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REPRODUCTIVE HEALTH OF GIRL-TEENAGERS

Abstract: The reproductive health of girls entering fertile age has a direct impact on demographic processes.

The problem of the reproductive health of girls has become the focus of pedagogy, physiology, and health care, at this age physical and mental development, puberty is completed, and reproductive potential is formed.

Key words: reproductive health of adolescent girls, reproductive potential, medical and demographic situation.

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РЕПРОДУКТИВНОЕ ЗДОРОВЬЕ ДЕВУШЕК – ПОДРОСТКОВ

Аннотация: Прямое влияние на демографические процессы оказывает состояние репродуктивного здоровья девушек, вступающих в фертильный возраст.

Проблема репродуктивного здоровья девушек стала центром внимания педагогики, физиологии, здравоохранения, в этом возрасте завершается физическое и психическое развитие, половое созревание, формируется репродуктивный потенциал.

Ключевые слова: репродуктивное здоровье девушек подростков, репродуктивный потенциал, медикодемографическая ситуация.

Relevance. An urgent task is to identify and analyze the main patterns of reproductive health of young people, on whom society places special hopes [2,7].

In the structure of the younger generation, students represent a special social group, which is characterized by certain specific working and living conditions, as well as the tension of compensatory and adaptive systems of the body. The protection of the reproductive health of young people is currently gaining special value[4,5].

Researchers call the time of puberty the critical period of postnatal development of female and male organisms [1, 2, 5]. Of particular urgency and relevance is the state of reproductive health of adolescents, who can be called the generation of hope for the recovery of the nation.

A significant proportion of reproductive health disorders occur as a result of diseases of the reproductive system that began in childhood and adolescence [3, 4].

The purpose of the study. The aim of the study was to assess the reproductive status of adolescent girls aged 14-17 years.

Materials and methods of research. The retrospective study included 39 patients who underwent examination and treatment of AOPC in the period from 2019 to 2020.

The results of the study. The data obtained in the course of this study indicate that modern adolescents of both sexes from both groups have an insufficient level of reproductive education that does not meet the requirements of modernity.

The majority of the surveyed adolescents from both groups without significant differences (85.0 and 79.7%, respectively) believe that reproductive education should be part of the educational process, a similar opinion is expressed by 90.2 and 80.0% of mothers raising teenage children. The analysis of the state of reproductive health in adolescent girls was carried out according to the severity of secondary sexual characteristics, the age of onset of menarche, the frequency of occurrence of disorders of the ovarian-menstrual cycle and

gynecological morbidity. In the majority of girls of both groups (75.1 and 91.0%, respectively, $p > 0.05$), the sex formula corresponded to age standards.

Significantly more often in adolescent girls of group 1, there was a lag in sexual development (24.9 and 9.0%, respectively, $p < 0.05$): underdevelopment or weak development of the mammary glands, delayed pubic hair and armpits, the age of menarche. The analysis of the formation of menstruation also showed differences by groups: in the girls of the main group, in a larger percentage of observations, the onset of menstruation was registered at 11-12 years, and in the comparison group — 13-14 years. The onset of menarche at 15-16 years of age in the main group was noted 2 times more often (6.3 and 3.0%, respectively, $p < 0.05$) against the background of body weight deficiency. The absence of menstruation at the time of the examination was in 3 girls of the main group.

Among the examined adolescent girls of the 1st and 2nd groups, menstruation was established immediately - in 39.8 and 52.0%, respectively. The analysis showed that girls with increased mental load were 2 times more likely, compared with the group with normal mental load, to have monthly periods more than a year later. The most characteristic were 28-32-day cycles lasting from 3 to 6 days. In girls of group 1, the duration of bleeding during menstruation for more than 6-7 days was observed more often than in group 2 (30.9 and 8.6%, respectively, $p < 0.05$).

Menstrual function disorders in the form of dysmenorrhea were observed in girls from both groups in 27.5 and 14.0%, respectively, without significant differences, juvenile uterine bleeding was observed only in 3.0% of girls in the main group.

The frequency of premenstrual syndrome in adolescents of both groups was 19.9 and 17.0%, respectively, without significant differences. In 6.5% of the girls of the main group, fibrocystic mastopathy was clinically detected, which was combined with menstrual-ovarian cycle disorders. The conducted research allowed us to establish that among modern teenage girls, 29.3% of the 1st group

and 59.9% of the 2nd group ($p < 0.05$) are sexually active. Girls begin sexual activity before adulthood, including 10.7% under the age of 15.

The average age of their sexual debut is 16.7 ± 0.06 and 15.7 ± 0.03 years, respectively. For the purpose of contraception in both groups, adolescent girls mainly used barrier methods — 65.0%, hormonal - 18.0%, interrupted sexual intercourse - 11%, 6% of girls did not use any methods of contraception. In group 2, 4.3% of the girls had a history of pregnancy terminated by a medical abortion.

More than half (54.5%) of adolescent girls with increased mental load revealed various changes during ultrasound examination: 17.0% revealed uterine hypoplasia, which was observed more often in adolescents with body weight deficiency, 15.0% - retrodeviation of the uterus, 5.0% - saddle uterus, 4.0% - two-horned uterus, 26.0% - multifollicular ovarian changes, in the comparison group - 7.0%. Retention ovarian formations were equally common in both groups (6.6 and 8.8%, respectively, $p > 0.05$).

Chronic inflammatory diseases of the pelvic organs were detected in both groups (32.2 and 35.9%, respectively, $p > 0.05$). During bacteriological and PCR studies of the contents of the cervical canal and the posterior vaginal arch, various types of bacterial-viral associations were identified: *E. coli*, enterococcus fecal, *Klebsiella pneumonia* - 25.8%, *Trichomonas vaginalis* - 6%, *Candida albicans* - 16%, types of ureaplasma - 33.3%, *Chlamydia trachomatis* - 16.7%, Human papillomavirus (type 16.18) - 6.7%, Herpes simplex virus (1,2 type) - 3,3 %. The evaluation of the sexual development of young men showed that in 19.0% of the boys of the 1st group and in 67.7% of the 2nd group, sexual development corresponded to age ($p < 0.05$).

Conclusion. The data obtained in the course of this study indicate that modern adolescents from both groups have a low level of reproductive education that does not meet the requirements of modernity and inadequate sex education in the family.

It is necessary to include a gynecologist, an andrologist in the plan of dispensary supervision of adolescent children, since early detection of reproductive health disorders, carrying out health-improving measures is the prevention of pathology of sexual functions.

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