

Medical and Social Aspects of the Lifestyle and Conditions of Women of Reproductive Age

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ABSTRACT

Measures to improve healthy lifestyles and conditions are of great importance in maintaining and protecting women's reproductive health. At the same time, a comprehensive analysis of social factors affecting the health of the population, the study of medical and social aspects of lifestyle, the types of activities of certain social groups, a wide range of activities play an important role. The article provides information on the lifestyle and living conditions of women of reproductive age, age, address, nationality, education, occupation, harmful factors in working conditions, harmful habits, marital status, number of families, sports, diet, psychological status in the family illuminated.

KEY WORDS: reproductive age, social aspects, smoking, lifestyle

INTRODUCTION

The negative trend in public health in recent years is directly related to the deterioration of living conditions and lifestyles. Living conditions are understood as the objective aspect of human life activity, and lifestyle is understood as the subjective aspect of life activity. The sum of objects, events, and environmental factors (natural and artificial) that determine living conditions is called the human living environment. In strengthening the health of the population, the same concepts should be the main focus.

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 involves a person taking a serious look at the loss of harmful habits, lifestyle and health. The motivation for the need to shape health is the individual's focus on efforts to restore, maintain, and strengthen their health.

It is known that a group of factors related to lifestyle and living conditions has a 50% impact on human health. A healthy lifestyle - including a person's aspirations for life, a set of actions aimed at strengthening their health and preventing its deterioration - includes a set of actions. So, a healthy lifestyle is an activity that helps people maintain and improve their health. The formation of a healthy lifestyle includes: the creation of a system of continuous advocacy to increase the level of knowledge of the population about the negative factors of the external environment that affect the body and reduce the impact of these factors; sanitary and hygienic education of the population; reduction of the prevalence of tobacco consumption, reduction of alcoholism, prevention of drug use; attracting the population to physical culture, sports and tourism and increasing the popularity of health resorts.

Complex indicators of an individual's lifestyle include lifestyle, standard of living, lifestyle and quality of life. Lifestyle is a way of life of a community, a tradition, a national culture, a way of life, a complex view of the actions and activities 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 actions - habits - that are needed. The

standard of living is 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 an instrument for creating good living conditions. Lifestyle is a psychological and individual feature of movement, behavior.

Due to the variability and complexity of social conditions and factors that affect the health of the population, it is necessary to conduct socio-hygienic research, taking into account the impact of human habits, behavior, vital activity on health indicators, especially the combined factors. Such research methods allow not only a comprehensive analysis of social factors affecting the health of the population, its individual groups, but also to study the medical and social aspects of a whole lifestyle, the population, the activities of certain social groups, a wide range of activities. Such studies identify the direct impact of lifestyle on the health of the population.

The purpose of the study was based on the above, we aimed to analyze the social status, lifestyle and living conditions of women of reproductive age in the cities and districts of Bukhara region.

MATERIALS AND METHODS

In accordance with the purpose of the study, a special questionnaire was developed to study the social status, lifestyle and living conditions of women of different reproductive ages. The questionnaire included questions about their age, place of residence, nationality, education, occupation, harmful factors in working conditions, harmful habits, marital status, number of families, sports, diet, psychological status in the family. The data were obtained by random sampling in outpatient and inpatient facilities in cities and districts of Bukhara region.

The survey was conducted among 562 women of reproductive age living in cities and districts of Bukhara region. 1.8% of them are under 19 years old, 16.8% are 20-24 years old, 31.1% are 25-29 years old, 23.0% are 30-34 years old, 16.2% are 35-39 years old, 7.1% are 40-44 years old, 3.9%. It consists of women aged 45-49. Of the women of reproductive age surveyed, 87.5% were urban, 12.5% were rural, and the majority (98.3%) were Uzbek, with the remainder being Russian, Tajik, Tatar, Arab, and Turkish. 47.5% of women have secondary education, 34.9% have secondary special education and 17.6% have higher education. If we look at this indicator in terms of youth, 20%, 60%, 20%, 59.0%, 27.4%, 13.6% in 20-24 years, 48.0%, 37.7%, 14.3% in 25-29 years, respectively. -42.6%, 32.6%, 24.8% in 34-year-olds, 46.2%, 33.0%, 20.8% in 35-39-year-olds, 45.0%, 42.5%, 12.5% in 40-44-year-olds, 45.5% in 45-49-year-olds, 40.9%, 13.6%.

56.2% of them are housewives and are not currently employed, most of them on maternity leave and child care. 14.6% are engaged in pedagogical activities, 19.6% are in the health care system, 2.7% are accountants, 3.7% are entrepreneurs, and 3.2% are from other sectors. There is a tendency for the weight of non-working women to decrease with age. This figure is 70% for those under 19, 61.1% for those aged 20-24 and 25-29, 51.9% for those aged 30-34, 58.2% for those aged 35-39, 32.5% for those aged 40-44, and 50 for those aged 45-49. %. The relative increase in 45-49 year olds can be explained by the fact that children are married and have grandchildren.

RESULTS AND DISCUSSION

When asked about harmful and dangerous factors related to labor activity, 8.2% of women of reproductive age reported noise, 7.8% stress, 0.9% light, 0.7% dust, 0.5% chemicals, and

0.2% vibration factor. Although these factors have been given 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 this or that disease. But the role of stress, feelings of fear, fatigue at work in the development of cardiovascular disease has been proven. An unhealthy environment in the workplace, too much work per day, leads to psychoemotional stress at work.

Of the women of reproductive age surveyed, 99.3% were married and only 0.7% were single. 95.4% of them are married, 3.2% are single and 1.4% are widows. This figure is almost the same among women of all ages, and is the result of a special emphasis on family values, which are inherent in the mentality of our people.

Smoking is a risk factor not only in the development of tumors, but also in diseases of the cardiovascular system. At present, the elimination of smoking is one of the most effective measures for the health of the population in developed and developing countries, including our country. Smoking is more of a risk factor in the development of cardiovascular disease, tumors and other diseases in women than in men, and has a number of problems that can adversely affect pregnancy. In many countries, one of the most serious health problems is alcoholism and drug addiction. There is extensive coverage of acute and chronic diseases caused by excessive alcohol consumption. In many countries, mortality from liver cirrhosis has increased over the last 10 years, and alcohol consumption has been proven to increase blood pressure, leading to the development of other social diseases even when not consumed much. 0.4% of women surveyed had previously smoked or rarely smoked, while 2.0% reported consuming less alcohol. The low level of these indicators is a good thing, it is mainly the result of our national values and traditions.

True, a balanced diet and energy balance are the foundation for the prevention of many non-communicable diseases. Overeating poses a particular risk in the spread of socially significant, chronic noninfectious diseases. It causes diseases of the cardiovascular system, gastrointestinal tract, lungs - bronchial system, metabolic diseases, organs of the locomotor system, dangerous tumors. According to the data, some tumors can be prevented if vegetables and fiber are consumed in large quantities and fat intake is reduced. Overeating leads to the emergence of risk factors such as an increase in blood cholesterol, excess body weight, excessive salt intake. The results of the survey found that 58.6% of women of reproductive age surveyed follow a proper diet, 20.6% do not follow it at all, and 20.8% do not always follow it. These results indicate the need to intensify advocacy work on rational nutrition among the population.

Currently, in economically developed countries, there is a lack of work that requires physical strength, and the development of urbanization, automation has made the human lifestyle less mobile. In economically developed countries, every 2nd person leads a sedentary lifestyle, a proportion that is increasing in adults. A sedentary lifestyle, obesity, metabolic disorders, in turn, lead to the spread of socially significant diseases. It has been scientifically proven that physical activity reduces cardiovascular disease and prevents atherosclerosis. In the survey, only 7.8% of women reported regular sports, 58.6% occasionally, and 33.6% not at all. This shows that one of the main tasks is to further strengthen the measures aimed at popularizing the sport.

Numerous studies have shown that the age of women at the time of marriage affects the health of themselves and their children. Early marriage leads to the development of gynecological diseases in women, making the next generation weak and susceptible to

disease. The majority of women surveyed (65.8%) were 20-24 years old, 9.1% were 25-29 years old, 2.0% were 30-34 years old, 0.9% were married after 35 years of age, and the rate of marriage before the age of 19 is still high (21.5%). The incidence of under-19 births has been on the rise in recent years, with 13.6% among 45-49 year olds, 15.0% among 40-44 year olds, 8.8% among 35-39 year olds, 17.1% among 30-34 year olds, 25- It is 23.4% among 29-year-olds and 46.3% among 20-24-year-olds. This can be explained by national traditions.

Living in a family with the older generation is a habit inherent in our mentality, and it has many positive aspects. In particular, it has advantages in raising children, gaining life experience, solving family problems, caring for the elderly and others. According to our research, 40.4% of families live with the older generation. In 47.9% of cases the number of family members is 4 people, in 40.4% of cases it is 5-6 people, in 11.7% of cases it is more than 6 people.

The psychological condition in the family is a factor of great importance. The strength of the family, the psychologically perfect development of children, as well as the health of family members are closely linked to the psychological environment. According to the survey, 76.2% of women rated the psychological environment in the family as "good", 23.7% of women as "moderate", and 0.1% of women as "bad". Here, the evaluation criteria were chosen by our women themselves. Psychological conditions in the family mainly lead to conflicts. When asked about the extent of conflicts in the family, 59.8% of our women said that there are no conflicts, 27.2% said that they are rare, 12.6% said that they are rare, and 0.4% said that they are frequent.

CONCLUSIONS AND SUGGESTIONS

The results of a study of the social status, lifestyle and living conditions of women of reproductive age show that more than half of them are not currently engaged in labor activity. 44.7% of working women are in the health care system and 33.3% are engaged in pedagogical activities. This figure is almost the same at all ages. 85.0% of women who reported negative factors in working conditions reported noise and stress factors. This can be largely explained as a result of their association with professional activities. The fact that most women are married and unmarried is a result of the very low number of divorces and the high prevalence of national values among the population. Another positive product of national values is the absence of harmful habits among more than 98% of women, which plays an important role in maintaining women's health and the harmonious development of the next generation.

41.4% of women surveyed are unable to follow a rational diet for one reason or another. 92.2% of women do not participate in sports regularly. This shows that raising the culture of rational nutrition and sports among women is one of the main tasks before all social organizations.

Two-thirds of the women surveyed were married between the ages of 20 and 24, which is the maximum age for marriage, and one-fifth were married before the age of 19, a trend that has been on the rise in recent years. In order to reduce this situation, it is necessary to carry out explanatory work among girls and especially parents. About 60.0% of families do not live with the older generation, which indicates that in recent years, young people are trying to live independently. As women age, the share of small families' decreases with the number of family members, and the number of medium and large families' increases, which is naturally associated with an increase in the number of children in the family.

In 3/4 of the families surveyed, the psychological environment is good and in most

cases (87.0%) the absence of conflicts can be explained by national traditions, values and religious views.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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