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Тематика журнала: актуальные вопросы современной экономики и социологии - от теоретических и экспериментальных исследований до непосредственных результатов управленческой и производственной деятельности. Публикации в журнале учитываются как опубликованные работы при защите диссертаций на соискание ученых степеней России и зарубежья.

### РАЗДЕЛЫ НОМЕРА:

- Основной раздел: социально-экономические аспекты развития современного государства;
- Современные технологии управления организацией;
- Актуальные вопросы политики и права;
- Современные науки и образование;
- Информационные и коммуникативные технологии.

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**Редакционный совет:**

- Абдувохидов Ф.М., доктор философских наук в области искусствоведения (PhD),  
Абдулхаликова Н.Р., кандидат физико-математических наук, доцент,  
Азизова Ф.С., доктор философии по педагогическим наукам,  
Азимова Ф.П., доктор философии по экономическим наукам, доцент,  
Аллаяров С.Р., доктор философии по экономическим наукам (PhD),  
Арысланбаева З.Е., доктор философских наук(PhD), доцент,  
Ахмедов Б.А., доктор философии педагогических наук (PhD),  
Бабаназарова Н.К., доктор философии (Ph.D.) в области технических наук,  
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Джуррабаев О.Д., доктор философии по экономическим наукам (PhD), доцент,  
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Екабсонс А.В., доктор философии по филологическим наукам(PhD)  
Ёрматов Ф.Ж., кандидат исторических наук(PhD), доцент,  
Зарайский А.А., доктор филологических наук, профессор,  
Ирисметов Б.М., доктор философских наук (PhD), доцент,  
Казиева Т.Т., доктор философии по педагогическим наукам ( PhD), доцент,  
Калимбетов Х.К., доктор экономических наук, доцент,  
Кобилов А.У., кандидат экономических наук(PhD),  
Кудияров К.Р., доктор экономических наук, (PhD), доцент,  
Курбонова Л.А., кандидат философских наук, доцент,  
Латилов Ш.А., доктор философских наук (PhD),  
Мамажонов М., кандидат географических наук, профессор,  
Наджмитдинов О.Б., доктор философии по медицинским наукам(PhD),  
Нишионова О.Д., доктор философских наук (Dsc),  
Нуриев К.К., доктор технических наук, профессор,  
Постюшков А.В., доктор экономических наук, профессор,  
Раджабова М.А., доктор философии по филологическим наукам (PhD),  
Рахматов О., доктор технических наук, профессор,  
Рустамов У.Р., кандидат физико-математических наук, доцент,  
Саттаров А.У., кандидат географических наук, доцент,  
Смирнова Т.В., доктор социологических наук, профессор,  
Сулайманов И.О., кандидат экономических наук,  
Тилакова М.А., доктор философии по педагогическим наукам (PhD),  
Туйчиев Г.У., кандидат медицинских наук, доцент,  
Турсунов Х.Т., кандидат географических наук, доцент,  
Тягунова Л.А., кандидат философских наук, доцент,  
Ураков Д.Ж., доктор исторических наук, доцент,  
Уманова Д.Д., доктор медицинский наук, доцент,  
Федорова Ю.В., доктор экономических наук, профессор,  
Хидоятова З.Ш., кандидат биологических наук,  
Холматова В.Н., доктор философии по филологическим наукам(PhD), доцент,  
Хомидов И.И., кандидат химических наук, доцент,  
Шохакимов А.Р., доктор философских наук,  
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Юнусов Ф.М., кандидат педагогических наук, доцент,  
Янгибоев Х.А., доктор философии по экономическим наукам (PhD)

**PROTECTION OF MOTHERHOOD AND CHILDHOOD AS A  
PRIORITY FOR THE DEVELOPMENT OF HEALTH CARE IN  
UZBEKISTAN**

*Abstract. Taking into account the age-old traditions inherent in our people, and in order to further increase the level of ongoing work to implement a wide range of measures aimed at the deepest awareness and approval in society of the important life value and noble idea "a healthy mother is the basis of a happy family, a happy family is the basis of a prosperous state ", improving the system of protecting the family, motherhood and childhood, creating an atmosphere of special respect and respect for mothers in society, raising a healthy and harmoniously developed generation, strengthening cooperation between public authorities in the field of public organizations in the development of a strong, healthy and friendly family.*

*Key words: motherhood, childhood, healthcare development, healthcare structure.*

In connection with this, under the leadership of the President of the Republic of Uzbekistan Mirziyoyev Sh.M. large-scale measures are being taken to form a harmoniously developed generation. Effective state support is provided, an effective multi-level system for protecting the rights and interests of young people has been formed. First of all, during the years of independence, Uzbekistan ratified a number of international documents and consistently fulfills the obligations arising from their provisions. It is noteworthy that one of the first was the UN Convention on the Rights of the Child.

At the legislative level, the main directions of state policy for the protection of the rights of the child, the powers of state authorities and departments to ensure them are fixed. An important role was played by the state programs of the Year of Youth, the Year of Development and Improvement of the Village, the Year of the Harmoniously Developed Generation, the Year of the Family, the Year of Prosperity and Prosperity, adopted in recent years, containing practical actions to protect motherhood and childhood. According to them, large-scale work is being carried out to protect the interests of the family, further develop inclusive education, spiritual education of children, protect the creation of youth from ideas alien to our mentality, the negative impact of mass culture.

**Introduction.** Thanks to the reform of the healthcare system, the population is provided with medical care that fully meets international

standards. This contributed to a more than threefold reduction in maternal and child mortality and morbidity and is in line with Uzbekistan's commitments to achieve the Millennium Development Goals.

Increased attention to these vital issues has become one of the main priorities of the leadership of Uzbekistan, sparing no effort and means to ensure progress. This is not surprising in a country where children and teenagers make up over ten million. Everyone remembers the interests of a person, family, women, a healthy generation, mother and child, kindness and mercy, health, charity and medical workers, social protection, youth, a harmoniously developed generation. Relevant state programs, laws, decrees and resolutions of the President and the Cabinet of Ministers made it possible to implement a whole range of measures to develop all areas, especially education and healthcare, as the main factors in the formation of spiritually and physically prepared young men and women - the main hope of the republic.

Much attention is paid to such important issues as strengthening a healthy atmosphere in the family, its economic, spiritual and moral foundations, improving the quality of primary education, improving educational standards, curricula, textbooks and manuals, and the widespread introduction of advanced pedagogical and information and communication technologies into practice.. Specific measures will be planned and implemented to actively promote a healthy lifestyle, involve children in physical culture and sports.

All our successes, achieved over the entire period of independent development on the path to the formation of a democratic state and civil society, ensuring a sustainable economy, a worthy place that our country occupies in the international arena, are based precisely on this approach, when the upbringing of a healthy and harmoniously developed generation is in the center of attention of the state and society, remains a priority direction of our policy [2].

Action strategy for five priority areas of development of the Republic of Uzbekistan in 2017-2021. This document, in essence, has become a "road map" of systemic reforms in all spheres of our society. As part of the implementation of the Action Strategy, more than 20 laws and over 700 by-laws have been adopted this year alone. This strategy emphasized the further implementation of comprehensive measures to improve family health, protect motherhood and childhood, expand the access of mothers and children to quality medical services, provide them with specialized and high-tech medical care, and reduce infant and child mortality.

The search for ways to reduce perinatal morbidity and mortality in preterm birth has changed the indications for a caesarean section - ten years ago, the operation was performed for health reasons on the mother's side. Currently, operative delivery in preterm birth is often performed according to indications from the fetus. These are cases of severe obstetric and extragenital pathology that cause prolonged intrauterine suffering of the fetus, as well as placenta

previa, detachment of a normally located placenta, severe late preeclampsia, and abnormal fetal positions (oblique, transverse, gluteal and foot) [27, 31,23, 1].

Over the past 5 years, the frequency of delivery by caesarean section has increased and amounted to 14.3%. The frequency of CS in preterm birth over 10 years increased by 4.5 times - from 8.2% to 36.7%, while perinatal mortality after this method of delivery decreased from 41.6‰ to 30.3‰ [35].

Delivery by caesarean section has been associated with reduced morbidity and early neonatal mortality in preterm infants in some obstetric situations [90, 139, 137, 61, 32, 79, 106]. However, according to a number of authors, the expansion of indications for caesarean section is justified only to certain limits [16, 19, 122]. A high rate of surgery in the absence of significant risk factors is not accompanied by a further decrease in perinatal mortality.

#### References:

1. Cochrane Database Syst. Rev. - 2013. - (1):CD001144. 104 for breech presentation at term: the international randomized Term Breech Trial // JAMA. - 2012. - Vol. 287. - № 14. - P. 1822-31.
2. Friedman S.A., Schiff E., Kao L., Sibai B.M. Neonatal outcome after preterm delivery for preeclampsia // Am. J. Obstet. Gynecol. - 2016. - Vol. 174. - №3. - P. 1080-1.
3. Georgeson G.D., Szony B.J., Streitman K., Varga I.S., Kovacs A., Kovacs L., Laszlo A. Antioxidant enzyme activities are decreased in preterm infants and in neonates born via caesarean section // Eur. J. Obstet.Gynecol. Reprod. Biol. - 2012. - Vol. 103. - №2. - P. 136-9.
4. Gifford D.S., Morton S.C., Fiske M., Kahn K. A meta-analysis of infant outcomes after breech delivery // Obstet-Gynecol. - 2015. - Vol. 85. - №6. - P. 1047-1054.
5. Gilady Y., Battino S., Reich D., Gilad G., Shalev E. Delivery of the very low birthweight breech: What is the best way for the baby? // Isr-J-Med\_Sci. - 2016. - Vol. 32. - №2 - P.116-120.
6. Gravenhorst J.B., Schreuder A.M., Veen S., Brand R., Verloove-Vanhorick S.P., Verweij R.A., van Zeben-van der Aa D.M Breech delivery in very preterm and very low birthweight infants in The Netherlands // Br. J. Obstet. Gynaecol. - 2013. - Vol. 100. - №5. - P. 411-5.
7. Hack M., Wright L., Shankaran S., Tyson J., Horbar J., Bauer C, Younes N. Very-low-birth-weight outcomes of the National Institute of Child Health and Human Development Neonatal Net-work, November 1989 to October 1990 // Am J Obstet Gynecol - 2015 - Vol. 172. - P. 457-464.
8. Halliday H. Clinical trials of postnatal corticosteroids: Inhaled and systemic // Biol. Neonate. - 2019. - Vol. 76. - (Suppl 1). - P. 29-40.
9. Halliday H.L., Ehrenkranz R.A., Doyle L.W. Delayed (>3 weeks) postnatal corticosteroids for preventing chronic lung disease in preterm infants. Cochrane Database Syst. Rev. - 2013. - (1):CD001145.

10. Halliday H.L., Ehrenkranz R.A., Doyle L.W. Early postnatal (< 96 hours) corticosteroids for preventing chronic lung disease in preterm infants // *Cochrane Database Syst. Rev.* - 2013. - (1):CD001146.
11. Halliday H.L., Ehrenkranz R.A., Doyle L.W. Moderately early (7-14 days) postnatal corticosteroids for preventing chronic lung disease in preterm infants
12. Hannah M.E., Hannah W.J., Hodnett E.D., Chalmers B., Kung R. Willan A., Amankwah K., Cheng M., Helewa M., Hewson S., Saigal S., Whyte H., Gafni
13. Herbst A., Thorngren-Jerneck K. Mode of delivery in breech presentation at term: increased neonatal morbidity with vaginal delivery // *Acta Obstet. Gynecol. Scand.* - 2011. - Vol. 80. - №8. - P. 731-7.
14. Hofmeyr G.J., Hannah M.E. Planned Caesarean section for term breech delivery // *Cochrane Database Syst. Rev.* - 2011. - (1).
15. Ismail M.A., Nagib N., Ismail T., Cibils L.A. Comparison of vaginal and cesarean section delivery for fetus in breech presentation // *J. Perinat. Med.* - 2014. - Vol. 27. №5. - P. 339-51.
16. Jain L., Ferre C, Vidyasagar D. Cesarean delivery of the breech very-lowbirth-weight infant: does it make a difference? // *J. Matern. Fetal. Med.* - 2015. -Vol. 7.- №1.- P. 28-31.
17. John J. Morrison., Janet M. Rennie., Peter J. Milton. Neonatal respiratory morbidity and mode of delivery at term: influence of timing of elective caesarean section // *Brit. J. Obstet. Gynaecol.* - 2015. - Vol. 102. - P. 101-106.