activities of the health care system (medical institutions). The identification of basic patterns and reasonable forecasts helped to model the optimal forms of organizing medical care. This made it possible to monitor the state of the problem being studied at different stages of development of the healthcare system.

To make a further decision (selection) based on the results of the study, a method was used to obtain an assessment of the problem based on the opinion of specialists (experts) - the quality of medical care, the expert assessment method, when assessing the quality of medical care (professional actions of medical personnel, etc.).

Sociological methods (interviews, surveys) made it possible to obtain the general opinion of pregnant women (groups of them) on a specific issue or to conduct a self-assessment of their health and lifestyle.

Using the sociological method, it was possible to study the factors of behavior and lifestyle of pregnant women with the disease that contribute to or hinder the beginning of achieving the planned results and reduce the effectiveness of medical care. The study also determined the level of satisfaction with medical care provided to pregnant and childbirth women and the structure of the reasons for dissatisfaction.

2.1 Research Objects

2.1.1. The health of pregnant and postpartum women and its components (medical and demographic indicators, morbidity, disability and physical development indicators).

2.1.2. Preventive, diagnostic, therapeutic and rehabilitation activities of the medical care system for pregnant women.

2.1.3. The environment in terms of factors affecting the health of pregnant women, postpartum women, and the health care system (medical institutions).

3. Materials and Method

The study was carried out using official statistical data, reporting documents from medical institutions, and the collection of materials for a deeper study was carried out using specially designed tables and questionnaires.

The structure of the answers of pregnant and postpartum women (socio-hygienic characteristics) studied for the purpose of this study, a special program was developed, consisting of a block of questions, such as place of residence, age, marital status, number of marriages, years of marriage, number of children, intergenetic interval , family relationships, relationships with pregnancy, by education, by socio-professional status, by place of work, the presence of occupational risk, occupational risk factors, frequency of exposure to risk factors, lifestyle conditions, proximity of hazardous industries to the place of residence, state of material security, diet, quality and quantity of food consumed, smoking, alcohol consumption, drug use, medical activity, satisfaction with medical care, etc.

The main thing when planning a study is the choice of an adequate method for studying the real nutrition of the compared population group, the methodological basis of which is represented by a number of methods:

1) budget method;

2) sociological method;

3) question weight method;

4) food history method (food history);
5) method of analyzing the frequency of food consumption.

The choice of method is determined by the diet of the comparison group. In this case, as a rule, certain methods are aimed at organized or unorganized childbirth. Accordingly, unorganized groups include the local population that organizes its own food supply.

A sociological (survey) method was used. This method involves respondents filling out special questionnaires; the questions clarifying their questions gave us important information about the nature of nutrition, in particular, about its order, habits, organizational deficiencies, etc. In addition, using this method, to a certain extent it was possible to determine the relationship between the health status and nutrition of those being compared, obtain information about the nutritional status. Typically, this method is used in combination with other methods, and its results are complementary to the description of the actual nutritional status, since they are based only on subjective data.

To determine the average daily food consumption, the Food History method was used - in an open interview, the subject is asked to answer questions describing the usual average daily food consumption by meal - breakfast, lunch, etc. The usual type of food, the rate of its consumption, alternative types of food were determined, deviations from typical consumption were noted and other issues were highlighted, which made it possible to determine the usual consumption for a certain period of time (week, month, etc.). When determining food history, specific foods were described.

The food history method is different in that it evaluates a person's habitual diet over a relatively long period of time. This feature of the food history method is fully compatible with the goals of epidemiological research, which is to determine the long-term influence of the nature of foods on the occurrence of a particular disease. This method is used in dietary practice in an attempt to determine the role of nutrition in the formation and occurrence of diseases, as well as to teach the basics of healthy nutrition to pregnant women. There were 275 women aged 20-24 years (36.0±4.8%); 25-29 years old - 296 (38.7±4.8%); 30-34 years old - 92 (12.0±3.2%); over 35 years old - 102 (13.3±3.4%).

4. Results and Discussion

It is known that the health status of pregnant women has a clear social conditioning and largely depends on conditions and lifestyle. The analysis showed that the age of post-partum women ranged from 21 to 41 years, the average age was 27.3 years. The material and living conditions of all those examined were relatively satisfactory. In 12.0±3.7% of respondents the family consisted of 1-3 people, in 40.0±5.6% - from 5, in 37.3±5.6% - from 6-9, in 10.7± 3.6%, - 10 or more.

The results of the survey showed that all women interviewed were in a registered marriage. Residents of the region are not characterized by a desire for early marriage, so most of those examined had a late sexual debut. The average age at sexual debut was 20.8 (range: 17 to 25) years. 9.3±3.4% of women surveyed began sexual activity before the age of 18, the remaining 90.7±3.4% were 18-25 years old.

Marriages took place mainly before the age of 20 (50.7±5.8%). 20.0±4.6% of the women surveyed had husbands who were relatives, of which 12.0±3.7% were close relatives. To assess the puberty of the examined women, data on the onset of the menstrual cycle were analyzed. Thus, in 5.3±2.6%, regular menstruation was established at 12 years old, in 9.3±3.3% at 13 years old, in 18.7±4.5% at 14 years old, 28.0 ±5.2% at 15 years old, 38.7±5.6% at 16 years old and older.

Thus, the average age at menarche was 15.0 years. Late menarche (over 15 years) was observed in 38.7±5.6%; in the rest (61.3±5.6%), the onset of menarche corresponded to the age norm (12-14 years). Thus, girls born and living in this region showed a slowdown in the age at menarche. It can be assumed that in the future these disorders will lead to more serious pathology of the reproductive system. The number of pregnancies, births and abortions characterize the qualitative side of reproductive behavior. 25.3±5.0, 24.0±4.9 and 50.7±5.8% of women had one, two, three or more pregnancies, respectively, which is slightly shifted to the right compared to the number of existing children: 28.0±5.2, 32.0±5.4, 40.0±5.6% of women had one, two or more children, respectively. The majority of pregnancies resulted in the birth of a child, which is also confirmed by an analysis of the structure of pregnancy outcomes in the study sample: of all pregnancies (204 pregnancies in our study), 91.2±2.0% resulted in childbirth, 4.9±1.5% spontaneous miscarriage and 4.9±1.5% artificial abortion. 93.3±2.9% of women with a history of pregnancy had no history of abortion.

The distribution of women by number of births was compared with the number of children they had, with the majority of women 28±5.2% having only one birth, which is most likely due to the large number of "young women" participating in the study (74.7±5.0% of women under 30 years old).

The birth of healthy children is the final characteristic of the reproductive potential of women of fertile age. The first pregnancy in most women (61.3±5.6%) occurs at the age of 21-26 years. The average age of first pregnancy is 21 years.

According to the onset of the first pregnancy, respondents were distributed as follows: 17 years old - 2.7±1.9%, 18 years old - 5.3±2.6%, 19 years old - 10.7±3.6%, 20 years old - 20, 0±4.6%, 21 years and older - 61.3±5.6%. An important indicator reflecting the existing stereotype of a woman's reproductive behavior is the ratio of the number of pregnancies and childbirths. For 25.3±5.0% of postpartum women this was the first pregnancy, for 24.0±4.9% it was the second, for 25.3±5.0% it was the third, for 10.7±3.6% - fourth, for 14.7±4.1% - fifth or more. The majority of postpartum women had their first child - (28.0±5.2%), 2-24 (32.0±5.4%), 3 - 14 (18.7±4.5%), 4 - 7 (9 .3±3.3%), 5 or more - 9 (12.0±3.7%).

According to a sociological survey, 17.3±4.4% of women surveyed noted in their anamnesis cases of death of children during birth or within a year after birth. Childbearing for indigenous women begins early, but practically ends by the age of 35. The region retains a fairly significant potential for large families (50.0±5.8% of respondents have 3 children or more). An important indicator characterizing the reproductive potential of women of fertile age is the outcome of pregnancy. The resulting expression of the realization of the existing reproductive capabilities of women can be considered the proportion of pregnancies that resulted in the birth of healthy newborns from the number of all recorded pregnancies (an indicator of the effectiveness of the resulting pregnancy). This figure for the women surveyed was 91.2±3.3%. During the first pregnancy, spontaneous miscarriages at different stages were observed in 6.7±2.9% of cases, in 4.0±2.4% there were stillbirths, in 9.3±3.3% the birth of a child with congenital anomalies was noted, only in 80.0±4.6% of respondents the pregnancy ended in the birth of a healthy child. The percentage of delivery by cesarean section remains high at 12.0±3.7%. One of the important indicators is whether women have a history of induced abortions. The survey showed that 6.7±2.9% of women had a history of abortion for medical reasons. The presence of spontaneous miscarriages is also important. Among the pregnant women surveyed, spontaneous miscarriages at different stages of pregnancy were observed in 6.7±2.9%.

The most favorable interval between births is at least 2-2.5 years and is an important condition for the most successful course of pregnancy and childbirth, the postpartum period, helps to improve the vitality of the child and preserve the health of the mother. The intergenic interval in 26.7±5.1% of those who gave birth to 2 or more children was 1 year, in 34.7±3.5% -2 years, in 21.3±4.7% -3 years, in 4 .0±2.3% - 4 years. The next group of parameters used to assess reproductive potential includes indicators of women's health and identification of the leading factors shaping it. The health of women of reproductive age cannot be called satisfactory. Among the respondents, 60.0±5.6% indicated the presence

of various extra genital diseases. The proportion of pathologies that have a chronic course or the risk of subsequent chronicity is high. Most often, respondents indicated the presence of diseases of the urinary system (21.3±4.7%), digestive system (17.4±4.4%) and anemia (20.0±4.6%), suffered from hypertension 1.3%.

The most important element in the system of both primary and secondary prevention of various complications is regular examinations of pregnant women in medical institutions (in the normal course of pregnancy, a woman should visit a doctor to correct its course at least 15 times). One of the important aspects of safe motherhood is for a pregnant woman to contact an obstetrician-gynecologist as early as possible. During pregnancy, only 65.3±5.5% of respondents were covered by patronage from medical workers. Patronage is carried out by a doctor in 75.5±6.1%, by a paramedic in 24.5±6.1% of cases.

Low medical activity was observed among the women examined. 34.7±5.5% of pregnant women did not contact medical workers; 65.3±5.5% of pregnant women were monitored irregularly. The lowest level of use of outpatient antenatal care services in outpatient clinics was among women aged 20-29 years (58.9±6.6%). A survey of patients, conducted to determine their level of awareness on health issues, the possibility of receiving advice and advisory preventive care in outpatient clinics in the region, showed that 52.0±5.8%, of which do not satisfy the quality provided medical care. There is low medical activity (visiting a doctor in a timely manner, taking medications as recommended by a doctor), only 70.7±5.2% of respondents turn to a doctor for advice and recommendations, 5.3±2.6% - to a nurse and 2.7 ± 1.9% - to a midwife. 21.3±4.7% of patients try not to go to medical institutions, 49.3±5.8% of respondents take medications on the advice of a doctor, 24.0±4.9% take them at their own discretion, 26.7 ±5.1% are not accepted at all.

The data obtained indicate that more than 52.0±5.8% of women are not satisfied with medical and specialized gynecological care and have higher demands on the qualifications of doctors, the equipment of medical institutions and the level of comfort in providing care. Currently, in connection with the reform of primary health care in the Republic, prenatal care services are becoming more accessible: if they wish, women can be fully provided with early, perinatal care without restrictions. Consequently, the most important condition for preserving the reproductive potential of women of fertile age is to increase information interaction between a particular woman and health care workers.

Thus, the study indicates that the lifestyle of postpartum women is characterized by insufficient physical activity, inadequate and irregular nutrition, which, together with low medical activity, makes it possible to predict a further deterioration in the dynamics of health formation, indicates the need to develop general and differentiated recommendations for improving lifestyle.

5. Conclusion

1) A sociological study showed that the studied groups of women were characterized by a late onset of sexual life (20.8 years), 38.7±5.6% had late menarche, a low percentage (6.7±2.9%) of medical Russian abortions, a high proportion of realization of reproductive opportunities (91.2±3.3%).
2) Medical and social characteristics showed that the majority of women had secondary and specialized secondary education and were housewives. The main disadvantages of the lifestyle of postpartum women are irregular schedule (69.3±5.3%) and monotony of nutrition (17.3±4.4%), insufficient physical activity (8.0±3.7%) and duration of sleep (33 .4±5.4%), which predetermines a high risk of pathological changes.
3) During pregnancy, 60.0±5.6% of women had various chronic diseases. Diseases of the urinary system were detected in 1.3±4.7%, diseases of the digestive system - in 17.4±4.4%, anemia in 20.0±4.6%, and 1.3% of women suffered from hypertension.
4) Low medical activity of postpartum women was established: 34.7±5.5% were not observed for pregnancy, 52.0±5.8% were not satisfied with the quality of medical care provided. Among the women examined, a low level of contraceptive activity was noted.

5) The level of reproductive education of postpartum women does not meet modern requirements. Women are not socially ready to become an adequate source of information for the younger generation, since they themselves are not sufficiently informed about reproductive health, which requires urgent improvement of educational programs on reproductive health for high school students and college and university students.

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