

FEATURES OF THE REPRODUCTIVE HEALTH OF MODERN GIRLS-TEENAGERS

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Abstract. Features of reproductive health of modern adolescent girls, it is noted the high frequency of inflammatory diseases of pelvic organs, endometriosis and menstrual disorders in modern teenage girls. Besides, it is mentioned, that the frequency of sexually transmitted infections, including socially significant infections, such as syphilis, gonorrhoea and HIV, in modern teenage girls has no tendency to decrease. The attention of practitioner is drawn to the fact of delayed childbirth since the onset of sexual activity and, consequently, on the increasing number of problems in the field of reproductive health, with which a young woman enters the stage of planning family.

Keywords: adolescent girls, reproductive health, gynecological diseases, sexually transmitted infections.

ОСОБЕННОСТИ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ СОВРЕМЕННЫХ ДЕВУШЕК-ПОДРОСТКОВ

Аннотация. Особенности репродуктивного здоровья современных девушек-подростков, отмечается высокая частота воспалительных заболеваний органов малого таза, эндометриоза и нарушения менструального цикла у современных девушек-подростков. Кроме того, отмечается, что частота инфекций, передающихся половым путем, в том числе социально значимых инфекций, таких как сифилис, гонорея и ВИЧ, у современных девочек-подростков не имеет тенденции к снижению. Обращается внимание практикующего врача на факт задержки родов с момента начала половой жизни и, как следствие, на увеличение количества проблем в области репродуктивного здоровья, с которыми молодая женщина вступает в стадию планирования семьи.

Ключевые слова: девочки-подростки, репродуктивное здоровье, гинекологические заболевания, инфекции, передающиеся половым путем.

INTRODUCTION

Currently, the state of reproductive health of adolescent girls aged 15-18 is of serious concern. Numerous studies have shown that modern adolescents are characterized by a high incidence of diseases of the reproductive system, changes in sexual and reproductive behavior, leading to an increase in the number of unwanted pregnancies, an increase in the number of abortions, and an increase in the number of cases of infection with sexually transmitted infections (STI).

MATERIALS AND METHODS

Currently, the state of reproductive health of adolescent girls aged 15-18 is of serious concern. Numerous studies have shown that modern adolescents are characterized by a high incidence of diseases of the reproductive system, changes in sexual and reproductive behavior, leading to an increase in the number of unwanted pregnancies, an increase in the number of abortions, and an increase in the number of cases of infection with sexually transmitted infections (STI). These trends are of great concern, as adolescents determine future reproductive potential, and gynecological diseases in adolescence increase the incidence of infertility in adulthood.

RESULTS

Features of sexual behavior characteristic of today's adolescents are the early onset of sexual activity, an increase in the number of sexual partners, lack of knowledge about modern methods of contraception, and psychological readiness for artificial termination of pregnancy. The incidence rate of pathology of the reproductive sphere among adolescents aged 15–17 years is 173.8 per 1000 examined among the urban population and 164.0 per 1000 examined among the rural population. The most common variants of pathology in adolescents living in the city are inflammatory diseases of the pelvic organs (31.1%), menstrual disorders (25.9%), neuroendocrine disorders (25.0%), non-inflammatory diseases of the genital organs (7.6 %) and adhesions in the pelvis (6.1%). According to H. Joffe, one of the most common diseases in adolescents is chronic pelvic pain syndrome, the frequency of its occurrence in the population is from 14 to 16%.

The most common causes of chronic pelvic pain in adolescent girls include dysmenorrhea, endometriosis, ovarian cysts, musculoskeletal disorders, chronic pelvic inflammatory disease, pelvic adhesions, and irritable bowel syndrome. In addition, about 50% of patients with chronic pelvic pain report the onset of symptoms after excessive exercise and sexual intercourse. Dysmenorrhea is also the most common complaint among adolescent girls. The disease is characterized by severe spastic pain in the lower abdomen immediately before and during menstruation. Pain is often associated with nausea, vomiting, and headache. Dysmenorrhea has been shown to be the most common cause of absenteeism from school or work among young patients. The prevalence of dysmenorrhea among adolescents is reported to be between 40 and 90%. Dysmenorrhea can be primary or secondary. Primary dysmenorrhea is characterized by menstrual pain and the absence of underlying pathology, while in secondary dysmenorrhea, painful menstruation is caused by the presence of a pathological process in the small pelvis. Secondary dysmenorrhea is observed in 10% of patients, the most common cause of its occurrence is endometriosis. The prevalence of endometriosis among women of reproductive age is 6-10% and depends on many factors, such as age, ethnicity, socioeconomic conditions, heredity, hormonal and immunological disorders. It is important to note that in 6% of patients the diagnosis is confirmed at the age of 11–14 years. In adolescents with chronic pelvic pain syndrome that does not respond well to medical therapy, the prevalence of endometriosis is 60 to 70%.

Menstrual disorders in adolescent girls, such as primary amenorrhea and abnormal uterine bleeding, are detected in approximately 75% of patients. In this case, the most important aspect is a thorough examination of the patient's history to identify the causes of menstrual irregularities, since an undiagnosed pregnancy can pose a serious threat to the health of an adolescent. Thus, a pregnancy test should always be included in the examination. The most

common causes of amenorrhea in adolescents are central amenorrhea, polycystic ovary syndrome, and hyperprolactinemia. Other causes of amenorrhea in adolescents include adrenal and ovarian tumors, congenital adrenal hyperplasia, drug addiction, physical or emotional stress, and anorexia nervosa.

Menorrhagia is often a symptom of coagulopathy. About 20% of adolescents presenting to the hospital with severe menorrhagia have von Willebrand disease, which is the most common cause of bleeding disorders in the general population, with a prevalence of 1 to 2%.

The initial laboratory examination of a patient with menorrhagia should include a pregnancy test, complete blood count, partial thromboplastin time, prothrombin time, and fibrinogen level. The incidence of anovulatory uterine bleeding in adolescents with irregular menstrual cycles is about 50% during the first year of menarche.

DISCUSSION

Most adolescents experience irregular menstruation within 2-3 years after menarche due to the immaturity of the hypothalamic-pituitary structures, which leads to an inability to rhythmically secrete gonadotropins, and thus to impaired ovarian folliculogenesis and anovulation. In recent decades, adolescent girls have seen an increase in the incidence of STI. In this age group, the frequency of infections caused by *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and *Trichomonas vaginalis* varies from 5 to 26%.

According to the US Centers for Disease Control, approximately 40% of all cases of *C. trachomatis* infection occur in adolescent girls between the ages of 15 and 19. Untreated infections lead to serious consequences, including pelvic inflammatory disease, infertility, ectopic pregnancy, and increased susceptibility to the human immunodeficiency virus (HIV). High levels of STI in adolescents are due to many factors. These include personal behavioral factors such as early age of onset of sexual activity, large number of partners, older partners, frequent partner changes, partners with a high prevalence of STI, unprotected sex, sex under the influence of psychoactive substances, sex for money or drugs, and failure to notify partners that they need treatment. Social factors that increase the risk of contracting STI include lack of parental supervision and low levels of trust in the adolescent's relationship with parents, inadequate sex education, lack of medical supervision, violence and imprisonment.

Some studies show that the abundance of information on sexual topics in the media increases the prevalence of risky sexual behavior among adolescents. Biological factors associated with an increased risk of STI in adolescent girls include the presence of glandular epithelium on the cervix (ectopia or ectropion), which is a common finding in adolescents. Other possible biological factors include a decrease in protective antibody titer after previous infections, a decrease in IgG levels during the follicular phase of the menstrual cycle compared to adults, and a decrease in the number of lactobacilli in the vaginal microflora. In addition, some STI increase the risk of contracting HIV. These include gonorrhea, chlamydia, trichomoniasis, syphilis, herpes simplex virus, chancroid, and lymphogranuloma venereum. In the United States, girls aged 15 to 19 have the highest prevalence of chlamydia.

Currently, there is a steady increase in the incidence of chlamydia, which may partly be due to an increase in the accuracy of DNA diagnostics. It is important to note that in most cases (75 to 85% in women and 50 to 90% in men) the infection is asymptomatic. Asymptomatic carriers are the main reservoirs of infection. Adolescence is a transitional stage in the physical, emotional and cognitive development of a person, which begins before puberty and ends already

in adulthood. Puberty marks the rapid physical development of adolescents and is seen as a time for potential sexual thought and experimentation. Against the background of the instability characteristic of adolescence, deviant behavior is easily formed. Sexual relations with frequent change of partners are combined with early alcoholization, especially among girls. Possible causes of early puberty currently include environmental factors, socioeconomic conditions, nutrition, and the adolescent's access to preventive health care.

CONCLUSIONS

Thus, it should be noted the high incidence of inflammatory diseases of the pelvic organs, endometriosis, as well as menstrual disorders in modern adolescent girls, despite the fact that organic diseases of the reproductive organs are becoming more common. The frequency of STI, including socially significant infections such as syphilis, gonorrhea and HIV infection, does not tend to decrease. The practitioner should be aware that today's adolescent girls are characterized by delayed motherhood with an early sexual debut, and, accordingly, an increasing number of reproductive health problems that a young woman encounters at the family planning stage.

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