



## Analysis of Primary Health Care in the Sphere of Health Protection of Women in the Reproductive Age

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**Abstract:** The aim of the study was: to study the existing system of patronage services, professional competencies and functional responsibilities of a multidisciplinary team of specialists in primary health care (PHC). Anonymous questionnaires were conducted among workers of family polyclinics, general practitioners, obstetricians, gynecologists, visiting nurses and the general public, on issues of reproductive health, safe motherhood and contraception methods. During the assessment, more than half of the interviewed specialists did not answer the questions related to reproductive health protection, as well as the principles of safe motherhood.

**Key words:** reproductive health, antenatal care, primary health care.

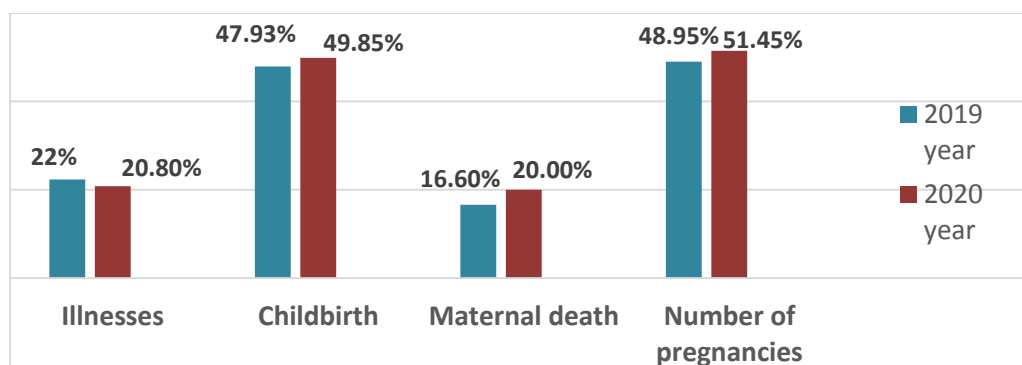
**Introduction.** One of the most important directions in solving the problem of protecting motherhood and childhood is associated with improving the reproductive health of the population. In Uzbekistan, reproductive health (RH) is an important medical and social problem and occupies a leading position among other problems. PD № 6110 “On measures to introduce fundamentally new mechanisms in the activities of primary health care institutions and further increase the effectiveness of reforms in the healthcare system” dated in the November 12, 2020 [1], PD № 5325 “On measures to radically improve activities in the field of supporting women and strengthening the institution of the family” dated in the February 2, 2018 [2] and “On protecting the reproductive health of citizens” signed by the President of the Republic of Uzbekistan on March 11, 2019 are confirm this. The purpose of them is to regulate relations in the field of reproductive health of the population.

It should be noted that according to the analysis of complications of pregnancy and childbirth in the republic, the provision of medical care in a hospital is carried out in accordance with the developed national protocols. Unfortunately, those complications of pregnancy that women turn to maternity

hospitals become dangerous due to the fact that they turn too late, with advanced chronic pathologies, as well as non-observance of the intergenetic interval, frequent births, early and late births.

So, in terms of morbidity, fertility, number of pregnancies and the number of maternal deaths, one can trace the growth in the period for 2019 and 2020. As well as the growth of pregnancy in early ages and women who gave birth after 35 years of age, multiparous, it is in these women that childbirth leads to bleeding, eclampsia, septic complications, which occupy leading positions in the structure of maternal mortality (diagram 1).

Dynamics of indicators number of pregnancies, childbirth and maternal death (in Tashkent) diagram-1.



In improving these indicators, a large role is assigned to medical institutions of general practitioners, obstetricians, gynecologists, patronage nurses; the main task belongs to the work of women's consultations at polyclinics.

**The purpose of the study:** To study the existing system of patronage service, professional competencies and functional responsibilities of a multidisciplinary team of primary health care (PHC) specialists.

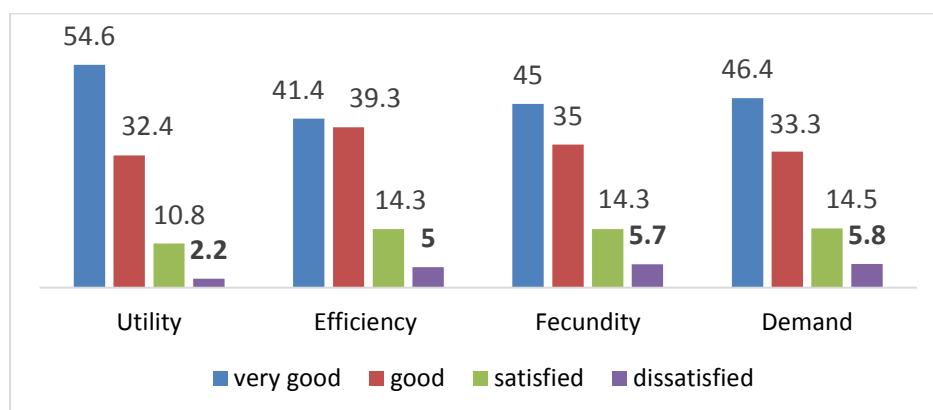
#### Research objectives:

1. To study the existing system of patronage service, professional competencies and functional responsibilities of a multidisciplinary team of primary health care (PHC) specialists;
2. Determination of effective social technologies information activities to raise awareness of the population about the protection of reproductive health in Uzbekistan;
3. Develop proposals for improving the work of primary health care (PHC) in the field of reproductive health (RH) of the population.

**Results.** So, in the period from 2019-2021 in the city of Tashkent, an anonymous survey was conducted among employees of family clinics, in particular general practitioners (GPs) - 98 doctors, obstetrician gynecologists - 82, patronage nurses (PN) - 102 and the population - 464, on issues of reproductive health, safe motherhood and methods of contraception. The test results showed that knowledge on the topics: RH and RP, methods of contraception, antenatal care was higher in obstetrician-gynecologists, average score = 78%, in contrast to GPs = 58%, responses from patronage nurses were mostly unsatisfactory = 34% .

According to the level of work activity with the problems of reproductive age women and antenatal care (ANC), the following results were obtained: gynecologists (56.6%) work most actively on RH and ANC issues among the population, GPs and PN are less active (38.4% ) and (33.6%), although antenatal care is qualified as a GP.

During the survey, a question was asked to evaluate their activities based on the needs of the population. This slide presents the results of the self-assessment.



Despite the fact that the vast majority of specialists rated their activities as “very good” and “good”, observations during the assessment showed that 2/3 of specialists do not organize the process of organizing the submission of information, identifying the target beneficiary, they do not have the skill of building a feedback connection.

A survey was also conducted among women of reproductive age, so to the question of where they get information on RH issues: the main channel for obtaining information for women is patronage sisters (32%), 16% of respondents noted individual consultations with a gynecologist, the media (14%), GPs (30%). Visitor nurses and GPs have more access to families and more often communicate with the population, which is proved by the survey, in which for women (especially women-housewives) the main sources are GPs and patronage sisters. When asked from whom they would like to receive information on RH and ANC issues, the majority of respondents (92%) noted that they would like to receive individual information from an obstetrician-gynecologist.

The main difficulties that medical personnel have to face in conducting patronage among women at reproductive age, first of all, was the lack of time, noted by 86% of medical workers in the field of RH. Unwillingness and distrust on the part of women were indicated by 68% of respondents, also an obstacle is the heavy workload of others tasks. 32% noted that they lack knowledge, so they find it difficult to provide professional information; 10% lack of community outreach skills; 8% is due to the lack of working conditions, the imbalance between the volume of work and the real possibilities of medical personnel. During the survey, it was noted that one doctor spends 60% of the working day filling out 10-15 paper reports

### Conclusions:

1. GPs who are directly involved in the issue of RH and AN due to their employment cannot provide complete professional information to women. During the assessment, more than half of the surveyed GPs and PMS specialists did not answer questions related to reproductive rights, a woman's reproductive age and the impact of pregnancy on a woman's health, as well as the principles of safe motherhood.
2. Patronage sisters are more accessible to the population, but unfortunately, the previous survey shows their insufficient professional suitability in matters of RH and ANS, as well as insufficient communication skills in communicating with the population, this is due to staff turnover (young age), low stimulation of this profession, and a large amount of work.

3. Gynecologists are the most professional in matters of RH and ANU, but there is a question of their accessibility to the population, as well as the functional duty of an obstetrician gynecologist to manage pregnant women in a polyclinic.

Thus, based on the results of the survey, the wishes of women in the course of the survey to formulate functional tasks for the protection of the reproductive health of the population for PN medical workers, it is advisable to observe and manage pregnant women (antenatal period) and women of reproductive age by an obstetrician-gynecologist. It is necessary to strengthen the work of antenatal clinics in the structure of family clinics and rural medical centers, which is provided for in the PD No. 5840 of 09/30/19. Elimination of factors that have a negative impact on the human reproductive system (family and early marriages, abortions, STDs, non-use of contraceptive methods, neglect of pregnant women during registration). Organization and conduct of systematic educational trainings for all specialists working in the field of reproductive health and thereby improve the qualifications of specialists through the analysis of problems in their mahallas on RH.

#### References:

1. Decree of the President of the Republic of Uzbekistan dated November 12, 2020. № - 6110.
2. Decree of the President of the Republic of Uzbekistan dated February 2, 2018 №-5325.
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