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Regional features of reproductive health of women of the Russian federation

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Summary:

Analyzed literature proves the known fact that the state of women's reproductive health depends not only on their gynecologic and physical health, but also is characterized by regional specifics and depends on ecological and demographic situation of the region.

Keywords: population, morbidity, region, reproductive health, birthrate, reproduction.

Actuality:

The demographic situation in the Russian Federation is the critical, it is mostly caused by supermortality of the population of able-bodied age (in 2008 the mortality rate coefficient has made 16,1 died on 1000 population) and catastrophically low birth rate which is not providing simple reproduction (for maintenance of reproduction of the population the total indicator of birth rate should make 2,14, and in 2004 it has made only 1,34) (Arkhangelsky V. N., 2007). As a whole on the country excess of number of died over number of the born has made 1,3 times, and in 8 subjects of the Russian Federation it reached 2-2,5 times.

Long preservation of existing level of birth rate will lead to that each new generation of Russians will not exceed 60 % from number of previous (Kuznetsov V. N., Rybakovskij L.L., 2005). Considering extensive territory of our country, its climatic and geographical features, it is necessary to search for the decision of the given situation as a whole, but founding on and adapting them for features of region.

Introduction:

According to V.E.Radzinskogo and S.D.Semjatova (2005), reproductive and somatic health of women of Russia over the last 10 years has considerably worsened, moreover, less than 50 % of



children are born the healthy. Besides, the share of girls of 15-17 full years which can be considered as the nearest and most real reserve of reproduction of the population of the country, has appeared minimum as in structure of all female population (4,72 %), and among women of potentially reproductive age, that is 15-49 years (8,16 %) (Uvarova E.V., 2006).

Distribution of such epidemics as alcoholism, the narcotism and AIDS do not improve demographic indicators. Researches I.J.Chasnoff et al. (2005) have shown that 32,7 % of pregnant women take alcohol and narcotic substances. 21 % of women recognized alcohol intake until the moment of diagnostics of pregnancy, and 11 % of pregnant women continued its use even after have learnt about the pregnancy.

The Russian Federation remains one of the most unsuccessful regions of the Eastern Europe on prevalence of a HIV-infection. Over the last 10 years the number of again revealed cases of a HIV-infection has increased in 27 times, and among women – in 49 times (about 351 cases in 1996 to 17321 in 2006). Frequency of revealing of new cases of a HIV-infection at pregnant women has increased in the Russian Federation over the last 10 years in 190 times! (from 0,6 of 100 thousand tested in 1996 to 110,0 - in 2006) (Sadovnikova V. N and others, 2008).

The state of health of modern girls and girls does not inspire optimism. According to T.J.Fillipova (2006) gynecologic disease of girls from 0 till 14 years has grown from 28,4 ‰ to 65,5 ‰, from 15 till 17 years from 81,3 ‰ to 112,3 ‰. For last five years, according to data of the Health Ministry of the Russian Federation (2002), the general morbidity of children till 14 years has increased by 21,6 %, and teenagers – on 24,1 %; 65-70 % of girls-teenagers have various chronic somatic diseases, and at 112 ‰ of girls is revealed pathological disease of reproductive system (Uvarova E.V., 2006). Prevalence of gynecologic diseases among girls is high and averages in Russia of 12-15 % (Kokolina V. F, Mitin M. Ju, 2005). According to routine inspections of girls from 1 year till 15 years lead in 2003-2004, many infringements in a condition of reproductive system are found out in 29,1 % of girls (Ushakov G. A and others, 2006).

In S.J.Tsaturjan's work (2003) it is shown that formation of reproductive health of girls and the girls living in the Moscow megacity, occurs against deterioration of a socially-demographic situation, in particular - decrease in birth rate, increase of death rate, falling of a natural increase of the population, a low material prosperity, and also irrational reproductive and contraceptive behavior of teenagers. The similar tendency is traced and in Moscow Region.

Researches of a demographic situation in the Samara region (Antimonova M. Ju, 2007) have shown stability of resident population (2005г. – 3 258,7 thousand persons), a negative natural increase (2005г. – 6,2 on 1 000 population), regressive type of age structure of the population



(children – 16 %, older persons – 21 %), a low indicator of total factor of birth rate (2005г. – 1,01) and a low indicator of expected life expectancy (2005г. – 64,5 years). Somatic health of the population of the Samara region (2002г.) is characterized by high indicators of the general morbidity of children – 204 472,9 on 100 thousand children, children's physical inability – 202,8 on 10 thousand children, disease of malignant newplasms – 377,9 on 100 thousand population, low disease of an active tuberculosis – 53,5 on 100 thousand population. In area there was an adverse situation on disease of a HIV – 555, 2 on 100 thousand population. During 1998 – 2002 in the Samara region there was stably high an indicator of gynecologic disease of girls – teenagers 130,4 – 154,8 on 1 000 girls. The parity of childbearing to abortions makes 1,1; coverage of women of reproductive age contraception has grown from 38,7 to 44,8 %; there was a prevalence growth of extragenital diseases at pregnant women from 77,8 to 89,9 on 100 pregnant women, frequencies of an anemia of pregnant women from 42,2 to 47,5 %.

The analysis of morbidity and death rate of newborns in Kursk region over the last 10 years has shown growth of death rate of newborns practically twice (from 4,32 ‰ to 8,27 ‰). In area the increase practically in 3 times of disease of newborns takes place: from 66,28 ‰ to 205 ‰ with growth of a congenital pneumonia (Ivanov V. P and others, 2004). The similar researches lead in the next Oryol region, have shown that early neonatal death rate, on the contrary, has decreased twice, and morbidity of newborns has increased in 1,5 times (in Kursk region – in 3 times) (Pahomov S.P., 2006).

In Perm from 1990 for 2007 decrease in number of girls at the age from 0 till 14 years (on 60756 persons) and girls-teenagers from 15 till 18 years (on 4569 persons) is revealed. The situation is traced against increase in group of women at the age of 46-49 years (on 10899 persons) that testifies to ageing of women and is the adverse factor for reproduction of the population of Perm (Olina A.A. and others, 2008).

The similar adverse demographic situation is observed and in Republic of Sakha (Yakutia). Birth rate level made in 2002 in countryside 2,53 children, in city settlements - 1,56, against 2,23 population necessary for simple reproduction. In countryside the birth rate factor is for the present sufficient for simple replacement of generation of parents by children. For comparison across Russia the similar indicator has made 1,32, including in a number of regions of the Central Russia, where total factor of birth rate even more low - about 1,1 births on one woman. On 1/1/2006 in republic lived 488 184 female population, including women of reproductive age - 276 531, girls-teenagers - 28 111, girls - 103 320. Women of reproductive age, as a part of female population of the Republic, make 56,6 %, from them in city district live 67,1 %, in countryside – 32,9 %. The age and sexual structure of the population is one of its major characteristics. In the beginning of 2006,



number of women on 26,5 thousand exceeds number of men, men in population structure make 48,6 %, women - 51,4 %.

Not less important the permission of the questions connected with early reproductive losses is represented. The concept «reproductive losses» includes cases parent and перинатальной death rates, and also losses of products of conception owing to abortions and extra-uterine pregnancy (Manuhin I.B. and соавт., 1999).

In Russia against a severe problem of reproduction of the population in 2006 from the reasons connected with pregnancy and childbearing, 387 women have died. (Radzinsky V. E, Gordeev A.N., 2007; Tarasova L.P., 2008). The indicator of maternal mortality rate has essential distinctions in different federal districts – from 18,7 on 100 thousand born live in Northwest to 33,7 - in Uralsk. The Far East federal district is characterized by stably high indicator of maternal mortality rate (in 2005 – 34,4 % on 100 thousand born and 31,9 % - in 2006г.) (Jusupova A.N. and others, 2009). In structure of the reasons of maternal mortality rate in the Russian Federation, as well as in previous years, complications of pregnancy, sorts and the postnatal period (73,8 %), on the second place – death rate after abortion (19,6 %), on the third – after extra-uterine pregnancy prevailed. The increase in relative density of death rate of women after extra-uterine pregnancy - 4,7 % in 2005 and 6,7 % - in 2006 (Filippov O. S and others, 2008). The structure of maternal mortality rate on 33 % consists of the operated reasons while in the developed countries the reasons which difficultly give in to regulation (thrombembolia, extragenital diseases and narcosis complications) (Serov V. N, 2008) prevail.

According to E.M.Zelenina (2010), principal causes of maternal mortality in the Kemerovo region are a sepsis (28,3 %), extragenital diseases (24,8 %), bleedings (15,9 %), hypertensive frustration (13,1 %). Besides, O.G.Frolova's researches (2010) have shown that territories of the Russian Federation have essential distinctions in level of prenatal death rate and its reasons.

Despite decrease of absolute number of abortions in the last decade, they take the second place in structure of the reasons of maternal mortality rate. Total number of the registered abortions in 2005 has made 1 501594, or 37,8 on 1000 women of reproductive age (Frolova O. G, 2007). According to V.E.Radzinsky, I.N.Kostin (2007), one of the factors promoting it, that fact is that artificial abortion is a unique method of regulation of the birth rate, provided by system of obligatory medical insurance (OMC) (frequency of use of highly effective methods of contraception in 3 times more low, than in economically developed countries). During first 6 months from the beginning of sexual life of 28-46 % of young women interrupt pregnancy with a method of surgical abortion (Radzinsky V. E, Semjatov S.D., 2006). For comparison, in the USA the level of artificial



interruptions of pregnancy during 1996-2003 has made 8 %, and in China – 21 % (Sedgh G. et al., 2007).

According to S.P.Sinchihin (2008), in Russia only 25-40 % of women of genital age use modern methods of contraception, 60-75 % of women subject themselves to risk of undesirable pregnancy.

Abortion in the youth environment is a serious problem and the most significant reason of deterioration of reproductive health. In 2004 pregnancy at 161 200 girls-teenagers has ended with abortion, that is almost every tenth abortion (9,6 %) in the country is made at teenage age (Uvarova E.V., 2006).

So, M.B.Krasnikova, A.N.Dodonov (2009), having studied a current of childbearing after the first medical abortion in the teenage period, have shown that interruption threat is diagnosed for every second, gestos – at 62,5 %, an anemia – at 74,1 % of women. If from the moment of abortion before the present pregnancy has passed less than 6 months the risk of development of a pathological condition of a fetus increases in 2,8 times in comparison with longer interval (Kulavsky V. A, 2009).

L.V. Talykova et al. (2007) on the basis of studying of outcomes of 7254 pregnancies of the working women living in the northeast Russian Federation in Monchegorsk and Apatity has shown that on the average on one woman it was necessary 4,3 pregnancies. More than half of all pregnancies have been interrupted in the first trimester. 23 % of the women living in Apatity, had a spontaneous abortion, and in Monchegorsk - at 16 %, despite prevalence of the smoking women living in Monchegorsk (37 % against 24 %). The conducted research has allowed authors to draw a conclusion on influence on a female organism of degree of impurity of environment

The conclusion:

Having analyzed all situation on country regions, following positions of a new direction in obstetrics and gynecology — the general ecological reproductology (E.K.Ajlamazjan and others 1996—2000) are formulated.

43. The reproductive system of the woman is very sensitive to influence of adverse factors of the environment of any origin and any intensity, including subthreshold.
44. For formation of ecologically dependent pathology of reproductive system specific and nonspecific and common pathological reactions, and the last — in a greater degree.
45. Ecologically dependent infringements of reproductive system of the woman are shown by clinical, pathophysiological, hormonal, biochemical, immunological symptoms. All of them in most



cases have unidirectional, same character and have a strong likeness at influence of the most different anthropogenous factors.

46. Clinically arising frustration are shown by increase of frequency of infringements of menstrual cycle, nonspecific chronic diseases of genitals, hyperplastic processes, decrease of fertility, increase of a pathology of pregnancy and childbearing, deterioration of a condition of a fetus and the newborn, increase of neonatal mortality.
47. Expressiveness of adverse influence of the anthropogenous environment and stability to it of an organism are defined by a phenotype of the woman, age, profession and the work experience, life conditions, size of a dose and an exposition of damaging agents.
48. Ecologically dependent changes in reproductive sphere of the woman develop in three phases. The outcome of pregnancy and childbirth, destiny of a fetus and the newborn depend on what phase of adaptation of an organism to environment aggression there was when the pregnancy has come and on what phase the most part of term of development of a fetus proceeded.

Considering a normal functional condition of reproductive system as one of indicators of health of the woman, V.E.Radzinsky (2001) considers that it is necessary to warn "breakage" of this system as only healthy mother can give birth to the healthy child and only the healthy child can become subsequently healthy mother or the healthy father.

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