

**STUDY OF THE LEVEL OF AWARENESS OF WOMEN OF  
REPRODUCTIVE AGE REGARDING METHODS OF USING  
CONTRACEPTIVES IN DIFFERENT PROVINCE**

Daughter of Olimova Misriyo Jahangir

Fergana Institute of Public Health

Obstetrics and Gynecology,

Jabborova Munishkhan Abdurahman

Daughter of Obstetrics and Gynecology Assistant

Scientific supervisor Phd. Djurakhadjayeva Gulnora Sattievna

**ABSTRACT**

This article provides information about public health and health care system in the Republic of Uzbekistan, the period of a woman's life when she has the ability to carry and give birth to a child, primary medical care provided to women of reproductive age, pregnant women and children.

**KEYWORDS:** UN, fertile age, evolution, rehabilitation, infrastructure,

**INTRODUCTION**

Uzbekistan, public health and the health care system have risen to the level of state policy since the first days of independence. As a result of the measures taken in our country, the efficiency, quality and convenience of providing medical services to the population have been increased, the main parameters of the UN Millennium Development Goals have been achieved.

We medical workers gave information about methods of using contraceptives with women of reproductive age in Fergana region, how to use them and what diseases occur when they are used improperly.

Reproductive age (also childbearing or fertile age) is the time in a woman's life when she is able to carry and give birth to a child. In demography, the duration of this period is characterized by indicating its limits. For women, reproductive age is defined as 15-49 years (in countries with a low birth rate - 15-44 years). As a rule, the share of women of reproductive age is quite stable and is 25-30%.

Uzbekistan on March 17, 2021:



the modern, high-tech, specialized medical care system for women of reproductive age, pregnant women and children, and in accordance with the concept of development of the healthcare system of the Republic of Uzbekistan in 2019-2025: should be identified as priorities for improving the quality and expanding the scope of medical care provided to women of reproductive age, pregnant women and children :

- expanding the scope and quality of primary medical care provided to women of reproductive age, pregnant women and children ;
- formation of modern infrastructure for providing qualified , specialized high-tech medical care to women and children ;
- providing specialized high-tech medical services for pregnant women and children , as well as reconstruction, perfect repair and construction of new ones;
- with disabilities , creating conditions for their participation in society;
- improving the quality of medical services provided to women of reproductive age, pregnant women and children by training, retraining and upgrading the skills of highly qualified medical personnel who can meet modern requirements and possess advanced technologies;

## REFERENCES AND METHODOLOGY

In fact, according to historian of science Merrylee Borrell, biologists played a key role in legitimizing the birth control movement. Unfortunately, the best way to get a scientist interested in the 1920s was through the language of eugenics (which at the time was more mainstream than the study of reproductive health). Sanger argued that "birth control was necessary to limit the rate of 'unfit' births ," Borrell writes. As terrible as it sounds today, Sanger's eugenics argument worked - biologists were seduced by the promise of using contraception as a means of controlling human evolution.

In 1937, the American Medical Association authorized the use of birth control, and the American Birth Control Federation was formed to encourage public health programs to provide it. A 1940 Life Magazine story praised South Carolina officials for using public money to offer contraception to poor mothers.

## RESULT AND DISCUSSION

Today, there are many methods of contraception that are modern, effective and safe. They can be conditionally divided into groups:



1. **Natural methods of preventing pregnancy are based**, as a rule, on determining the phase of the menstrual cycle and stopping sexual intercourse. They are not reliable and do not protect against sexually transmitted diseases (STDs). However, many people follow these methods.

2. **Barrier methods** can be effective in preventing pregnancy, and condoms can also protect against STDs. The level of effectiveness depends on their correct use. It is often recommended to use them in combination with more effective methods.

3. **Intrauterine devices** may contain metal (copper, silver) and hormones, the effect of which is explained by the effect of chemicals on spermatozoa and egg cell, cervical mucus and endometrium. The effectiveness of this method is high, but they do not protect against HCV. About intrauterine spiral

4. **Hormonal methods** are very effective, but do not protect against STD. This includes oral contraceptives (pills), patches, vaginal rings, implants, and emergency contraception.

### **Intrauterine contraception**

It is carried out by placing objects that are "uterus" in the organ, that is, in the uterine cavity. Intrauterine contraception is widely used in highly economically developed countries such as China, Russia and Scandinavian countries. This method was first used at the beginning of the 20th century, in which rings made of various metals are placed inside the uterus. In 1935, the use of intrauterine contraception was denied, due to the increase in infectious complications.

In 1962, Lipps invented an intrauterine contraceptive device made of plasticine with a special thread at the end for pulling. Since then, the use of intrauterine contraception has been improving.

There are two types of intrauterine contraceptives: inert and medicinal. Inert contraceptives are not used today. Medicinal products contain metals or hormones.

They can be:

- MultiloadCu-375 – a spiral reminiscent of the letter F, covered with copper, serves up to 5 years;
- Nova-T – in the form of the letter T, covered with copper;
- CooperT 380 A – T-shaped spiral, serves up to 6 years;
- Mirena is the most popular contraceptive coil that constantly releases the hormone levonorgestrel into the uterine cavity, which has the same effect as the hormone progesterone, that is, it resists pregnancy and has healing properties.



## Hormonal contraception

Hormonal contraception consists of progestin or estrogen hormones.

### Types of hormonal contraception

#### Combined:

- Oral contraceptives;
- Qin rings;
- Patches.

#### Progestagen:

- mini-pili;
- injection;
- implantable.

#### Natural methods

Modern information \_\_ see , eggs \_\_ cell from ovulation after o ' average six from the clock one up to a day fertilization \_\_ ability save stands \_ Spermatozoa a woman sexual 2-8 days in the organs to live capable , but the egg insemination \_\_ ability only in the womb and uterus in the flute six - seven hour from being \_ so \_\_ achieves

Of this content : from ovulation eight day before and ovulation day not protected sexual contact to do to pregnancy take coming can \_ This is in theory. In practice, it is possible to get pregnant on any day of the cycle. Because in a person, not only fingerprints and eye color, but also his life span and reproductive cells are individual. Therefore, it is necessary to protect against unwanted pregnancy on any day of the menstrual cycle!

### CONCLUSION

In conclusion, when building a family, a man and a woman have intercourse to satisfy their sexual desire, but in doing so, they should not have serious negative effects on the physical and mental health of both. For this, we advise them to use contraceptives correctly and to visit our doctors at least once a month for advice or to undergo an examination.



## REFERENCES USED

1. "Total fertility rate" (en). The World Factbook. CIA . Archived from the original on December 31, 2020. Accessed: August 6, 2020.
2. G' .B. Shoumarov and others. Family psychology. - T., 2008.
3. YN Allayorov. Reproductive health and contraceptive technology. - T., 2005.
4. <https://daily.jstor.org/birth-controls-slow-path-mainstream/>
5. <https://daily.jstor.org/birth-controls-slow-path-mainstream/>
6. MA, J. , & SM, S. . (2022). PLACENTA DEFICIENCY DISEASE. *Novosti obrazovaniya: issledovanie v XXI veke*, 1(3), 291–294. izvlecheno ot <https://nauchniyimpuls.ru/index.php/noiv/article/view/573>.

