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Reproductive Health and Reproductive Behavior of Modern Youth

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Abstract: ***The article provides theoretical views on reproductive health, especially women's health. Preserving the reproductive health of young people and optimizing their reproductive behavior by developing principles for preventing unwanted pregnancies and introducing a set of measures aimed at preventing complications of abortions, subsequent pregnancies and childbirth, and preventing repeated abortions.***
Keywords: reproductive health, pregnancies, reproductive behavior of young people, maternal mortality, abortion.

I. INTRODUCTION

Youth and adolescents are defined by the programs of our state as a priority group in addressing issues of reproductive health. Many demographic problems (a decrease in fertility, a high level of maternal mortality and complications of pregnancy and childbirth, the prevalence of infertility) are determined by the attitude to childbirth, the peculiarities of contraceptive and reproductive behavior of young people [7, 47-48]. However, there are few data on the causes affecting reproductive behavior and reproductive choices in young women. There is not enough information about reproductive behavior, sources of information on contraception, and the effectiveness of this information. The reasons for the preference of certain methods of contraception or refusal from them have practically not been studied; there is little data on the availability and acceptability of various contraceptive methods for young people.

An ever earlier onset of sexual life with a low level of somatic health and an inadequate culture of the population in the field of family planning determines the high prevalence of abortions and early childbirth with all the ensuing consequences [8, 40].

Over the past decade, there has been a tendency for an increase in the number of abortions among primary pregnant women, which poses a serious threat to the further reproductive function of women. Repeated abortions (repeated abortion within one calendar year) are widespread; almost every third young woman after giving birth within the next 6 months also terminates pregnancy with an induced abortion. At the same time, more than 2/3 of world girls under the age of 20 do not know where to turn for help in connection with an unwanted pregnancy. With the relative knowledge of the medical aspects of abortion, its social, hygienic issues, the attitude of young women who have undergone an artificial abortion to contraception, remain little studied.

Few works [9, 15-18] showed that the number of women receiving competent information about possible complications after abortion is no more than 15%; while the frequency of repeat abortions during the first year reaches 16-35%. Against the background of a high frequency of abortions, there is also a high incidence of complications [12]. Such complications of induced abortion as infertility, miscarriage, an increase in the frequency of premature birth, weakness of labor and postpartum hemorrhage [11] put forward the problem of preventing abortion is one of the important aspects of population policy.

An analysis of the available literature indicates that most of the patients who terminated their first pregnancy subsequently want to have children, and within the first two years after an abortion, a second pregnancy occurs in about half [10, 17-19]. In this regard, the study of the effect of induced abortion on the course of subsequent pregnancy and childbirth, as well as on the development of the fetus and newborn is of great scientific and practical interest.

The existing health care system and the attitude of medical workers to the procedure of induced abortion and the rehabilitation of women after it do not meet the quality standards for the provision of services to this target group. This is evidenced by the low frequency of counseling women after abortion (17.8%), the absence or extremely limited number of women receiving a recommendation on contraceptive methods before discharge from the hospital. At the same time, the experience of developed family planning services confirms the correctness of the thesis that the provision of high-quality medical care for family planning reduces the likelihood of subsequent unwanted pregnancies and abortions, and also helps preserve the reproductive health of young women who have undergone this procedure.

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Thus, there is a need for an in-depth assessment of the situation in the field of reproductive health and reproductive behavior of young people, expanding the use of contraceptive methods and developing principles for the prevention of abortion and rehabilitation of young women after artificial termination of their first pregnancy. The problem of the influence of the first induced abortion on the course of subsequent pregnancy, childbirth, the postpartum period, as well as the development of the fetus, newborn and baby in the first year of life is also relevant and requires further research.

A high incidence of complications after artificial termination of the first pregnancy in adolescent girls was established (14.0%); the structure of complications is represented by inflammatory diseases of the reproductive organs (50.0%), incomplete medical abortion (35.0%) and menstrual irregularities (15.0%). In the course of the work, new data were obtained on the nature and characteristics of subsequent pregnancy and childbirth in women who terminated their first pregnancy with an induced abortion. Analysis of the clinical course of gestation in re-pregnant women showed that a history of artificial abortion, all other things being equal, is the factor that determines or aggravates the pathological course of pregnancy and childbirth in primiparous women. A high risk of developing the threat of interruption (69.6%), late forms of gestosis (18.9%), chronic placental insufficiency (25.0%) and intrauterine fetal growth retardation (7.4%) was established. For the first time, the state of children of the first year of life was studied in women who completed their first pregnancy with an induced abortion. All the results of the study allowed us to propose a complex of medical and organizational measures aimed at reducing the frequency of abortions and their prevention.

A modern concept of reproductive behavior has been formulated and, for the first time, the features of the state of reproductive health of young women completing their first pregnancy with an induced abortion have been determined. The optimal methods of contraception after the termination of the first pregnancy by induced abortion have been substantiated. On the basis of the studies carried out, women who completed their first pregnancy with an induced abortion were assigned to the risk group for the development of complications of subsequent pregnancy and childbirth, as well as complications in newborns and children of the first year of life.

A system of scientifically grounded organizational forms aimed at reducing the frequency of abortions among young women has been adapted and introduced into practical health care. The proposed model of medical advice to women after abortion has shown high efficiency in improving the quality of medical advice, increasing the number of users of modern methods of contraception and, as a consequence, reducing the number of repeated pregnancies and abortions. For practical health care, educational programs have been proposed for obstetricians-gynecologists, other medical workers and the population.

A comprehensive study of the reproductive health and reproductive behavior of young people who underwent artificial termination of their first pregnancy made it possible to establish the frequency (14.0%) and the structure of complications after the first abortion and to substantiate the advisability of using various methods of contraception after an abortion. In the course of the work, new data were obtained on the pathogenesis, frequency and structure of complications of pregnancy and childbirth in women who terminated their first pregnancy with an induced abortion. Analysis of the clinical course of gestation in re-pregnant women showed that a history of artificial abortion, other things being equal, is the aggravating factor that determines or aggravates the pathological course of pregnancy and childbirth in primiparous women. On the basis of the studies carried out, women who terminated their first pregnancy with an induced abortion were assigned to the risk group for the development of primary placental insufficiency.

A system of scientifically grounded organizational measures aimed at reducing the frequency of abortions among young women has been adapted and introduced into practical health care; the economic efficiency of the use of contraception in adolescents has been proven. The proposed model of medical advice to women after abortion has shown high efficiency in improving the quality of medical advice to women after induced abortion, increasing the number of users of modern methods of contraception, and, as a consequence, reducing the number of repeated pregnancies and abortions.

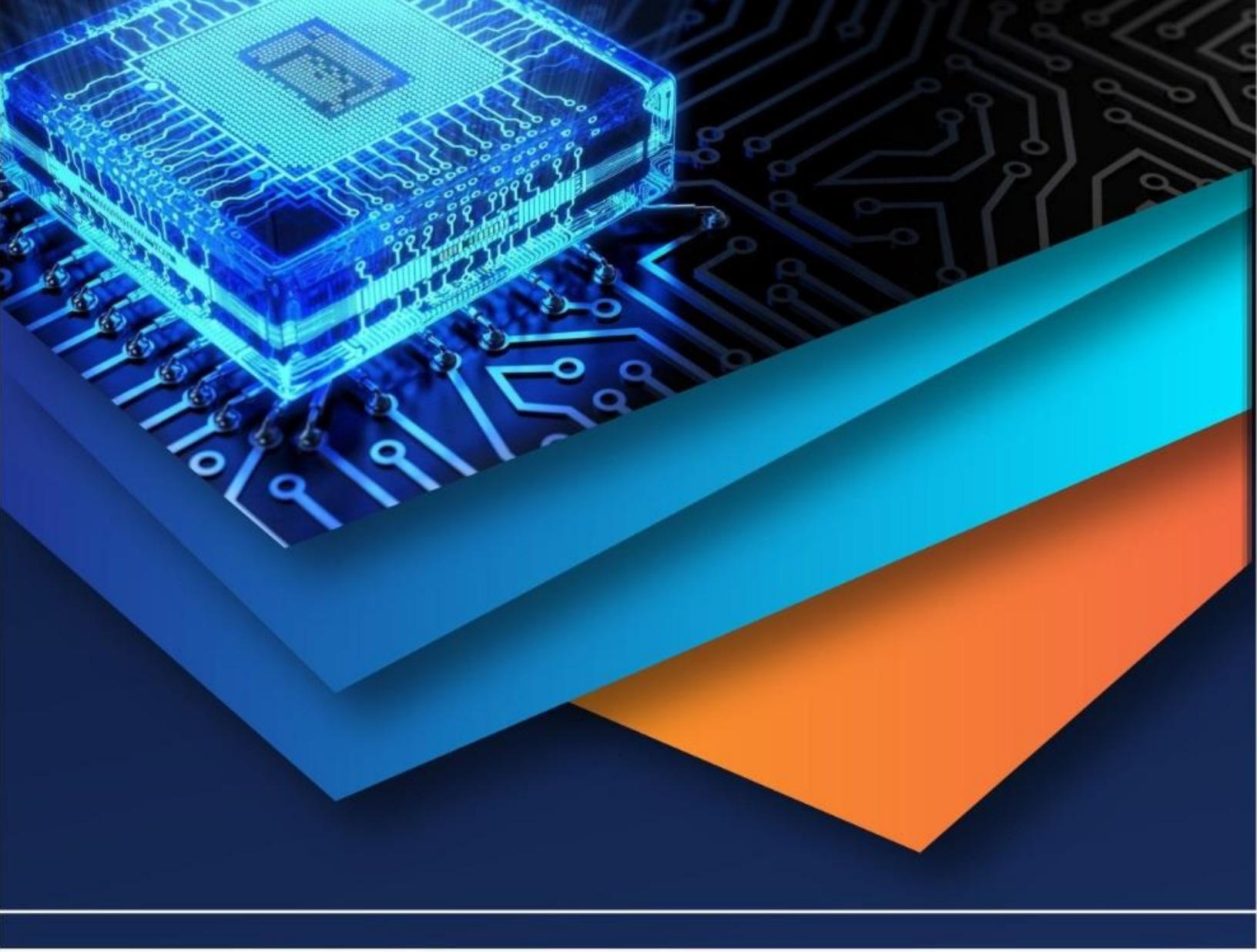
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