INDICATORS OF REPRODUCTIVE FUNCTIONS IN WOMEN FERTILE AGE

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Abstract
The article describes the reproductive function indicators of women of childbearing age based on the results of the ban. In women, the age of onset of the menstrual cycle, time of onset of sexual activity, number of pregnancies, course, abortions, miscarriages, lifelong sexually transmitted diseases, gynecological diseases and somatic diseases were studied using a questionnaire.

Keywords: Women of childbearing age, reproductive function indicators, menstrual cycle, sex life, pregnancy, abortion, miscarriage, morbidity.

Introduction
Preservation and restoration of reproductive health is one of the important tasks, the successful solution of which determines the possibility of reproduction of the species and the preservation of a healthy gene pool. Reproductive health is a state of complete physical, mental and social well-being in all matters concerning the reproductive system, its functions and processes, including reproduction and harmony in psychosexual relationships in the family [1, 2]. The reproductive period of a woman, that is, the age at which a woman is capable of childbearing, is determined individually for each woman; this age begins with the appearance of the first menstruation and
ends with menopause. In demographic analysis, the age of 15 years is taken as the lower limit of the reproductive period, and 50 years as the upper one. In fact, its duration depends on the socio-economic, sanitary and hygienic living conditions and health of the woman. The constituent elements of reproductive health include the preservation of the reproductive health of children and adolescents, a safe sex life, access to effective, acceptable and affordable methods of birth control, the ability to safely carry and give birth to a healthy baby, prevention and timely treatment of malignant neoplasms and other diseases of the reproductive system, as well as favorable course of premenopausal and climacteric periods [3, 4].

The problem of reproductive health is relevant for all countries of the world, however, priorities for different countries are different depending on the current state of the reproductive health of the nation and the degree of resolution of medical and social problems of a particular state [5, 6, 7, 8]. In developed countries with low levels of maternal, perinatal and infant mortality and a high proportion of women covered by modern means of birth control, priority issues are important for young people: reproductive behavior, sexual culture, unplanned pregnancies and sexually transmitted diseases, as well as women's problems. Older ages associated with the prevention and treatment of premenopausal, climacteric, mental disorders and neoplasms of the reproductive system.

**Purpose of the study.** Studying the indicators of reproductive function in women of fertile age on the example of the Bukhara region of the Republic of Uzbekistan.

**Materials And Methods**

In accordance with the purpose of the study, a special questionnaire was developed to study the indicators of reproductive function among women of childbearing age. The questionnaire asked questions about their age, place of residence, nationality, education, occupation, menstrual cycle and time of sexual activity, births, abortions, miscarriages, general pregnancies, pregnancies, children, sexually transmitted diseases and gynecological diseases during their lifetime. Located data were obtained by random sampling in outpatient and inpatient facilities in cities and districts of Bukhara region.

**Results And Discussion**

The survey was conducted among 801 women of reproductive age living in cities and districts of Bukhara region. 1.5% of them are under 19 years old, 17.6% are 20-24 years old, 27.8% are 25-29 years old, 21.6% are 30-34 years old, 16.1% are 35-39 years old, 8.6% are 40-44 years old, 6.8% are women aged 45-49. Of the women of reproductive age surveyed, 81.9% were urban, 18.1% were rural, and the majority (98.0%) were Uzbek, with the remainder being Russian, Tajik, Tatar, Arab, and Turkish. 45.0% of women have secondary education, 36.5% have secondary special education and 18.5% have higher education. If we look at this indicator in terms of youth, it is 20%, 60%, 20% in the age group under 19, 59.0%, 27.4%, 13.6% in the age group of 20-24 years, 48.0%, 37.7%, 14.3% in the age group of 25-29 years, 30 -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%. 51.7% of them are housewives and are not currently employed, most of them on maternity leave and child care. 16.7% are engaged in pedagogical activities, 23.0% in the
health care system, 1.9% in accountants, 1.5% in entrepreneurs and 3.9% in 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. When asked about harmful and dangerous factors related to work, 11.1% of women of reproductive age were exposed to noise, 12.2% to stress, 2.4% to dust, 1.3% to chemicals, 0.9% to allergens, 0.6% to light, and 0.1% to vibration. factor.

Of the women of reproductive age surveyed, 99.1% were married and only 0.9% were single. 96.1% of them are married, 2.9% are single, and 1.0% 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.

The following data were obtained when studying the time of onset of the menstrual cycle from the indicators of women's reproductive status. In 3.7% of the women surveyed, the menstrual cycle began at age 11, in 9.6% at age 12, in 34.5% at age 13, and in 52.2% at age 14. Among women under 19 years of age, this figure is 8.3%, 50.0%, 16.7%, 25.0%, respectively, in other age groups the age of onset of the menstrual cycle is close to the general indicators, the tendency to start at 11 years is 1.9% at 45-49 years and 8.3% at 19 years. observed to increase to.

Another characteristic of our mentality is that in most women, sex begins after marriage. When the time of onset of sexual activity in the surveyed women was found, 2.4% started before the age of 16, 10.1% after the age of 16-18, 31.3% after the age of 18-20, 31.5% after the age of 20-22, and 24.7% after the age of 22. While women aged 40–44 years were not reported to have had sexual intercourse before the age of 16, it was not reported among women aged 45–49 years. However, those who started having sex before the age of 16 accounted for 25.0% of women under the age of 19 and 5.7% of those aged 20-24. 6.1% of the women surveyed reported no pregnancy to date. 26.6% had one pregnancy, 34.5% had two pregnancies, 23.1% had three pregnancies, and 9.7% had four or more pregnancies. 33.3% of women under the age of 19 had one pregnancy, 16.7% had two pregnancies, and the rest had no pregnancies, which can be explained by the fact that they had been married for a short time. The fact that 14.2% of women aged 20-24, 7.2% of women aged 25-29, 3.9% of those aged 35-39, 1.4% of those aged 40-44 and 1.8% of those aged 45-49 did not have a pregnancy can be explained by their existing pathological conditions. Miscarriages occurred in 8.6% of women during their lifetime. Of these, 60.9% had one miscarriage, 33.3% had two miscarriages, 4.4% had three miscarriages, and 1.5% had four or more miscarriages. The highest incidence of miscarriage was among women aged 30-34 years (15.1%), of whom slightly higher than 10.0% in older adults [9, 10].

The following results were obtained when studying the number of births among women. 12.6% of women reported no births today. 25% had one, 35.8% had two, 22.1% had three, and 4.5% had four or more births. It is not common at all among women aged 40-44 years with a single birth, limited to 1-2 births among women aged 45-49, but four or more births
account for more than 10.0%. Among women aged 20-24 and 25-29 and 30-34, women with one or two pregnancies accounted for more than 70.0%. Pregnancy was mild in 29.6% of women, moderate in 64.8%, and severe in 5.6%. Severe pregnancies were most common (13.5%) among women aged 45-49 years. It is noted that the birth of a child was normal in 91.5% of cases, and in 8.4% of cases Keserova was born by amputation.

The number of children in the family is 25.0% for one child, 37.6% for two children, 21.0% for three children, and 4.2% for four or more children. Among women aged 45-49, 46.3% have two children, which means that the number of children in the family tends to be 2-3.

Abortion is currently one of the social problems that negatively affects the health of women and the next generation [11, 12]. 17.0% of the women surveyed reported having an abortion during their lifetime. Of these, 10.6% had one abortion, 4.1% had two abortions, and 2.3% had three abortions. Women under the age of 19 reported never having an abortion to date, compared to 4.3% once in 20-24 year olds, once in 6.3% among 25-29 year olds, twice in 3.1%, and three times in 0.5%. In women aged 30–34 years, these figures were 16.7%, 5.2%, 1.2%, respectively, in 35–39 years, 10.6%, 4.6%, 4.5%, in 40–44 years, 17.4%, 5.8%, 4.4%, and 45%. Among 49-year-olds, it is 18.5%, 13.0%, and 11.1%.

The negative impact of sexually transmitted diseases on women’s reproductive functions has been proven based on numerous studies. These diseases can lead to inflammation of various genitals, which, if not treated in time, can turn into a chronic form and lead to infertility. About 3.0% of the women in the study were diagnosed with a sexually transmitted disease during their lifetime. 91.3% of patients were sexually infected with Hepatitis B and C, while 8.7% had gonorrhea. 1.4% of women aged 20-24, 4.0% of those aged 25-29, 4.1% of those aged 30-34, 2.3% of those aged 35-39, 1.5% of those aged 40-44 and 3.7% of those aged 45-49 are diagnosed with hepatitis. 8.3% of those under 19 and 0.5% of those aged 25-29 were sexually infected with gonorrhea. The fact that the majority of people with gonorrhea are among women under the age of 19 can be assessed as a result of them having sex without marriage and having their spouses have a shallow sex life.

It is a well-known fact that gynecological diseases are on the rise among women and their adverse effects on women's reproductive activity. 16.8% of the women surveyed now reported having a gynecological disease. It is noteworthy that infertility is observed in 33.3% of women with gynecological diseases. Of these, 30.6% were diagnosed with cervical erosion, 20.7% with uterine fibroids, 11.1% with ovarian cysts, and 4.4% with chronic adnexitis. Naturally, no gynecological diseases were reported in women under 19 years of age (Table 1). Cervical erosion, uterine fibroids, and chronic adnexitis tend to increase with age in women, while infertility tends to decrease.

<table>
<thead>
<tr>
<th>№</th>
<th>Ailments</th>
<th>Morbidity rate (in%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 19</td>
<td>20-24 years old</td>
<td>25-29 years old</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Diseases of other organs and systems also affect women’s reproductive functions. Various systemic diseases were reported in 41.1% of women of childbearing age who participated in the study (Table 2). Among the systems, the highest incidence is in the cardiovascular system, which has been noted to increase with age. The next places are occupied by the endocrine, digestive, nervous, respiratory and circulatory systems.

Table 2. Morbidity rates in women of childbearing age

<table>
<thead>
<tr>
<th>№</th>
<th>Systems</th>
<th>Morbidity rates,%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Under 19 years old</td>
<td>20-24 years old</td>
</tr>
<tr>
<td>1</td>
<td>Cardiovascular</td>
<td>-</td>
<td>5.7±1.95</td>
</tr>
<tr>
<td>2</td>
<td>Breathing</td>
<td>-</td>
<td>1.4±0.99</td>
</tr>
<tr>
<td>3</td>
<td>Digestion</td>
<td>-</td>
<td>5.7±1.95</td>
</tr>
<tr>
<td>4</td>
<td>Nerve</td>
<td>-</td>
<td>0.9±0.62</td>
</tr>
<tr>
<td>5</td>
<td>Endocrine</td>
<td>16.7±10.7</td>
<td>6.4±2.06</td>
</tr>
<tr>
<td>6</td>
<td>Separation of urine</td>
<td>-</td>
<td>1.4±0.99</td>
</tr>
<tr>
<td>7</td>
<td>Blood system</td>
<td>-</td>
<td>0.7±0.49</td>
</tr>
<tr>
<td>8</td>
<td>Base-movement</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>16.7±10.7</td>
<td>21.3±3.44</td>
<td>29.2±3.04</td>
</tr>
</tbody>
</table>

**Conclusion**

The majority of women surveyed are married, and only about 3.0% are unmarried, which is typical of the national mentality and is the result of a high degree of respect for family values. More than ½ women are not engaged in labor activity. Most of the employees are pedagogues and health care workers. Although factors in working conditions 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, overwork per day, leads to psycho-emotional stress at work.

In more than Ayol part of women, the menstrual cycle begins after the age of 14, a tendency to rejuvenate this figure. We can take this as an effect of the acceleration process in recent years. It can also be seen that the age of onset of sexual activity among young people is getting younger.

The incidence of four or more pregnancies is less than 10%, with nearly 2.0% of older women having no pregnancy at all. This means that they have this or that pathological condition. Currently, around 10.0% of women experience adverse conditions such as miscarriage. The fact that the frequency of abortions increases with age indicates that there are cases of ineffective use of contraceptives among adults in the prevention of pregnancy. The data obtained show that in recent years, as a result of extensive use of contraceptives, the number of pregnancies has sharply decreased, and most of our women (80.0%) do not plan to have more than 2-3 children.

The low incidence of sexually transmitted diseases among women (3.0%) indicates that our women do not engage in casual sex. Hepatitis B and C make up the bulk of sexually transmitted diseases, and women are more likely to be infected by their spouses.

The overall proportion of gynecological diseases present in women is observed to increase with age. The incidence of the most common cases of cervical erosion and uterine fibroids requires obstetricians and gynecologists
to intensify measures to prevent these diseases. The increase in infertility among young people is also noteworthy.

As the cardiovascular and digestive systems grow with age, the incidence of respiratory, nervous, and urinary disorders is almost constant. Diseases of the endocrine, nervous and circulatory systems have the highest incidence in women aged 30-34 years.

References