



CHARACTERISTICS OF SOCIO-HYGIENIC FACTORS AFFECTING THE HEALTH OF WOMEN IN REPRODUCTIVE AGE

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✓ Resume

Many factors contribute to reproductive health: socioeconomic; ecological; lifestyle features; level of medical literacy; the organizational status and quality of medical care. In a complex set of factors affecting health of the women in a reproductive age, an important role is played by such social and hygienic factors as the number of family members, the number of children in the family, the level of education of women, housing conditions, the psychological state of the family, and others.

The article describes the socio-hygienic factors that affect the health of women living in the arid zone.

Keywords: reproductive activity, women's health, social and hygienic factors, lifestyle

ХАРАКТЕРИСТИКА СОЦИАЛЬНО-ГИГИЕНИЧЕСКИХ ФАКТОРОВ, ВЛИЯЮЩИХ НА ЗДОРОВЬЕ ЖЕНЩИН В РЕПРОДУКТИВНОМ ВОЗРАСТЕ

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Репродуктивному здоровью способствуют многие факторы: социально-экономические; экологический; особенности образа жизни; уровень медицинской грамотности; организационное состояние и качество медицинской помощи. В сложной совокупности факторов, влияющих на здоровье женщин репродуктивного возраста, важную роль играют такие социально-гигиенические факторы, как численность семьи, количество детей в семье, уровень образования женщин, жилищные условия, условия, психологическое состояние семьи и др.

В статье описаны социально-гигиенические факторы, влияющие на здоровье женщин, проживающих в аридной зоне.

Ключевые слова: репродуктивная деятельность, женское здоровье, социально-гигиенические факторы, образ жизни.

REPRODUKTIV YOSHDAGI AYOLLAR SALOMATLIGIGA TA'SIR ETGAN IJTIMOYIY-GIGIENIK OMILLARNING XUSUSIYATLARI

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Ko'pgina omillar reproduktiv salomatlikka yordam beradi: ijtimoiy-iqtisodiy; ekologik; turmush tarzi xususiyatlari; tibbiy savodxonlik darajasi; tibbiy yordamning tashkiliy holati va sifati. Reproktiv yoshdagi ayollar salomatligiga ta'sir etuvchi omillar majmuasida oila a'zolari soni, oiladagi bolalar soni, ayollarning ta'lim darajasi, uy-joy bilan ta'minlanishi kabi ijtimoiy-gigiyenik omillar muhim o'rin tutadi. sharoitlar, oilaning psixologik holati va boshqalar.

Maqolada qurg'oqchil zonada yashovchi ayollar salomatligiga ta'sir etuvchi ijtimoiy-gigiyenik omillar tasvirlangan.

Kalit so'zlar: reproduktiv faoliyat, ayollar salomatligi, ijtimoiy-gigiyenik omillar, turmush tarzi

Relevance

The negative trend in public health in recent years is directly related to the deterioration of living conditions and lifestyle. Living conditions are the objective side of human life, and lifestyle is the subjective side of life. The totality of objects, events and environmental factors (natural and artificial) that determine the conditions of life is called the human environment. In promoting the health of the population, these same concepts should be at the center of attention.

Health promotion is a process that allows a person to improve and control their own health. A positive attitude to health is a relatively stable position that implies a serious attitude of a person to the elimination of bad habits, lifestyle and health. The motivation for the need to form health is the focus of the individual on efforts to restore, preserve and strengthen their health.

It is known that a group of factors associated with lifestyle and living conditions affect human health by 50%. Healthy lifestyle - includes a set of actions aimed at strengthening a person's desire for life, strengthening his health and preventing its deterioration. So, a healthy lifestyle is an activity that helps people maintain and strengthen their health.

Comprehensive indicators of a person's lifestyle include the character of living, standard of living, lifestyle and quality of life. Lifestyle is a way of living of a community, traditions, national culture, a way of life, a complex view of the movement and activity of people, formed in the process of historical development. Traditions based on a clear historical development process are repeated over time. They, in turn, create the necessary actions - habits. The standard of living refers to the right of people to food, education, employment, working conditions, living conditions, social security, rest, clothing and leisure. At the same time, these quantitative indicators are not the ultimate goal, but only a tool for creating better living conditions. Lifestyle is a psychological and individual feature of movement, behavior. For a rational solution of the problem of preventing gynecological diseases in the arid zone, it is necessary to identify the most important factors for each of their age groups.

The aim of the research. An in-depth comprehensive socio-hygienic study allows assessing the lifestyle of women of reproductive age, identifying the leading factors affecting the health of women of different ages, and also assessing the hygienic significance of the traditions, customs, lifestyle and character traits of this region.

Research methods. In accordance with the purpose of the study, a special questionnaire was developed to study the social status, lifestyle and standard of living of women of different reproductive ages. The questionnaire included questions about age, place of residence, nationality, education, profession, harmful factors in working conditions, bad habits, marital status, number of family members, doing sports, nutrition, psychological state in the family. The data were obtained by random sampling in outpatient and inpatient facilities of the city and districts of the Bukhara region.

Results and analysis.

The survey was conducted among 1158 women of reproductive age living in the city and districts of the Bukhara region. Of these, 8.1% are under 19 years old, 13.3% 20-24 year olds, 23.7% 25-29 year olds, 19.2% 30-34 year olds, 15.6% 35-39 year olds, 10.7% 40-44 year olds, 9.4% are women aged 45-49. Of the surveyed women of reproductive age, 94.3% were married and only 5.7% were single. Of these, 93.6% are married, 5.8% are single and 0.6% are widows. This figure is almost the same for women of all ages and is the result of a special emphasis on family values inherent in the mentality of our people.

Of the women of reproductive age surveyed, 52.8% were urban and 47.2% were rural, with the majority (97.9%) being ethnic Uzbeks and the rest being Russians, Tadjiks, Tatars, Arabs, Turkmens and Turks (Table 1). Women's education is important not only as a determinant of themselves, but also as a factor in the health of the next generation. Among the women surveyed, 46.7% had secondary education, 38.6% had secondary specialized education, and 14.7% had higher education. If we consider this indicator in the context of young people, respectively, persons under 19 years of age, of course, do not have higher education, and most of them have secondary specialized education. The high proportion of people with higher education in the age group of 20-34 can be assessed as a result of the policy pursued in the field of education in recent years.

Nationality, education and place of residence of women by age

(%)

№	Women	Percentage	Nationality							Education			Location		
			Uzbek	Russian	Tajik	Tatar	Arab	Turkmen	Turk	Medium	Intermediate Special	Higher	City	Village	
1	Under 19	8.1	100.0	-	-	-	-	-	-	-	29.8	70.2	-	6.4	93.6
2	20-24 years old	13.3	99.4	-	0.6	-	-	-	-	-	45.4	37.7	16.9	59.7	40.3
3	25-29 years old	23.7	99.3	0.4	-	0.3	-	-	-	-	47.8	36.5	15.7	56.9	43.1
4	30-34 years old	19.2	98.7	0.5	0.4	0.4	-	-	-	-	43.2	36.5	20.3	64.0	36.0
5	35-39 years old	15.6	95.6	1.1	1.7	1.1	0.5	-	-	-	53.6	30.4	16.0	56.9	43.1
6	40-44 years old	10.7	95.2	0.8	1.6	0.8	1.6	-	-	-	48.4	38.7	12.9	55.6	44.4
7	45-49 years old	9.4	96.3	-	2.8	-	0.9	-	-	-	54.1	35.8	10.1	39.5	60.5
Total		100.0	97.9	0.4	0.9	0.4	0.2	0.1	0.1	-	46.7	38.6	14.7	52.8	47.8

Various factors of working conditions have a negative impact on the reproductive health of women. The results of a study of the social status, lifestyle and living conditions of women of reproductive age show that 1/2 of them are not currently engaged in labor activities. 50.8% of women are housewives and do not currently work, most of them are on maternity and childcare leave. 52.6% of working women work in the health care system and 34.2% are engaged in teaching activities.

This figure is almost the same for all ages. Of the total number of women, 16.8% are employed in teaching, 26.2% in the health care system, 3.3% in entrepreneurship and 2.9% in other areas.

There is a tendency for non-working women to lose weight with age. This figure is 67.0% for those under 19 and 41.3% for those aged 45-49. The increase in 45-49-year-olds compared to 40-44-year-olds can be explained by the fact that their children are married and they have grandchildren. When asked about work-related harmful and hazardous factors, 11.1% of women of reproductive age were exposed to noise, 7.7% to stress, 4.9% to dust, 1.8% to chemicals, 1.7% to allergens, 1.0% to light and 0.4% to the vibration coefficient. Although these factors are of great importance in the development of important social diseases, the inability to quantify them makes it difficult to prove their exact role in the epidemic of a particular disease.

But the role of stress, fear, overwork at work in the development of cardiovascular diseases has been proven. An unhealthy workplace environment, too much work per day leads to psycho-emotional stress at work. Smoking is a risk factor not only for the development of tumors, but also for diseases of the cardiovascular system. Currently, the eradication of smoking is one of the most effective measures to improve the health of the population in developed and developing countries, including our country. Smoking is a greater risk factor for the development of cardiovascular, neoplastic and other diseases in women than in men, and has a number of problems that adversely affect the course of pregnancy. 0.2% of women used to smoke or smoked infrequently, while smokers were registered mainly among 20-24-year-olds (0.7%) and 30-34-year-olds (0.5%).

In many countries, one of the most serious health problems is alcohol and drug addiction. Acute and chronic diseases caused by excessive alcohol consumption are widely covered. Mortality from cirrhosis of the liver has increased in most countries over the past 10 years, and alcohol consumption has been shown to increase blood pressure, leading to the development of other social diseases, even if not consumed in large quantities. 0.2% of the women surveyed reported that they consumed less alcohol. The proportion of women who drink alcohol increases with age and reaches a maximum at the age of 40-44 years (0.0%, 0.6%, 1.5%, 2.7%, 2.2%, 7.3% and 2.8%, respectively, depending on age). The low level of these indicators is good, mainly because of our national values and traditions.

It is true that rational nutrition and energy balance are the basis for the prevention of many non-communicable diseases. Overeating poses a particular risk in the spread of socially significant, chronic non-communicable diseases. It causes cardiovascular, gastrointestinal, pulmonary, bronchial, metabolic, musculoskeletal, and malignant tumors. Excessive food intake leads to the emergence of risk factors such as an increase in the amount of cholesterol in the blood, overweight. The results of the survey showed that 60.5% of women of reproductive age follow the correct diet, 8.5% do not follow it at all, and 31.0% do not always follow it. Even for female age gradations, these figures are not much different from the general ones. These results indicate the need to intensify advocacy work on rational nutrition among the population.

Currently, in economically developed countries there is less work that requires physical strength, and the development of urbanization and automation has made a person's lifestyle less mobile. In economically developed countries, every second person leads a sedentary lifestyle, the proportion of which is increasing in adults. A sedentary lifestyle, obesity, metabolic disorders, in turn, lead to the spread of socially significant diseases.

During the survey, only 11.6% of women noted regular physical activity, 60.5% sometimes and 27.9% did not exercise at all. Women under the age of 19 (39.4%) most regularly engaged in regular sports, followed by women aged 40-44 (16.1%), and in the remaining age groups, the figure was about 10.0%. This indicates that one of the main tasks is to further strengthen measures aimed at popularizing sports.

Numerous studies have shown that the age of women at the time of marriage affects the health of the women themselves and their children. Early marriages lead to the development of gynecological diseases in women, making the next generation weak, susceptible to disease. Most of the women surveyed married at 20-24 (68.7%), 6.5% - at 25-29, 1.1% - at 30-34, 0.8% were married after 35 years, and the number of marriages under the age of 19 remains high (18.5%) (Table 2). The birth rate of children under the age of 19 has increased in recent years: 7.3% among 45-49 year olds, 17.7% among 40-44 year olds, 11.1% among 35-39 year olds, 14.9% among 30-34 year olds, 16.1% among 25-29-year-olds and 24.7% among 20-24-year-olds. This situation can be explained by national traditions.

Table 2

Age structure of marriage (%)

№	The age of the women	Marriage time						Total
		Under 19	20-24 years old	25-29 years old	30-34 years old	After 35 years	unmarried	
1	Under 19	52.1	-	-	-	-	47.9	100.0
2	20-24 years old	24.7	73.4	-	-	-	1.9	100.0
3	25-29 years old	16.1	77.4	5.8	-	-	0.7	100.0
4	30-34 years old	14.9	71.6	9.9	3.1	-	0.5	100.0
5	35-39 years old	11.1	75.1	9.4	2.2	2.2	-	100.0
6	40-44 years old	17.7	68.6	10.5	-	3.2	-	100.0
7	45-49 years old	7.3	83.5	6.4	1.8	1.0	-	100.0
General		18.5	68.7	6.5	1.1	0.8	4.4	100.0

Living in a family with the older generation is a habit embedded in our mentality, and there are many positive aspects in it. In particular, there are advantages in raising children, gaining life experience, solving family problems, caring for the elderly and others. According to our study, 37.6% of families live with the older generation, naturally, their share decreases with natural mortality as age gradation increases. In 35.3% of cases, the number of family members is 4 people, in 55.1% of cases 5-6 people, in 9.6% of cases more than 7 people. 5-6 and more than 7 family members have a higher rate in women under 19, which can be explained by the fact that newlyweds live with their husband's relatives, and single ones with their own relatives. At a later age, there is a decrease in the number of family members from 5-6 and more than 7 members and an increase in the proportion to 4 family members.

The main factor determining the number of family members is the number of children. Among the women surveyed, 24.9% had one child, 38.6% - two, 19.1% - three, 3.4% - four children, 14.0% - had no children. Women with one child are most often aged 20-25 years (51.3%), which can be explained by the fact that most girls get married at this age.

Women with two children are mostly aged 25-29, with a downward trend in later age, 39.5% aged 45-49. The number of women with three children increases with age, reaching a maximum of 49.5% at the age of 45-49. In our country, women with four or more children were found to be the most among 35-39-year-olds (7.1%), and in later years there was a decrease.

Living conditions, ethnic traditions, age are the main factors determining the health of the population. The living conditions of families in different regions of the country are assessed differently. In our study, criteria such as the presence of natural gas, the heating system used, the availability of hot and drinking water, sewerage, the nature of the dwelling (private, mansion), bathing conditions, etc. were used for evaluation of the living conditions. In general, 83.1% of families live in good conditions, 16.4% - in satisfactory conditions, and only 0.5% - in unsatisfactory conditions. This indicates an improvement in living conditions in recent years. 88.1% of households living in arid zones use piped clean water, 10.0% - imported water, 1.0% - underground water and 0.9% - water from an outdoor pool. 92.7% of the rolls contain hot water and are mostly cooked using individual heating appliances.

In 94.05% of households, the heating system is provided with gas and electricity, and in 6.0% with a wood-burning stove. The study showed that 79.3% of families live in private courtyards and 20.7% in multistoried apartments. 99.6% of them have their own bathroom and only 0.4% do not have the opportunity to wash themselves.

The psychological state of the family is of great importance. The strength of the family, the perfect development of children, as well as the health of family members are closely related to the psychological environment. According to the survey, the psychological situation in the family was rated as "good" by 82.9% of women, as "moderate" by 16.9% of women, and as "bad" by 0.2% of women. The psychological situation in the family was rated as good by more than 80.0% of women of all ages, only 0.6% in 20-24-year-olds and 0.3% in 25-29-year-olds, which can be explained by the fact that these young people are in a new family adaptation period. Here, the evaluation criteria were chosen by our women themselves.

Psychological conditions in the family mainly lead to conflicts. When asked about the degree of conflict in the family, 77.1% of our women answered that there were no conflicts, 14.2% - rarely, 8.3% - sometimes, 0.4% - often. The absence of frequent contraindications was observed in women aged 40-44 and 45-49 years, which can be explained by the fact that their position in the family increases with age and their life experience increases.

Conclusion

Most of the interviewed women were married, and only 5.7% were not married, which is typical of the national mentality and is the result of a high degree of respect for family values. More than 1/2 of women are not engaged in labor activity. The majority of employees are education and healthcare workers (86.8%). Although the factors of working conditions are of great importance in the development of important social diseases, the inability to quantify them makes it difficult to prove their exact role in the epidemic of a particular disease.

But the role of stress, fear, overwork at work in the development of cardiovascular diseases has been proven. An unhealthy workplace environment, too much work per day leads to psycho-emotional stress at work. 65.7% of working women named noise and stress as the main factors of working conditions. In many ways, this can be explained by their connection with professional activities.

The fact that the majority of women are married and divorced is a consequence of the very low divorce rate and the high prevalence of national values among the population. Another positive product of national values is the absence of bad habits in more than 99.6% of women, which plays an important role in maintaining women's health and the harmonious development of the younger generation. In 3/4 of the families studied, the psychological situation is good, and the absence of conflicts in most cases (77.1%) can be explained by national traditions, values and religious views

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Entered 09.05.2022