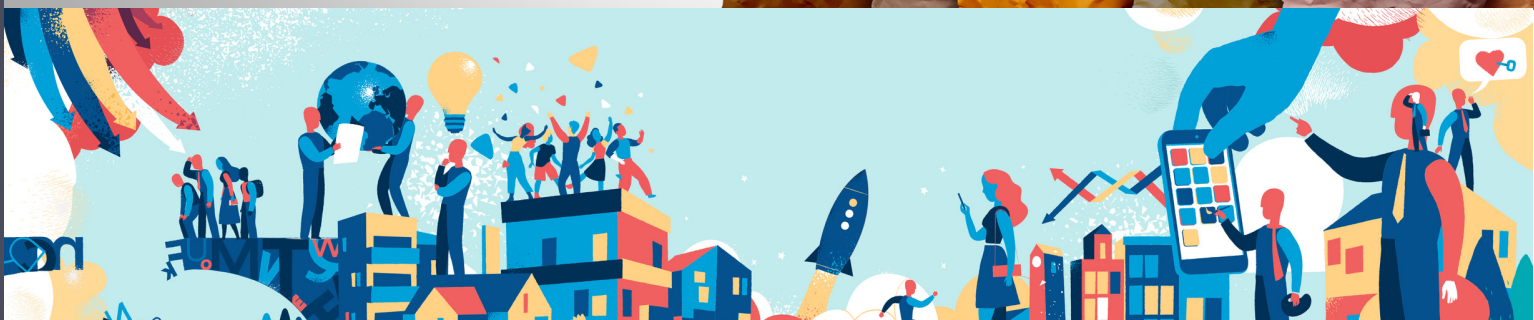


ISBN: 978-93-25942-81-4

TASKS OF FAMILY SOCIOLOGY AND ITS ROLE IN THE DEVELOPMENT OF SOCIETY



KARIMJONOVA GULSHANOY SHERALI QIZI



Published by
Novateur Publication
466, Sadashiv Peth, M.S.India-411030



**REPUBLIC OF UZBEKISTAN HIGH AND SECONDARY
MINISTRY OF SPECIAL EDUCATION
NAMANGAN STATE UNIVERSITY**



KARIMJONOVA GULSHANOY SHERALI QIZI
Tasks of family sociology and its role in the
development of society

MONOGRAPH

KARIMJONOVA GULSHANOY SHERALI QIZI

FACULTY OF SOCIAL SCIENCES,

3rd YEAR STUDENT OF SOCIOLOGY

karimjonovagulshanoy07@gmail.com

CONTENTS

INTRODUCTION.....	4
CHAPTER 1. FAMILY AND MARRIAGE.....	5
1.1. The history of the development of family and marriage in human history.....	5
1.2. The role of the family in the development of society.....	9
1.3. Social functions of the family.....	11
1.4. Family lifestyle and conflicts.....	14
1.5. The way of life of the family is interpreted by scientists.....	20
CHAPTER 2. FAMILY SOCIALIZATION.....	28
2.1. Concept and development of family socialization.....	28
2.2. Role of husband and wife in family socialization.....	31
2.3. Place and role of the sociology of marriage and family in the system of other social sciences.....	36
2.4. Subject Sociology of marriage and family.....	39
2.5. Tasks and functions of Sociology of marriage and family.....	41
CHAPTER 3. REPRODUCTIVE HEALTH AND SELF-CARE.....	44
3.1. Reproductive rights and health.....	44
3.2. Experiences in strengthening population and reproductive health of developed countries.....	51
3.3. Reproductive health components and features.....	65
3.4. System of preventive measures for reproductive health protection.....	82
CONCLUSION.....	87
REFERENCES.....	88

INTRODUCTION

In our country, 97 percent of the population lives together in families, and the remaining three percent - that is, the elderly who are left alone, those who have become orphans from their parents and are brought up in orphanages, temporary immigrants from other countries.

Those who live in Uzbekistan are not deprived of the love of family members, relatives, compatriots, humanitarian people from various state and non-state organizations. In this sense, the family is a sacred space where a person shares his happiness, desires, goals, and desires, and realizes himself as a human being.

Family is the oldest of social institutions. Despite the diversity and complexity of the historical periods experienced by mankind, especially in the 19th and 20th centuries, this place is healthy in terms of its system, composition and fulfillment of its obligations to the society. ' is a surviving structure. If we take into account that the family is made up of people and the life and death in it is organized by the mutual relations between them, it can be called a place of purely psychological processes.

Family is an integral part of society. A people, nation or society if he did not take into account the problems and values of the family and its surroundings in the history of his development and in determining the perspective of development. Any perspective cannot be imagined apart from the interests of the family. After all, family is the beginning of life for everyone, the prelude to everything.

Besides, every person connects his happiness and happiness first of all with his family, that is, only a person who is happy in his home and family feels completely happy.

CHAPTER 1. FAMILY AND MARRIAGE

1.1. The history of the development of family and marriage in human history.

The population of Uzbekistan is growing rapidly in the world countries.

The family is the basic unit of the society and its population the tasks of reproduction and education of the young generation are fulfilled.

Its important social tasks are:

- First of all, it forms the democratic cell of the society, people are born and raised in this holy place and form the structure of the society.
- Secondly, the family is an important link, where we recover the efforts we spent in the labor process.
- Thirdly, the family is an important source of education.
- Fourth, it is a rare spiritual environment.

According to scientists, family life is the only right way for people to live. Living alone can lead to all sorts of troubles and tragedies.

This is why the elderly are lonely in the United States instead of leaving them at home, they are separated from their children and placed in nursing homes.

Family and marriage are those social institutions to which all people on earth are involved. Each person is included in them in one way or another, or at least has his own relation to them. Being one of the oldest human social formations and an integral part of the daily life of modern people, marriage and family have been of interest to thinkers, scientists, and researchers throughout human history. This interest is connected with the desire to understand the place and role of the family in society, the relationship of the family with the state and their mutual influence; it is also due to the need for the family to fulfill the vital and global function of reproducing the human race, satisfying the most urgent needs of the individual. The development of the system of family relations took place in the direction of the reduction of the number of people entering into marriage and the strict determination of the procedures for choosing a partner for marriage.

The most ancient form of human social organization is the clan-tribe, which unites all the people who spread out from one woman's clan and come from the

matriarchal line (her daughters, daughters' children and their descendants). In this way, the clan is essentially a matriarchal family, and all the generations of the mother's line were interbred.

A group or group family- requires the marriage of several sisters to another group of men. Such women could marry either a man from their tribe or a man from a completely different - foreign clan. However, the origin of the offspring is tied to the mother's clan, the cases of determining paternity are not taken into account. According to S. Golod (1998), the generations spread from the mother were preserved in many peoples even at the end of the 19th and the beginning of the 20th century.

Coupled family- refers to a marriage between two separate, not very close to each other or complete strangers, the relationship between them is not always strong, and it can be dissolved at any time at the will of the parties. It could also fail. This model has been preserved in the existing families.

Patriarchal family- is based on the marriage of one man to one or more women, in which the rights of the man are greater than those of the wife, this form of marriage is widespread in the times when private property is developed. In such a family, naturally, the rights of the man are the priority, and his position in solving any family issues and making decisions is considered high. For this reason, issues such as the origin of generations, the spread of the clan, started from the genealogy of the male descendants, and the ownership of property and its succession were conducted through the male class.

Nevertheless, any changes observed in the institution of the family are usually explained first of all by the changing status of women in society and family, their increasing qualifications and striving to keep up with men in professions and positions. The mentioned situation directly causes various changes in the life of the family, both negative and positive events.

The fact that the rights of the representatives of both sexes are becoming equal in practice is reflected in the behavior of women in front of men and boys, and in turn, the relations and flattery of men to girls and women. Especially in European

nations, the institution of pre-marriage matchmaking has disappeared, and instead of it, the tradition of choosing a marriage partner has stabilized. But in countries where the same situation is maintained, for example, in Uzbekistan, the attitude towards the institution of the family is different, that is, loyalty to traditions is preserved. The importance of matchmaking is that the people who stand in the middle are people who know, know and inquire about the bride and groom's family, so they are very interested in the stability of the young family, therefore, the true Uzbek criteria, the principle of "equal to equal" marriages built on the basis of matchmakers will be strong in most cases. It should be noted that, as in every era, even now there are families that have appeared as a result of young people liking each other.



Picture 1. Turkish family in 1913.

Some of the young people have the intention to choose a partner of their own free will, to like and get married. There is a fact that when choosing a spouse voluntarily, the interests of parents and family, their wishes are almost not taken into account. Usually, such young people do not get their parents' consent before marriage, therefore, often, such marriages are the result of rash decisions and may not go far. According to the results of the research conducted by the republican "Family"

scientific and practical center in 2003, more than 90 percent of young families who broke up indicated "love-being-loved" as the reason for marriage.

Due to the economic independence of women, by the 20th century, the role and status of women in the family and society changed dramatically. In recent times, it has been observed that women often claim the role of the leader and head of the family, as in the era of matriarchy. As a result, a man's leadership role in the family, management of resources in the family, decision-making, and involvement of children in the life of the community have significantly decreased. On the other hand, the decrease of free time of a woman-mother for family and child education, the decrease of reproductive responsibility in relation to the desire to occupy a higher position in the society has negative consequences. For this reason, the number of births is decreasing in industrialized countries, and as a result, the population is sharply decreasing.

Unfortunately, such situations are also observed in urban areas of Uzbekistan. The educational task of the family is assigned to other people, institutions - nannies and governesses, or organizations that are fully protected by the state - Mercy homes, Charity houses, etc., in addition to family members. During the period of the former totalitarian system, the fact that this task was the responsibility of the state, individual family education was replaced by group education, with a sharp decrease in attention to the person being educated. As a result, there were children who did not belong to anyone, and whose mental and intellectual development was mediocre. This has created overt or covert maternal deprivation.

The changes that have taken place in terms of sexual life are such that if earlier such a relationship took place outside the family, both society and religion would condemn it. In recent decades, both men and women around the world have come to regard free sexuality as a normal attitude. The indifference of the society to such relations, which is considered a moral crisis, seriously worries progressive thinking people. The main reason for this is traditional in society values are in crisis, on the other hand, it is due to the tradition of using contraceptives among women and their misunderstanding of the social freedoms given to them, through the mass media,

which does not correspond to the mentality of this or that nation the wide spread of information is the cause. The saddest thing is that for some young people and their parents, the concepts of "marriage" and "divorce" have become taken for granted. They do not feel their personal responsibility. In industrialized countries, up to 51% of marriages fail after a certain period of time. The articles written by foreign media about the marriages of certain individuals, actors or millionaires, which change every 3-4 years, are interpreted as the most educated and interesting information. Naturally, this has a negative impact on the minds of young people who study them. It should be noted that in such cases the initiators of divorces are often women, which in turn leads to an increase in the number of family divorces, and children are brought up in the wrong families as innocent culprits.

1.2. The role of the family in the development of society.

At any time, society and the state were interested in the steady growth of the population, the preservation of certain traditions and sacred traditions, and their transmission from generation to generation. The great Russian psychologist A.N. Leontev studied the importance of intergenerational communication for the development of society and stated in one of his first works that if there was no such communication, development itself would not be absolute. The role of the family, which is an important part of the society, is great in fulfilling this task. Therefore, the family as a social institution first of all fills the amount that decreases as a result of a certain amount of continuous growth of the population through birth, migration between people, that is, moving from one place to another or death. performs the function of filling. Because both society and people are interested in the renewal of labor resources and workforce for social and economic development. In addition, every society has unique values, immortal heritage, and traditions that are passed down from generation to generation. It is also thanks to the family that values that serve civil status, cultural growth, and spiritual growth are preserved.

For example, there are such family dynasties that over the centuries have preserved one or another sacred values through their profession and lifestyle (painting, art studies, handicrafts, floriculture, pottery, scientific heritage, in the

agricultural sector, etc.). In the preservation of human society as a whole, the family plays the role of a "buffer" - a bridge between some individual and the whole society. After all, educational institutions and cultural centers in the state and society have a certain role in preserving cultural and spiritual values and passing them on from generation to generation. the role of the family in preserving values cannot be higher. That's why the state is always interested in the stability and well-being of the family, people living in it in peace and tranquility, and maintains certain laws and legal system through which it coordinates not only the marriage itself, but also the relationship between parents and children.



Picture 2. The role of the family in the development of society.

Favors given to young families in Uzbekistan, allowances for the birth and growing up of children, determination of allowances, social protection of motherhood and childhood, material, moral, even, its punishment through criminal sanctions is to strengthen this unique place, to continue the task of preserving national and universal values for future generations through it. If we analyze, among the many relationships that take place between people, only family relationships are so honored by the state,

for example, love, friendship, trade between people, entrepreneurship. The state hardly interferes in labor relations.

Therefore, the duties of the family before the society mean its ability to satisfy the specific needs of family members and thereby serve the needs and interests of the state and society. For example, when a father works from morning to night at a manufacturing enterprise, he not only satisfies his needs for eating, drinking, resting, and making various purchases, but also takes care of his family members, first of all, his children, a housewife. Is the needs of the spouse, moreover, it contributes to the increase of profitability in this or that enterprise, to high economic indicators, thereby contributing to the development of this industry in one's homeland.

1.3. Social functions of the family.

The emotional-emotional function of the family is to maintain certain warm relations between its members, between them kindness, mutual care, mutual support, love, is to show the ability to be loved. This is very important for the family, and the mental health of a person depends on how he performs this task. A healthy spiritual-psychological environment of the family means the presence of warmth, sincerity, mutual tolerance, kindness among these members, and positive human emotions.

The function of providing physical strength refers to the conditions that depend on ensuring that family members are physically healthy, active and feel good, for example, each of us has a shelter in the family, in addition, this our area, that is, in our house, we must have the necessary and comfortable opportunities to relax, enjoy good quality, nutritious food, create and study. After all, if any of these are not provided, such a family cannot consider itself happy and will experience a number of inconveniences.

For example, there are psychological studies that confirm that homeless people suffer not only mental but also physical pain. The function of providing spiritual communication comes from a person's desire to have his own lineage, spiritual and cultural traditions, every person is endlessly proud of who he is a descendant of, what kind of traditions he is, no matter what kind of family it is, it will be strong and happy only if it is able to unite its members within the framework of certain good customs

and manners. From the moment a newborn child begins to walk, the elders of the family teach him to treat him sweetly by caressing him. There is a high probability that there will always be distractions, quarrels, and conflicts in a family that has not been able to fulfill this function.



Picture 3. Social functions of the family.

The function of socio-emotional communication is to satisfy the sexual needs of both husband and wife, thereby ensuring the continuity of generations. The performance of this function has a direct impact on the relationship of the spouses, it helps them to be faithful to each other, to maintain their health and the right way of life.

The function of stabilizing happiness and peace is also very important, and it helps to solve the problems of each member of the family, protect it from various external influences, and if necessary, help to form protective immunity. Uzbeks have a saying: "My home is my deathbed", everyone can be truly calm in their home. His greatest happiness is to stretch out his leg and say "thank you" in his own home after resting in hotels with high service on long trips. From this point of view, the role of the family in protecting children from various external influences and foreign ideas is

also significant. If the family is peaceful and safe, then the society and the state will be peaceful and the peace will be stable.

Reproductive function is not only the function of the family related to the creation of generations and successors, but it also serves to achieve the happiness of being a father and mother, and the state maintains a certain amount of the native population. Especially in Uzbeks, from the first moments of marriage, they say "be good and old, be good and old" and wait eagerly for the bride to become pregnant. Because this factor is of great importance in the strength of a young family. The concept of "family with children" is important both in family psychology and in family sociology, and it is a criterion of indicators in almost all aspects of family life. For example, in Uzbeks, the meaning of the saying "A house with a child is a market, a house without a child is a grave" means that angels will pour into the house where a child is born, and the way will be opened for good and happiness, weddings.

In sociology and demography, the family is divided into groups according to the number of children in the family. For example, from a socio-psychological point of view, a "small family" is a family with 1-2 children.

Table 1.

Changes in birth rates in some countries
(number of live births per 1000 population)

№	Name of countries	1989 indicator	2002 indicator
1	Russia	14.7	9.7
2	Kazakhstan	23.4	15.3
3	Kyrgyzstan	30.5	20.3
4	Tajikistan	38.8	27.2
5	Turkmenistan	34.8	22.0
6	Uzbekistan	33.3	21.7

While the share of families with many children in Russia is less than 1%, the average number of families with children is up to 5%. It should be noted that the number of families with many children is decreasing year by year.

The function of upbringing and control depends on parents to ensure that their children grow up capable and intelligent, religious and healthy. Because the family educates not only the husband and wife based on their status, but also cares for the young generation so that they grow up to be worthy of their family and parents, and benefit the society. In the Uzbek family, there are educational standards and traditions that have been inherited from generations. Due to their vitality and durability, traditions and customs are still preserved.

The task of having private property and passing it on to the next generation is also important, and it requires that every family has its own fund, therefore, "A couple is a double ox". He works tirelessly, organizes weddings and family events with his earnings, and leaves houses and estates as a legacy to his children. This also serves the strength of the family and the prestige of the parents.

In recent years, with the initiative of the Women's Committee of Uzbekistan and the support of our government, due to the consistent implementation of the policy of developing family business, women's small and medium-sized business, granting preferential loans from banks for women's entrepreneurship, women's family the contribution to the budget is also increasing. As a result of this, real opportunities are being created for the growth of entrepreneurial qualities in children. According to the results of the conducted research, management and leadership qualities and entrepreneurial skills are formed in girls whose mothers are entrepreneurs.

The above-mentioned tasks may change depending on the character of the socio-economic system, one of them may become relevant, and the other may become less important. But the psychological readiness of each family member for these tasks ensures that they feel happy as human beings, that their family is strong, and that their children grow up perfectly.

1.4. Family lifestyle and conflicts.

The life style of the family is related to its life cycle and behavior. Some scientists, for example, V. Satir, based on the fact that the modern family is dependent on the child's upbringing and its interests, connect the customs and

manners of life in this place with the stages of child development. Accordingly, the following stages are distinguished:

Stage 1. Most scientists emphasize that the life cycle in a family begins from the moment when two young people decide to enter into a long-term agreement and get married. According to other authors, the starting point of the family is explained by the time when two people officially entered into marriage, the ceremonies held in the presence of many people.

Stage 2. The appearance of offspring as a result of the intimate union of two young people. According to Satir, the appearance and birth of offspring will test the original relationship of husband and wife, and they will begin to experience a unique period of new relationships. In many nations, especially the Uzbeks, the birth of a child begins with very joyful ceremonies, which have been preserved for centuries as a value. For example, water rites related to the birth of a child, cradle, circumcision and cradle weddings are among them. Nevertheless, in some nations, for example, in European nations, the birth of a child in a family causes certain worries, mental tensions, especially emotional excitement experienced by the mother, social and financial worries to relatives, which is sometimes reflected in tensions in family relations. Such responsibilities to the family and children in some cases lead to the breakdown of marital relations, sometimes divorces, and in our conditions, disagreements in parenting relationships.

Stage 3. The child begins to go to social institutions outside the family - preschool educational institutions, especially the school, which is considered the primary center of continuous education. The school is a place where every child is tested to what extent and how they are socialized. Because now he begins to interact not only with children of his own age, but also with adults, strangers, people of different categories on the street. In the course of this treatment, it becomes clear how ready he is for life, what kind of moral and spiritual training he received in his family, whose child he is, and what his family environment is like. The most important thing is that when he comes to school, the child's mental and intellectual potential, discipline will be checked. That is, when sending their child to school,

parents also feel that they are undergoing a special test and examination in front of the public. Because good or bad parenting roles are known in the first months and years of the school year, many parents experience intense stress during these times.

Stage 4. When a child enters adolescence, he begins to claim independence from his parents and not to be bullied. The prestige of parents in front of their children, the level of necessity increases. By this time, both the father and the mother are forced to change their relationship with their child, because the child has new demands and wishes, new thinking, traditions, passion for music, and aspirations to communicate with different groups. he did. This period is a test of parents' patience and understanding of the changes that occur in their children, age-related news. The child of a parent who has passed the test will pass to the next stage safely and without open conflicts, otherwise, in the midst of the unique conflicts of adolescence, the parent-child relationship will seriously deteriorate, and some children will leave home. goes up to cases.

Stage 5. When children grow up and reach adulthood, after finishing their studies and entering the stage of independent occupation, some young people manage to build an independent family life. By this time, "Child - parent" relationship is almost over.

This situation is especially suitable for European peoples, when they reach adulthood, young people begin to solve almost all life issues in their own way, according to their own knowledge. Parents don't have to worry about them making mistakes. In us, in the countries of the East, this situation is a little different: parents are worried about their future, family, and financial situation, even if their child has a profession and is on an independent professional path. parents and their parents - aunts and uncles are together at marriages. The issue of choosing a spouse is left to the discretion of a girl or a boy who has reached the height in very few cases. That is, it is almost rare for us to suddenly say to a stranger girl from the street, "Meet me, this is my future girlfriend, my husband", because this is allowed by our age-old traditions and family upbringing criteria. does not put

In some undivided families, even after a son gets married and a girl has a child, parents try to make them not stumble in life. In fact, in almost all regions of our country, there are such customs that a mother believes that she is fully responsible for the food of her young daughter. Because there are two reasons for this: the first is that the organism of a newly opened woman undergoes such a renewal that what she ate and drank in her family over the years accelerates the adaptation process to bring her to herself; secondly, the mother's kindness helps the young mother to forget her recent troubles and feel like a real mother. This psychological condition is very important, and it is one of the factors of family strength among Uzbeks. The mother-in-law is also a mother, she feels sorry for her daughter-in-law, she does everything in her power to forget the sufferings of childbirth, but the fact that her mother-in-law receives news and is with her, according to many observations, the young mother enters the role of mother faster, breast milk plays a big role in nursing and raising her child.



Picture 4. Family lifestyle and conflicts.

It should also be noted that in some cases, parents' interference in the life of young people is so direct that it causes conflicts between young people and parents, conflicts between mother-in-law and daughter-in-law, father-in-law and son-in-law.

also comes from the large number of such interventions. That is, when the parent's child reaches adulthood and starts an independent life interventions and care can have both positive and negative consequences.

The fact that children have an independent economic status and have their own family requires the father and mother to fulfill other additional roles - daughter-in-law, son-in-law, mother-in-law, father-in-law, etc. -relationships between relatives, for example, godparents, also lead to changes in the status of the young family and its parents. For example, confessions such as "now we are together", "I have a boyfriend", "I have become a grandmother" cause serious changes in a person's mind and behavior. Some women start making serious changes in their lifestyle from these moments, starting with their appearance, for example, a father who drinks often stops this negative behavior because he is ashamed of his daughter-in-law; A mother who does not pray begins to pray because she is ashamed in front of the gods, and becomes more involved in the community.

Stage 6. Early signs of old age - symptoms of old age in the body, at the stage of the origin of climacteric conditions, although the human soul does not age, certain physical weaknesses appear. A person retires, moves away from his favorite profession and training, his circle of friends shrinks, etc. But recognizing old age and being spiritually ready for it depends on the ethnic culture and its values. The higher the people's spirituality and culture, the higher the attitude towards old age. For example, in our ethno-cultural environment, old age and the elderly have always been respected, for example, at the initiative of President Islam Karimov, 2002 was declared the "Year of Appreciation of the Elderly", all the elderly in our country receive pensions according to the established procedure, holiday, it is one of the usual traditions of our people to place the elderly in circles and pay respect to them at weddings and events. That is why, Uzbeks are a nation that welcomes old age as a special period of life. The phrase "The elder is not joy " in Russian has its own meaning. In some European countries, after retirement, the elderly begin to feel that they are not needed by anyone. For them, the last periods of life bring drastic

negative changes. and sometimes they forget their parents with their life worries. In many cases, the emergence of nursing homes is the result of such interactions.

Stage 7. The end of the family cycle usually begins with the death of one of the spouses. Due to the fact that the surviving spouse becomes a widow, she also enters a new role system. In Islam, if an old man or an old woman becomes a widow, it is a tradition to invite him to a second marriage, and it is a fard for children. Especially when a man becomes a widow, it is obligatory to offer his children to marry an old woman or a middle-aged young man. This is also in line with Islamic values.

The above-mentioned life attitudes lead to the observation of certain changes in the behavior, outlook and habits of each of the family members, as well as the acquisition of new roles. Each new stage is accompanied by certain crises and conflicts in the mind of a person, and overcoming them, going through difficulties with kindness, depends on the good qualities of a person, the level of upbringing, and patience. At each stage, a special system of relations with father, mother, children, bride and groom is formed. For example, in an undivided large family, the death of the head of the family - the father - puts a great responsibility on the shoulders of the eldest children. His place in the system of family relations changes dramatically.

If we take into account the change of family lifestyle at different stages of life, family disputes or conflicts are natural in this particular sense, and every normal family experiences it. That is why in Uzbek language it is called "livelihood" and "life", and our grandmothers say that "the cave has a bottom" and "it has become a mush", indicating that family life has its own complexities. Such conflicts become especially noticeable when family roles increase, when a child is born, when relationships with godparents begin, and when separation occurs. But in a harmonious and strong family, these conflicts pass easily without complications. In problem families, the adults of the family do not have the skills and experience to overcome them, and they let others feel it, sometimes the conversations in the family reach the neighborhood, distant and close relatives. Interventions from the outside sometimes restore the harmony of the family, sometimes, on the contrary, destroy its condition, problems become confused. These are vertical conflicts, i.e., the

interference of parents and other relatives from the outside in family disputes. Sometimes, young people are forced to live a lifestyle that they do not like because of the wishes of adults.

For example, a young family wants to live independently in a separate house, but the mother-in-law forces them to live next to her, under her pressure, or a couple wants to live separately with their children, and adults demand that one of their children live in another part of the city or in another city. A conflict may arise between the bride and groom and their parents who are not satisfied with the way of education of mothers. In addition, when one of the parents is disabled or has a long-term illness, internal and open conflicts may arise due to chronic tension in some members of a young family. Such small problems exist in every family, it is natural, spiritual readiness to overcome them and kindness of family members to each other ensures family happiness.

Scientist R. Kappenberg says that sometimes shocks and conflicts appear in family relations under the influence of extraordinary events. This is usually the result of unexpected circumstances that family members do not expect. For example, infidelity of one of the spouses and its disclosure, adults finding out that the son is incompetent and taking drugs, one of the family members entering another criminal path, disasters and so on. similar to a sudden change in family relations, which requires a review of relations. The wisdom of the adults in the family and the unity of the neighborhood can also play a positive role in this.

1.5. The way of life of the family is interpreted by scientists.

American researcher Virginia Satir (1992, 2000) is one of the scientists who systematically imagined family life and decided to study its psychological features. He uses the following concepts to describe family life: family energy, family system, boundary and functional characteristics. In doing so, he attempts to apply a technological methodology to a social institution considered biological in origin. Such an approach is characteristic of the middle of the 20th century, thanks to which the scientist not only founded a new direction in understanding the family, but also began to study its treatment and medical problems in this regard.

The concept of family energy includes many aspects, in particular, from the medical and biological characteristics of the family, the factors that determine its psychological existence, from environmental conditions, to nutrition, which is the criteria of life, and the manifestations of the behavior of each family member. It covered up to “To describe the psychological energy of family life, Satir uses the concept of “emotional cauldron of the family”, i.e., he imagines the daily communication and dealing processes of family members as "a mirror of emotions manifested in the coexistence of brothers-in-law in a cauldron”. If the emotions in this "cauldron" are very lively and rich in certain periods of life, they may be narrow or tense in content in another period. If the love, closeness, and cooperation of family members are strong and positive in certain periods, it is also observed that in other periods it becomes narrower and less meaningful due to someone's dependence on someone or someone's strictness.



Picture 5. The way of life of the family is interpreted by scientists.

The system of family relations - in Satir's definition, it is not the expression or performance of family members within the framework of certain roles, but rather it is a "map" of mutual relations specific to each family. For example, a therapist who wants to help a family needs this map, because it is difficult for him to imagine the real interactions of real members in a different way. In addition to the same family

members, this map also includes the influence of their relatives. For example, if a man is somehow separated in the family and lives with his wife and children, his real relationship with his wife is influenced by his mother who lives in another house, then the influence of the mother-in-law is definitely included in the map of family relationships. must be kept. Or a woman divorced from her first marriage lives with her ex-husband's child, so she always remembers him, meets her ex-husband according to her child's wishes, and may even be financially dependent on him. This, of course, does not affect real family relations at the same time.

Functional characteristics of the family describe the qualitative aspects of relations between family members.

For example,

- communication styles;
- procedures specific to each family;
- the existence of communicative obstacles in the process of mutual communication(absence).

Based on his psychotherapeutic experience, Satir distinguishes 5 different styles of communication that are noticeable in the process of family relationships, four of which he calls ineffective, and one of them is a mature style of communication with sufficient experience and knowledge. The first four are methods that usually serve to overcome a problem or an obstacle in the course of dealings, to make oneself look good on purpose, to please someone, or vice versa, to blame someone for something, to criticize someone.

For example,

- The style of flattery means to imitate the behavior of all family members in order to please someone, to live in agreement with others, even if you are self-deprecating.
- Accusative style always includes communicative actions related to teaching someone something, criticizing and controlling, only in front of a stronger person. The first and second styles complement each other.

➤ The calculating style of behavior is such that according to it, a person always and in any situation strives to make clear, flawless actions, because such a person does not make mistakes, he always strives to be "correct, flawless", therefore, the actions of such a person are always it is artificial, and his feelings are meaningless, as if they are always under pressure.

➤ The alienated way of behavior is aimed at keeping oneself away from others, at a certain distance, like a human being, withdraws from the eyes of others and their influence (for example, this is how our new bride usually behaves).

➤ In a mature, adaptive way of dealing, a person is always ready for correct, sincere and open relations with his family members. Such a person knows and preserves all his qualities and enters into communication in such a way that he does not forget that others are also individuals and individuals. He knows how to speak and listen to others, so he is not afraid of any communication barriers.

In psychotherapeutic practice, Satir, like Carl Rogers, while analyzing all methods of treatment, pays special attention to the ability of a person to listen to another person. The main goal is to teach each family member the culture of behavior without violating their own rules.

For example, certain family rules may include: "On Sundays, everyone gathers and has lunch together", "No one disturbs our father when he sleeps", "Children are given a certain amount of money for school expenses", etc.

In addition to open rules, every family has hidden rules, which also play a big role in good family relations. Usually, such rules are seen in the fact that certain topics are not raised in the family circle or feelings are not expressed in a certain way. For example, the topic of the father having children from a previous marriage, the presence of a disabled person in the family, the child becoming mentally or physically ill due to some kind of disaster, someone being locked up, father and mother not sleeping together, father's addiction to alcohol, etc. It will not be discussed openly at the time of planning. Because officially, children are not directly involved in such situations, nor are they to blame, so such situations are not discussed in order to prevent them from having such a negative experience.

The border and territory of the family usually refers to the level of the family's relationship with other members of the socio-cultural environment and their dependence on them. According to Satir, there are such families that hardly communicate with others, it is impossible to enter this family either through the gate or over the wall, it seems to be wrapped in its shell, and in turn, it he is not interested in other families, he does not invite close neighbors to family celebrations, he does not go to other social institutions, for example, theater, cinema, clubs, except for his studies or work. Usually such "closed" type of families do not live very harmoniously. In our conditions, the events of the neighborhood will pass without them. Therefore, an open family based on wide communication is considered happy and strong. It doesn't hurt the family's independence either.

The family is the first and foremost developing structure, which is characterized by age-related laws. Because family members develop over the years, reach maturity, grow old, and therefore the family experiences constant changes and developments. The structural structure of the family is also scientifically important, it is primarily made up of individual individuals. A separate individual is a primary autonomous unit with its own desires, needs, motivation, life goals. And family members differ from each other in terms of joining the family. Some members of the family go to harmonize with the family life with their whole body, while others join it at the expense of other external structures.

For example, if the housewife is the first member of the family, the new daughter-in-law is the second kind of family member. But all family members contribute to the stabilization of his psychological environment, the sincerity in it, only if the first one looks after the interests of the family from the inside, thinking only of goodness and stability, while the others receive various information from the outside, "to themselves" harmonizes the family environment by bringing in "special air".

The conjugal system consists of a husband and a wife in a family. This structure, which begins with the meeting of a man and a woman, is actually composed of completely different values, views, expectations and beliefs. family unity will not

happen if they do not give up their habits, habits and behavior, even if only partially. This is considered a very big psychological process, and as a result of it, the couple can adapt to each other in the family. Newly, the process of "convergence", identification of each other, similarities is an important result of adaptation, and the appearance of such convergence, "similarity and harmony" becomes polished over the years. According to Lazarev and Rage scientists, the strongest stress that a person can experience is separation from a spouse, because they have gotten used to each other over the years. Any changes, conflicts and difficulties in this structure affect all members of the family equally.

The structure of parents does not always imply a couple, because it can be formed by a single mother, aunt or first-born child. Therefore, it is important to know exactly who makes up the parenting structure in therapeutic treatments or counseling. Parents are primarily responsible for the safety of the family, the existence of an atmosphere of intimacy in it, and how the educational processes take place. They are people who mobilize their knowledge and experience for the future of all the children in this family, and if necessary, to develop very well.

Sibling structure - in the family, it is very important for children to learn about life, to understand each other, sometimes arguing, sometimes establishing friendly relations. Usually, the relations between brothers and sisters, which are formed and refined in the family, are necessary to establish complex relationships with friends, colleagues, rivals.

By problem families, Minukhin understands the violation of relations between the existing structures within the family.

For example, a "pa-de-de" type family (French pas de deux means dance of two people) usually consists of only two people, and there are no children in such a family. Or their children have already been sent away and left their parents' house. Mutual relations in such families are very tense, and in most cases such experiences are temporary in nature. In it, the existence of problems such as continuation of the offspring, raising children, jeopardizes the couple's relationship.

In a distant family or an "accordion" type family, one of the members, in most cases this is the father, does not see much of the family members for one reason or another (such as a sailor on a long-term trip, a military serviceman, a geologist, an oil miner). In such cases, the father participates in the processes of interaction either as a physically present person or as a symbolic father. In the family, marital relations, father-child relations, and mutual relations between children suffer. Sometimes there seems to be a secret division in the family. But this situation often shows that a distant family is better than a family with a separation.

An unstable family is variable both in terms of its structure and residence. For example, some women often change men after divorce from their first marriage, until they find a person they like, and are in different relationships. This is not well received by the children, the relationship between mother and child is always strained. Similar situations are characteristic of a family that tends to change its place of residence often. It is natural that the tension of relations will have a negative effect not only within this family, but also on the children who will make new peers and classmates when they come to a new place of residence.

Bowen introduced the concept of "emotional triangle" to the science to visualize the system of relationships in the family. According to him, there are mainly three people or entities that make up the family system, its foundation, and other relationships directly depend on their control over the situation and how they behave in this or that situation. If the family relies only on dyadic relationships, there is a high probability that the relationship between them will turn negative in dangerous, tense situations, that is, for example, a wife who has a fight with her husband will look for a third protector. If there is a third person in the family, for example, a child, the power of this tension is not so noticeable. If the family has more than one child, one of them joins the parent to form that emotional triangle, especially when raising another family member who is going through the difficulties of adolescence. They will be able to extend a helping hand to him.

Bowen analyzes different types of problem families and concludes that the real reason for conflicts in them is the inability to form such an emotional triangulation, and from this point of view, he divides the types of families into the following:

➤ A type of family where husband and wife could not get used to each other for a long time and could not clarify their relationship. They are busy blaming each other and finding their faults in the emotional triangle, but they do not involve children in their relationship. According to Bowen, if a child intervenes in such a tense relationship, if there is a good, warm relationship between the three, such a family can be strong. Otherwise, a child may live and develop apart from his parents, and his psyche may not be harmed by such a defect, but the family will not be like a family.

➤ In the second type of family, one of the members is completely subordinate to the other and deliberately renounces his autonomy. As a result, two "false, hidden "I's" appear in such a family, one person begins to completely rule over the other. Despite the fact that such marriages are usually stable, one of its founders - the subordinate "I" suffers from various psychosomatic and mental illnesses, and the children get used to these relationships. It is worth saying that among Uzbek families there are many families of this type.

➤ In a family of the third category, mutual relations go smoothly, but the mute, subordinate member of the family becomes more and more attached to the children, who increasingly puts his own shortcomings, worries and fears on the children, and blames them if necessary. will learn. This can sometimes cause family conflicts.

For example, if the child is disabled, or the only male child, all the defects are manifested in a way that depends on his status, the mother's shortcomings are hidden under the mask of the child's helplessness or pampering. This or that problem, which is characteristic of other children, is imagined to be caused by this same child.

Although Bowen's analysis seems to be taken from the American environment, since the family as a universal social institution is subject to both general and regional laws in all regions, the above-mentioned situations and family types exist in

our country. That is why we have considered several theoretical and practical approaches as examples. Despite the national identity of families in Uzbekistan, it is not a secret to anyone that as a social institution formed during the development of mankind, it also has universal, national aspects and the laws that they obey.

CHAPTER 2. FAMILY SOCIALIZATION

2.1. Concept and development of family socialization.

Family sociology is one of the main directions of sociology, this science studies the family as a social institution formed on the basis of marriage, which performs important social tasks in the development of society. Family sociology has its own tasks. They need to study the laws of the emergence, development and existence of the family during the development of society, to determine the changes in the essence and activity of the family, to study the evolution of marriage and family types, to determine the interaction of generations in the formation and development of the family. , family upbringing, revealing the social nature of family recreational activities and family rights, studying the role of the family in the division of labor.

Family sociology studies the family as a small part of society connecting people on the basis of natural biological, marriage, kinship, spiritual economic and legal relations, and focuses on its interrelationship with society. Because the family is the main social and demographic resource in the formation of society and ensuring its continuity.

The birth of a person, the birth of a new generation - the change of generations mainly takes place in the family. All necessary education and training is provided in the family environment until the child is born, matures, and develops as a person. A person's relationship with parents, relatives, the elderly, the environment and nature is first formed in the family. At the same time, the family is a social institution that transmits traditions and values from generation to generation.

The basis of the family is the marriage union between a man and a woman. Family represents not only the relationship between man and woman, but also the relationship between husband and wife, parents and children. The family is formed in the bosom of the society, as it develops, it appears as a small part of this society. Socio-economic relations in the society affect the development of the family. The characteristics of family education are reflected in society. That is why the family and the society develop in a mutually dependent manner.

Family development is in accordance with the purpose of selection in three directions.

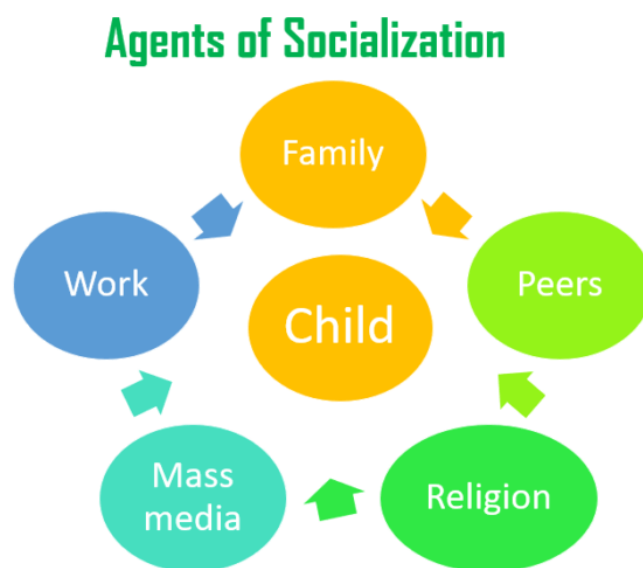
- Demographic development of the family.
- Social development of the family.
- Family economic development.

Demographic development of the family means that the size, formation and demographic structure of the family (the division of the family into groups based on the number of people living in the family) changes in certain periods.

The social development of the family is the level of education of the family members, the change in the social position in terms of health, as well as the improvement of their relationship to education, tradition, science and culture in nature and society.

The change in the level of providing the family with food, clothing, housing and other things necessary for living determines its economic development.

It can be seen that the family, by its essence, reflects various aspects of the life of the society. That is why the family is the subject of study of many sciences. These include ethnographic, demographic, psychology, pedagogy, medicine, law, economics, history and sociology.



Picture 6. Concept and development of family socialization.

They study family tasks and specific aspects of development directions. For example, economics studies the family as a consumer group in the development of society, ethnography studies family traditions and values on an ethnic scale, and demography focuses on the most important task of the family, which is to ensure the continuation of generations. Family sociology, as mentioned above, studies the family as a social institution that fulfills important tasks in the development of society, important tasks in the development of society. In the course of his research, he widely uses the results of research conducted by all disciplines that study the family and develops in integral connection with them.

It is known that the types and socio-demographic structure of the family have been changing regularly since its inception until the present time. One of the important tasks of family sociology is to study the changes in the types and structure of the family and the factors affecting them separately for each stage of the development of the society. One of the main directions of family sociology is the study of the essence and activity of the family.

The essence of the family is determined by its activities, that is, the tasks it performs. They have the task of creating a generation (creating a generation that will continue the society, continuing the human race); social function (raising children in the family, forming their relationship to nature and society, rest and health of family members); economic function (including providing family members with food, clothing and other means of living).

Sociology of the family studies in detail the factors and characteristics of the performance of family tasks in different historical periods, social groups, nations, and states, as well as the relationship to family tasks. The most important task of the family is the birth of children, that is, the creation of a new generation that ensures the continuity of society. Birth has different indicators in different nations of the world.

Differences in birth across the globe depend primarily on the material and cultural standard of living of the country's population, traditions and religion that have been formed and preserved over the centuries. In addition, the distribution of the

population by sexual age, marriage and divorce processes, the level of development of medicine, as well as the demographic policy carried out by each country, also affect the birth rate. The family's demand for a child, society's demand for a child changes under the influence of the above information. The sociology of the family shows the factors affecting the family's need for a child, the changing birth rate at the level of all nations and countries at each stage of society's development, the relationship of different demographic and social groups of the population, and the relationship of the couple to the number of children in the family. determined by conducting sociological research.

In the current form of the family, family members are connected with each other by common life, economic-property, moral-legal, psychological relations, feelings of mutual responsibility. Each family member has their own social role in the family.

It is known that the core of the family is the couple. In a family, there is a couple, alone or with their children. In addition, parents, siblings and other relatives can live together with the children of the couple in the family. The family environment, its role in the community, directly depends on the family members and their behavior. The role of a woman is especially important in the family environment. Therefore, one of the tasks of family sociology is to study the relations of family members to the family, the environment, and to each other.

2.2. Role of husband and wife in family socialization

The demographic situation is important in the establishment, formation and development of the family. The study of the socio-demographic structure of the family and the social factors that affect it is one of the important issues studied by the sociology of the family. The socio-demographic structure of the family is divided into types based on the marital relations, social groups and number of people living in the family. is understood. The most common type of family is the nuclear simple family, in which a couple lives with their unmarried children. If one of the children gets married and lives together in this family, then this family becomes an extended or complex family. A complex family consists of two or more ordinary families, representatives of 3 or more generations. It is known that the core of the family is the

couple. If there is a married couple living in the family, then the family is a complete family, and if one of them does not live in the family, it is considered an incomplete family. In addition, parents, siblings and other relatives can live together with the children of the couple in the family. Taking such circumstances into account, the family is divided into the following types in Uzbekistan:

- Families where a couple lives with or without children;
- Families with spouses, children or without children, living with only one parent;
- Families with spouses, children or no children, only one parent (or without them) and other peers;
- Two or more ordinary families (married couples) with or without children, families living with one of their parents (or without them) and other relatives (or without them);
- Families living with mother and children;
- Families that do not live with father and children;
- Families where mother-children and one of the mother's (or father's) parents live;
- Parents and children, families living with one of the father's (or mother's) parents;
- Other families.

The family is also divided into types depending on the social groups of its members;

- Family members belong to the same social group.
- Families belonging to different groups:

The next demographic process studied by family sociology is marriage.



Picture 7. Parent and child socialization

The division of families into types based on the number of members of that family constitutes its demographic composition. For Uzbekistan, it is appropriate to conditionally divide the family into 3 demographic types:

- Small families - families with 2-4 people;
- Medium families - families with 5-6 people;
- Large families - families with 7 or more people.

It is known that a family begins with marriage. Marriage appeared at a certain stage of the development of society and is formed under the influence of a number of socio-economic factors, religion, traditions, and values. Marriage and its types, historical evolution, its characteristics in different nations, social groups, regions, marriage. Laws, division of labor in the family, psychological and economic preparation of young people for marriage, and the study of the population's relationship to marriage are also important in family sociology.

Another demographic factor that directly affects the structure and development of the family is the annulment of marriage, that is, divorce. It is known that the divorce of a couple in a family affects the structure of the family first of all. The

family turns from a complete family into an incomplete family. The number of children in the family decreases to a certain extent. This, in turn, has a negative impact on the creation of a generation that will continue the family, and on the re-establishment of the family. Studying the process of divorce, which negatively affects the stability of family sociology, he reveals its causes in different historical periods, states, nations and social groups.

Population migration is also one of the factors affecting the socio-demographic composition of the family. The transition of a person from one socio-economic environment to another (for example, moving from a city to a village, from a village to a city), affects his demographic, socio-economic relations with the family.

It is known that a family goes through several stages before it is born. They are the creation of a family (marriage), the birth of the first child (the beginning of childbearing activities), the birth of the last child (the completion of childbearing activities), the last child having a family, the husband or wife who founded the family leaving the world. closing eyes (completion of the family). The processes mentioned above are the life cycles of the family and are regularly returned to the continuity of the family. Each of these periods has its own characteristics, socio-economic problems. These problems also belong to the scope of family sociology.

Studying the issues of family education has also taken a wide place in the sociology of the family. Family education is the upbringing of children by parents and adults in the family, and it is important for the development of the young generation from all sides. In family upbringing, the family order, the relationship of family members to each other, the behavior of parents and adults, cultural and political level, family budget, and conditions are the main factors.

Family law is also studied by family sociology, where the main focus is on marriage, kinship, relations arising from the adoption and upbringing of children, marriage relations, between spouses, parents and children, and other family members. focuses on the study of personal and property guardianship, guardianship relationships, and issues related to dissolution of marriage.

Family sociology conducts research and develops in close connection with a number of social and natural sciences. These include psychology, demography, ethnography, history, social geography, political science, sociology of population, sociology of birth, sociology of death, sociology of migration, sociology of marriage, mathematics, statistics, ecology.

Family sociology uses sociological research, historical comparison, statistical and mathematical methods in its research.

The research results of the field of sociology of the family are used as a scientific basis and guide in determining the future perspective of the family, and in the introduction of laws and measures that ensure the stability of the family and marriage by the state.

Different dictionaries define socialization as follows.

- The process of assimilation of social norms and cultural values of the society to which a person belongs during his life.
- The process of assimilation and further development of a person with socio-cultural experience.
- Personality formation, the process of learning and assimilation of the values, norms, attitudes, behavior patterns characteristic of a certain society, social community, group.

When talking about socialization, a person must first of all come from his social manifestation as a representative of a certain historical period included in the system of social relations. Therefore, the most important characteristics of a person are his social status in various fields, groups, organizations and roles. social functions it performs. Status is characterized by rights and obligations. For example, an adult becomes a citizen, which gives him the right to vote and be elected, to marry, to work, and much more. A student's status and role dictates that he or she needs to learn.

Institutional socialization, as is clear from the term itself, is carried out in the process of interaction of a person with social institutions created specifically for his socialization, and in this way performs socialization functions in parallel with their

main functions (production , public, club and other structures, as well as mass media).

In the course of a person's interaction with various institutions, socialization takes place on the basis of the growing accumulation of relevant knowledge and experience of socially approved behavior. The stylized mechanism of socialization works within a certain subculture. Subculture is defined as a set of moral-psychological characteristics and behavioral manifestations characteristic of people of a certain age, professional or cultural stratum, which usually create a lifestyle for an age, professional or social group. Subculture, as a rule, is easily defined, because it is in a number of behavioral and relational norms, in some features of behavior and communication style, speech, appearance and ways of spending free time. Subculture is characterized by dependence on certain layers of aesthetic culture, a hierarchy of values related to lifestyle. Subculture affects the socialization of a person, because the colleagues or peer groups that are its carriers become referents (important) for him. The interpersonal mechanism of socialization works in the process of communication of a person with persons of subjective importance for him. This can be a parent (of any age), a favorite teacher, a respected adult or colleague, a peer of the same or opposite. In the process of communication, identification (identification) with a certain person occurs. Naturally, important figures can be members of social institutions that influence a person, and if they are peers or colleagues, they can be carriers of a youth or professional subculture.

2.3. Place and role of the sociology of marriage and family in the system of other social sciences

The sociology of marriage and family intersects with many sciences and branches of knowledge. Social philosophy has created a basis for sociologists to comprehend the role of the family in society, its relationship with the general social order, and, above all, with the state, social motives for the behavior of individuals in the matrimonial and family spheres, the place and significance of children in the family, the relationship of generations, etc. Social history allows sociologists to use facts and data concerning the development of the family, changes in its forms over

time, the influence of the state and society on the nature of the family lifestyle, family traditions, the gender and age division of labor in the family, the impact of social events on the transformation of the social essence of the family, sexual and procreative behavior of individuals, etc.

Demography, which studies the family structure of the population, trends in marriage, divorce, fertility, mortality, etc., is close to the sociology of marriage and the family by virtue of the study of these processes, in which it is also directly interested. But for sociologists, not only the directions of the natural movement of the population, not only facts and figures, but also social conditions, factors, causes that cause phenomena and trends in the marriage and family sphere are important.

Gender theory allows you to take a fresh look at intra-family interaction, the distribution of household responsibilities between family members, the upbringing of children, their socialization, the formation of gender roles, masculinity and femininity in boys and girls, the combination of professional and family roles of husband and wife, the causes of marital conflicts etc. In general, gender sociology helps to explain the process of transformation in modern society of marriage and the family as social institutions and small groups, the role of gender stereotypes and the state policy of gender equality in the field of marriage and family. Social psychology and its scientific arsenal are necessary for sociologists when they study the family as a small socio-psychological group. When the mechanisms of family interaction, the relationship between spouses and their relatives, between parents and children, the causes of family conflicts, the conditions for family integration and disintegration, the motives for marriage, the causes of divorces and the consequences of divorces for women, men, children are studied. Social psychologists who study intrafamily relationships by themselves tend to confine themselves to the study of the group itself. Sociologists, on the other hand, must consider the interaction between family members taking into account the social context, establish a connection between what is happening in the family as a group and what is happening in society, take into account the impact on the family and the behavior of its members of social circumstances.

Among the related sociological branches of knowledge, the sociology of personality is close to the sociology of marriage and the family. Studying the structure of the personality, sociologists explore the social roles expected by the group and society as a whole, the behavior of the individual in accordance with his position, functions, social norms and sanctions. For sociologists who study marriage and the family, personality is important not in itself, but as belonging to marriage and the family. It is important as the bearer of a certain marital, parental or related role. Men and women are examined as husbands and wives, brides and grooms, fathers and mothers, sons and daughters, and so on.



Picture 8. Family socialization.

The sociology of youth as a branch of sociological knowledge is important for familists when they study a young family. The active role of young people involves not only copying patterns of behavior and interaction established by previous generations, but also introducing new content into social communications and spheres. Young men and women who marry and start families bring a new understanding of the interactions within these groups. In the sphere of marriage and family, the role of youth as a subject of change is clearly manifested. You can name

other areas of social knowledge that enrich the sociological study of marriage and the family, help create a cognitive base and comprehensively comprehend the essence of marriage and family relations, their development, and historical variability. These are ethnography, social anthropology, sociology of private life, historiography, feminology, pedagogy, cultural studies, etc.

2.4. Subject Sociology of marriage and family.

As you can see, the sociology of family and marriage often intersects with many branches of knowledge that explore marriage and the family from different sides and from different angles. What then delimits the subject area of sociology from other sciences dealing with the study of these objects?

In Soviet times, the subject of the sociology of marriage and family was not designated for a long time. The very institutionalization of this science was not easy, in connection with the position of all sociology in Uzbek. From the context of some theoretical publications, it followed that the subject area was considered to be marriage-family relations or the family itself.

Thus, in the article "Sociology of the Family", contained in the Dictionary of Applied Sociology, we read: "The family as a subject of study is distinguished by exceptional complexity and diversity." We find a similar definition in the works of A.G. Kharchev, who was engaged in the methodology and theory of studying the family.

When we talk about the comprehensive nature of this discipline, its integral nature, we can say that the object and the subject merge into one - this is the study of the family and marriage as a whole. But it is still necessary to reveal the peculiarities of the sociological study of the phenomena of marriage and the family. Difficulties in singling out a subject in the sociology of family and marriage today are due to many reasons. This is what many other scientific disciplines explore about family and marriage. That the same research methods are used in different scientific approaches. What is theoretical and empirical in many studies are complementary, and what is not a purely sociological quality. The specificity of the sociological approach to the study of family and marriage lies in the complexity and integrity of the analysis of these

objects, which appear as systemic and complex formations that form the basis of the social structure. Family and society are interconnected and interdependent. The family and marriage are greatly influenced by all social processes and phenomena. A person, an individual, simultaneously belongs to a family and society as a whole. The family is the education that helps the individual to adapt to life in a changing society. The family is the intermediary that constantly exists between a person and society; it is compared with a shock absorber that softens social impact. O. Comte, the founder of sociology, wrote about this in the 19th century.



Picture 9. Subject Sociology of marriage and family

A.G. Kharchev also turned his attention to the mediating mission of the family as a subject area of the sociology of marriage and family. in the 1970s. But more than other researchers of his contemporaries, this idea was accepted by the Russians A.I. Antonov and V.M. Medkov, who in the 1990s in their works substantiated family mediation as the main subject area of family sociology. They believe that the specificity of the sociological approach to the study of the family lies in "close attention to the fundamental importance of family mediation in the interactions of the individual and society, to the harmonization of the relationship between the

individual and the state through focusing them on the interests of the family as an autonomous integrity." It is the intermediary role that helps to consider the family both as a social institution and as a small group. "The distinction between the features of the family as an institution and as a group allows us to consider the implementation of an intermediary role, so to speak, at the macro and micro levels of analysis, to reflect this in special terms, but this does not mean doubling the subject at all - these are different aspects of a single field of activity."

2.5. Tasks and functions of Sociology of marriage and family.

The functions and tasks of any branch of sociological knowledge are fundamentally similar in many respects. This applies to epistemological, research and applied areas. The sociology of marriage and the family poses many challenges in these areas. Soviet sociologists Kharchev A.G. wrote about them in their time. and Matskovsky M.S. Today, these tasks are refined and expanded.

Scientists working in this vein should:

- To find out the social essence of family and marriage in modern society; types of social relations that are characteristic of them; to study the structure and size of family groups, the conditionality of this by social circumstances; analyze the dynamics of changes in gender and age roles in the family; establish family ties with other social institutions, its involvement in various social spheres; study the impact of state family and gender policies on the family and marriage; to study the specifics and conditions of the spread of interethnic marriages and the organization of family life based on such marriages; to study the types of relationships in foster families, etc.;
- Study the social functions of the family; individual needs in family life; conditions and way of life of a family of different categories of the population; institutional and group features of the family; to study family planning, sexual, matrimonial and reproductive behavior of people, including motives for marriage, factors and causes of divorce, motivation in the field of childbearing; factors and causes of family integration and disorganization; causes and consequences of conflicts, divorces, remarriages; study the stages of the life cycle of family life and

the nature of interpersonal relationships in the family between spouses, parents and children, relatives, including between siblings (brothers and sisters); to study family values, the role of traditions, ethical norms and innovations in family life, etc.;

➤ To study sociohistorical types of family and marriage relations; the impact and influence of social processes and phenomena on the transformation of the family and marriage, including the role of the sexual revolution in the formation and spread of a new type of intersexual relations, in the emergence of new forms of marriage and family; identify the common and special in different historical types of families; to study new types and models of marriage and family relations in modern society, the correlation of state, public, family and individual needs in the field of family and marriage, to study trends and prospects for the development of marriage and family relations, etc.;

➤ To resolve methodological and methodological problems in the sociological study of the family and marriage; critically rethink previous research experience and set new research goals; make new theoretical and methodological proposals, put forward new explanatory models of marriage and family behavior and develop new scientific approaches to the study of family and marriage; accumulate an empirical base for the study of marriage and family relations and make generalized empirical generalizations; make reasonable proposals for the implementation and adjustment of the state family policy, etc.



Picture 10. Tasks and functions of Sociology of marriage and family

The functions of the sociology of marriage and the family are related to its tasks. These are cognitive, research, information, educational, managerial, prognostic, ideological, humanistic and educational functions. The essence of each of them follows from its name. It is useful to recall P. Stompka's statement about the role of sociology in society. A well-known Polish sociologist emphasizes that sociological science flourishes only under democratic regimes.

Sociology, like any science, is aimed at the search for truth, which is based on two main functions: cognitive (providing knowledge) and practical (providing technological guidelines and specific recommendations). But, according to A. Stompka, sociology also performs a function that does not and cannot exist in the natural sciences. "Stones cannot reflect on discoveries in geology, stars cannot discuss the calculations of astronomers. In sociology, on the other hand, people can learn new things about society, incorporate discoveries into their discourse, and act on the basis of sociological ideas. This is the third function of sociological truth, which may well be called liberating: enlightening people about the facts and mechanisms of their social life, as well as debunking propaganda, false consciousness and ideological lies. All this expands the horizons of their consciousness. Can lay the

foundation for their actions (both individual and collective). After all, people act according to their ideas.”

The formation of the sociology of marriage and the family as a separate, independent branch of knowledge was natural after the emergence of sociology as a science. Its appearance was preceded by the accumulation by mankind of a vast amount of factual material and a variety of knowledge and thoughts about the family life of people. A great and invaluable contribution to the creation of the basic prerequisites for the emergence of sociology was made by social philosophers. Since ancient times, philosophers reflections on the reproduction of the human race, on human relations, on the social roles of men and women, on the fundamental needs of people have been associated with understanding the life of people in marriage and family - the most ancient human formations.

CHAPTER 3. REPRODUCTIVE HEALTH AND SELF-CARE

3.1. Reproductive rights and health

Reproductive health is an important part of overall health and plays a central role in human development. Reproductive health goes back to the personal and most valuable aspects of life.

Reproductive health, reflecting the quality of health care during childhood and adolescence, lays the groundwork for the post-reproductive health of both women and men, and determines the consequences that pass from generation to generation. In such conditions, the role of reproductive health increases significantly. Not only the birth rate, but also the vitality of future generations depends on its condition.

Improving reproductive health at the family level can help reduce the number of tragedies associated with infertility or unwanted pregnancies, which often destabilize marriages and break up families.

Improving reproductive health, which is an integral part of the health of the nation, should be a priority of the government and the health system. According to the definition of the World Health Organization (WHO), reproductive health (reproductive health) is not the absence of disease in anything related to the reproductive system, its functions and processes, but the complete physical and is a state of social welfare.

Reproductive health is closely related to the concept of "Reproductive potential". Reproductive potential is defined as the level of a person's physical and mental state (the unity of the individual's biological and social state), which allows to restore a healthy generation and ensure the balance of reproductive health when reaching social maturity.

A high level of reproductive health implies the full implementation of the reproductive rights of citizens: freedom of choice in reproductive behavior, including the right to choose a spouse, the number of children and the amount of intergenetic intervals; use of qualified information and tools to meet needs related to reproductive and sexual health; gender equality; sexual and reproductive safety, including freedom from violence and the right to privacy.

Reproductive health, as a component of general health care, is an important factor of population growth, provides favorable demographic prospects for the country, is an important condition for ensuring its demographic formation and, therefore, the sustainable development of its socio-economic potential. These are among the important strategic tasks facing the state of Uzbekistan. Generalized indices describing the reproductive health of the population have not yet been developed, so most authors extrapolate the methodology of public health research in the field of reproductive health and consider only its components. When assessing the reproductive health of the population of the region, WHO experts include the following information:

1. Indicators of safe motherhood: neonatal mortality rate; stillbirth rate; the death of babies with low and very low body weight; maternal mortality and others.

2. Indicators reflecting the level of prevention of sexually transmitted infections (STIs), including HIV/AIDS.

3. Reflecting the development of the family planning system indicators: prevalence of contraceptives among women of reproductive age; level of training of medical staff on family planning issues; make the population aware of the main issues of family planning; the level of effectiveness of the system of providing contraceptives.

4. A description of the reproductive health of young people
little ones.

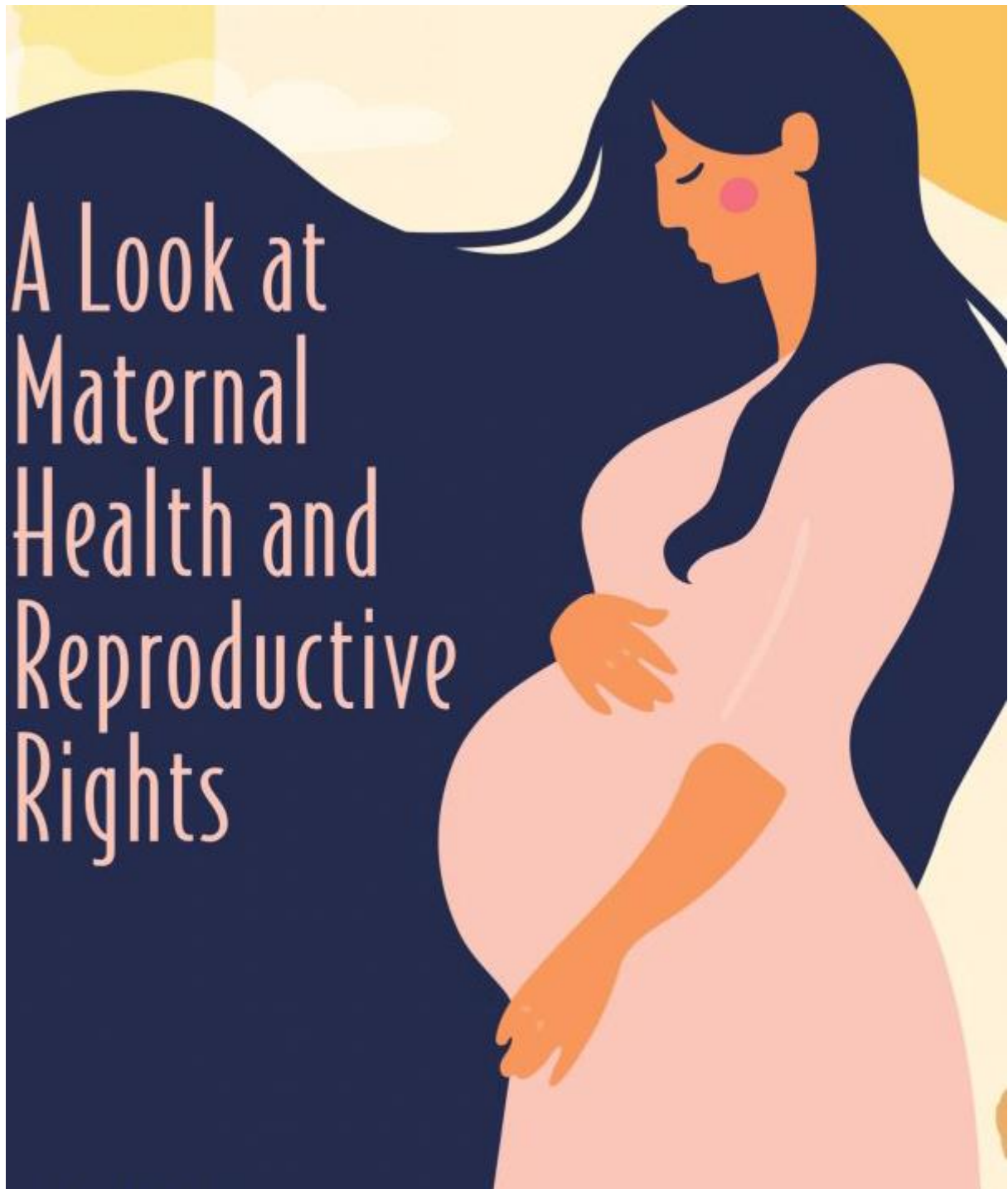
5. Reflecting the prevention of sexual violence
indicators.

Reproductive health criteria include:

- fertility level;
- prevalence of infertility in men and women;
- the level of maternal, perinatal and infant mortality, miscarriages;
- indicators of the frequency of birth of low birth weight children (up to 2500 g);
- indicators of the birth rate of children with birth defects;

- indicators of children's diseases, especially in the period up to three years;
- indicators of gynecological morbidity, complications of pregnancy and childbirth, as well as diseases of the male reproductive system.

Fertility (fertilis - fertile, fertile) (synonym: general fertility, procreation) is the ability of a sexually mature organism to produce viable offspring. In the physiological sense, fertility means the ability of a woman's or a man's body to participate in fertilization.



Picture 11. Maternal health and reproductive rights

In recent years, the birth rate of women of "older" age has increased. It gives birth less often at a young age, and then an urgent birth begins, which is called "delayed" birth.

According to the UN classification, there are three types of maximum fertility:

- early, when maximum productivity corresponds to the age of 20-24 (as we used to have);
- late, when maximum productivity is observed at the age of 25-29 (as we see today);
- if the birth rate in the broad 20-24-year-old and 25-29-year-old age group does not differ significantly, it is higher than the birth rate in all other age groups.

Reproductive age (also childbearing or fertile age) is the time in a woman's life when she can carry and give birth to a child. In demographics, the reproductive age is considered to be 15-49 years (in countries with low fertility, 15-44 years can be taken).

The time when a man's body can produce sperm is called the reproductive age of a man.

The optimal childbearing age for a woman is considered to be between 20 and 35 years old. It is recommended to give birth to the first child before the age of 25-27, taking into account the natural ability of a woman's body to conceive, bear a fetus and bear a child.

In addition, this age is characterized by sufficient social and psychological maturity. The optimal reproductive age for a man is considered to be up to 35 years.

Reproductive health indicators include:

- number of births during a woman's life;
- maternal mortality rate and its characteristics;
- infant mortality (including neo-, peri- and postnatal) death;
- stillbirth;
- miscarriage;
- degree of infertility;
- abortions: per 100 births, per 1000 women of reproductive age, per 100 live births;
- the number of women using contraceptives;
- number of women infected with HIV;

- reproductive harm, etc.

The most important indicator of reproductive health is the birth rate of the population. Fertility is the process of birth in a certain period in a specific population, or fertility is the process of renewal of generations, which is based on biological factors that affect the reproduction of offspring in an organism (fertilization, seed to give birth, to carry a fetus).

Risk factors for developing reproductive health disorders. In order to predict the future health of a person, it is necessary to take into account the interrelated and mutually demanding risk factors that are able to participate in the development of pathology. Accordingly, there are endogenous and exogenous factors.



Picture 12. Reproductive health and self-care

Among the endogenous factors, genetic factors, the health of parents and especially the mother during pregnancy (somatic), the reproductive health of the mother and father, their childhood history and the period of formation of the reproductive function, etc. are prioritized.

Exogenous factors include unfavorable production and environmental factors, socio-economic indicators of life, quality of medical care and its efficiency, living

conditions and place of residence, nutritional balance, especially nutrition during pregnancy, etc.

Given that the mother's organism plays the role of the external environment for the developing fetus, it is important to separate the main risk factors that can originate from the mother in a separate block in the list below.

The main risk factors for developmental disorders in the fetus (originating from the mother):

- the mother's (and father's) health before the birth of the child (somatic, especially kidney and liver diseases, iron deficiency anemia, etc.);
- viral diseases of the mother in the 1st trimester of pregnancy;
- history of prolonged infertility, treatment with hormonal drugs, use of psychotropic drugs;
- mother's age (up to 18 years old - "teenage pregnancy" or over 35 years old);
- history of hereditary or family anomalies;
- socio-economic status (harmful and/or difficult working conditions of the mother both before pregnancy and during pregnancy, taking into account the father's working conditions, stressful situations);
- bad habits (alcohol consumption, smoking, drug addiction, etc.);
- lack of medical supervision during this pregnancy or late onset;
- pregnancy that occurred within 3 months after the previous one;
- height and weight indicators of a woman (height is less than 152.4 cm and weight is 20% lower or higher than the standard weight for a certain height);
- quality of food and its usefulness;
- if pregnancy occurs after taking prescribed drugs for infertility.

Among the listed factors, especially the work and living conditions of a woman during pregnancy or before pregnancy are very important. Factors of labor activity are exogenous risk factors, according to hygienic criteria and classification of working conditions according to the level of safety and danger, they are divided into 4 classes - acceptable, permissible, harmful and dangerous.

Often, the following are considered risk factors for birth defects and other reproductive diseases associated with unsatisfactory living and working conditions:

- chemical, physical, biological and radioactive pollution of atmospheric air and the air of the working area;
- risks associated with the production and use of cosmetics, detergents and medicines, paints, varnishes and polymer products;
- non-compliance of the working weight with the established standards.

In this case, it is necessary to exclude the possible influence of other risk factors, the influence of which is not related to the environment and work environment:

- hormonal disorders;
- diseases of the mother during pregnancy;
- parents' age > 35 years - Down's syndrome, trisomy, maternal diseases during pregnancy;
- age of the parents (> 35 years - increases the risk of developing Down syndrome, trisomy, MNT defects);
- family tendency;
- taking medicinal substances;
- hypo and hypervitaminosis A, hypervitaminosis D – diseases of the mother during pregnancy;
- age of parents (> 35 years) - Down syndrome, trisomy, increases the risk of developing CNS defects);
- family tendency;
- taking medicinal substances;
- hypo and hypervitaminosis A, hypervitaminosis D;
- drug abuse, smoking;
- intrauterine hypoxia;
- improper diet;
- alcoholic drinks.

Chemical and physical factors in daily life: use of heating medium, proximity of the house to power lines, use of insects or pesticides, etc. HIV infection is a leading health problem in many countries of the world.

3.2. Experiences in strengthening population and reproductive health of developed countries.

The socio-economic model of health care is a view of the main aspects of the field, the main characteristic. The existence of one or another socio-economic system of health care in the country depends on the following factors:

- general level of socio-economic development;
- social policy of the state aimed at protecting public health;
- historical and national traditions, values.

Despite the existence of different historical and national customs, traditions, and values in different countries of the world, there are 5 stable models of health care. These models differ fundamentally in terms of: first, the level of state participation; secondly, forms of privatization of medical services; thirdly, the level of coverage of the population according to the state program; and fourthly, sources of health care financing.

From the point of view of evolutionary development, the following models of health care are distinguished:

- private healthcare that is not managed by the state storage model;
- state-run private healthcare model of mandatory health insurance program for certain segments of the population;
- a state-run private healthcare model of a mandatory health insurance program for all residents;
- monopolized state health care model;
- a public healthcare model based on the national medical insurance system.

Conditionally, the first 3 models can be added to the non-state (private) healthcare model, and the 4th and 5th to the public healthcare model.

One of the main criteria for determining health system models is the method of financing the sector. It mostly depends on the state policy aimed at protecting public health.

The model of private health care, which is not managed by the state, is based on the laws of the market of simple needs. The volume of medical care is formed by demand and supply with the ability to pay. The poor population cannot get qualified medical care. In such a model, the poor segment of the population is not supported by the state. Medical services are provided by doctors engaged in independent private medical practice.



Picture 13. Determinants of health systems resilience framework.

The state is engaged in conducting anti-epidemic measures and ensuring minimum sanitary conditions in public places. In addition, the state carries out treatment and isolation of patients who harm society (infectious, mental, etc.). The

private health care system provides medical assistance to persons seeking medical services after payment of the appropriate fee.

They have the following characteristics:

- the main source of funding for medical care is the personal funds of citizens;
- the price of medical services is determined freely;
- the doctor is freely chosen;
- the income of doctors is very high.

In developed countries, this model existed until the end of the 19th century. The above model is available in Asian, African and Latin American countries. One of the ways to solve the problem was to create a mutual aid fund, hospital fund and private health insurance. Insurance companies began to use the principle of social solidarity, in which the rich pay the poor, the young pay the old, the healthy pay the sick. This is convenient for those who do not have a lot of capital and live only on salary. The insurance business was maintained for 10 years. Legal bases for legal management of relations between insurers (employer, private individuals), insurance companies, private medical service providers, law firms regulating controversial issues have emerged.

During this period, it is noteworthy that the role of the state in the formation of legislative legal frameworks gradually increased. At this time, special elements of mandatory health insurance for certain segments of the population (US program for the disabled and the poor) began to be implemented. Licensing of medical service providers was developing, state licensing of private doctors was created. In the plan for the use of medical care, some sections of the population began to be supported by the state, but this state support was not for everyone.

Most of the population does not have guaranteed medical care. The basis of this model of health care is based on the voluntary payment of health insurance by users of medical care (paid medicine). It has the following characteristics:

- the main source of financing medical care is the personal funds of citizens and the income of legal entities;

- free choice of many medical institutions and doctors working on the basis of economic mechanism;
- medical and other organizations, mainly through the method of non-state insurance, provide health care financing and medical assistance;
- free determination of prices for medical services;
- a high share of the national income allocated to health care.

The positive aspects of this model of health care are as follows:

- availability of many medical institutions in terms of price and quality level of medical services aimed at meeting different individual needs;
- absence of queue for medical service;
- special attention is paid to the protection of consumer rights and the quality of medical care;
- high income of doctors and other medical workers.

However, it should also be noted that the health insurance program for certain segments of the population, the compulsory private health care system managed by the state, exists only in the USA, in most Arab, some African, and a number of Latin American countries. There are many problems with this system.

The most important of them are:

- high cost of medical care, inability of all sections of the population to use medical services;
- lack of attention to prevention and home care and the priority of minor diseases;
- inefficient use of resources, high costs of economic mechanisms;
- hyperdiagnostics, performing expensive procedures without medical instructions;
- use of medical technologies that are not safe for the health of patients, lack of control and management of the quality of medical procedures by the state.

Mandatory health insurance for all residents is a government-run private health care model. A more modern and perfect model of general compulsory health insurance arose in Germany at the end of the 19th century and began to develop in

most European countries after the First World War. The main description of such a model: the main part of the state population (except the rich).

In order to provide guaranteed medical care, all employers and citizens are obliged to allocate a certain part of their income to medical insurance. The state imposes on medical service providers, in cooperation with insurance organizations, the obligation to provide medical assistance to all insured persons within the framework of the state norms of the mandatory medical insurance program.

Thus, the state, without direct participation in the organization of medical services, only legally provides the population's need for medical assistance. In addition, state health management organizations perform expert-analytical tasks in the regions, implement the state regional medical and social program, ensure sanitary-epidemiological peace of the population in the country.

At the same time, mutual relations between independent subjects of the healthcare system are carried out on the basis of free choice of partners and individual contractual obligations. The state can take control of public expenditure by making certain payment amounts and, based on this, can fully ensure the rights of its citizens. In addition, the volume of medical activity and its financial base may not be fully coordinated within the framework of the mandatory health insurance program.

In most developed countries, the implementation of a national system of compulsory health insurance has led to the provision of guaranteed medical care to their population, increased health care efficiency, and a sharp reduction in costs. Health care based on the principle of compulsory medical insurance ranks only after the state health care system in terms of efficiency (state medical and social insurance and state health care system).

Currently, this model is well developed in Germany and France. Because this system is administered to one degree or another by the government, it is known as a "managed health insurance system."

The state-run model of the general compulsory health insurance program has the following features:

- availability of several main sources of financing: mandatory payments for health insurance (made by the employer and employees themselves), voluntary transfer of money to the mandatory health insurance program, citizens' access to paid services personal contributions;
- existence of a central financing system based on an independent non-governmental specialized organization (fund, insurance company);
- the amount of attention of financing organizations to control the amount of expenses for medical services and the quality of medical care;
- medical institutions providing medical services to the insured, a variety of privatized forms;
- cost management of medical services, variety of payment method and form for medical care.

The most important positive aspects of the social and medical insurance system are:

- high guarantee of free medical care;
- free choice of health insurance funds (insurance organizations) by residents and employers;
- separation of medical service and financing functions;
- ensuring the high quality and guarantee of medical care by the state.

But the social health insurance system has a number of problems. Among them:

- inability to fully cover the population with the mandatory medical insurance program;
- insufficient use of national long-term strategic planning;
- the size of administrative costs due to the inclusion of a large amount of accounting work.

Monopolized state model of health care.

A monopolized state model of health care has emerged in the countries of the former Union. Later, this model was also used in the Commonwealth of Independent States. This model is based on the centralized mechanism of forming the network budget. Supplying DMPs with material and technical means and medicines is carried

out on the basis of a state order and a fixed price. The formation and development of treatment facilities is carried out in accordance with the state norms regarding states, resources, monthly salary, etc.

Features of this model:

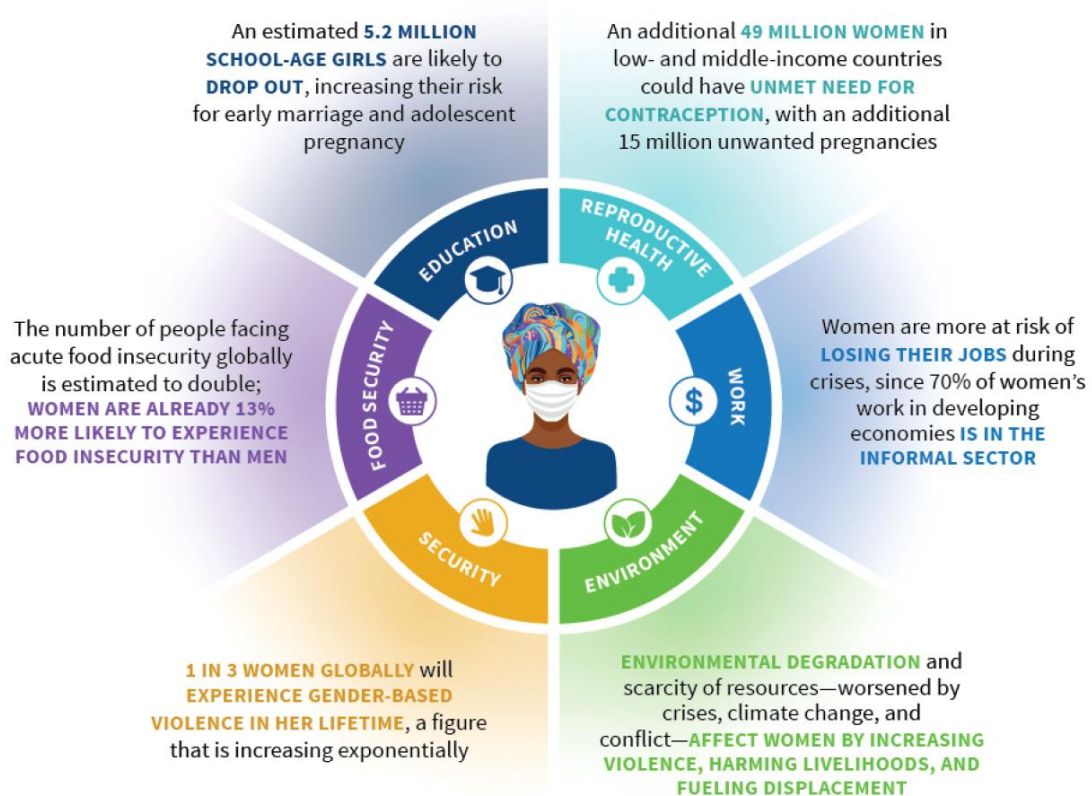
- the system of treatment and prevention institutions has a monopolized structure;
- bureaucratic management system;
- consistency of communication between the center and the peripheries;
- absence of additional paid and service services;
- lack of competition;
- the wages of doctors are paid according to the tariff method, the rules of recruitment and wages are determined by the state;
- low wages of medical workers;
- medical workers' discomfort;
- failure of medical staff to always work in the same job;
- low importance to the development of primary medical and sanitary care;
- the priority of inpatient treatment leads to waiting in line for planned hospitalization;
- the priority of the administrative method in controlling the quality of medical care.

The monopolized state model of health care has the following advantages:

- a high level of social protection of citizens by guaranteeing free medical care;
- state control over the provision of medical care;
- effective administration of highly dangerous infectious diseases;
- high level of organized action in emergency situations.

By the 50 and 60 of the 20th century, the service of the state health care system was considered an advanced national system of medical care. The historical place of the state healthcare system should be determined as follows. Free and public health

care for all citizens is administered and financed by the state. But in times of economic stress and when citizens' needs for various medical services increase, the state cannot fully cover the costs of the allocated funds, and it is necessary to turn to extra-budgetary funds to finance the health care system.



Picture 14. Monopolized state model of health care.

The main negative factors of the monopolized state model of health care are: financing of medical care activities from the state budget based on the principle of balance; the budget does not depend on real contributions from taxes and collected from each region; the state is considered the only customer of medical care; top-down management.

State health care model based on universal health insurance. After the Second World War, the leading countries of the world (Great Britain, Italy, Spain, Japan, Canada) adopted the effective principle of state-managed health care from the former Union and introduced mandatory health insurance, which can be described as a model of public health insurance. They developed a new model that is very different from

the current scheme. At the same time, additional service and private sector systems were also preserved. In the state medical insurance model, the state manages the activities of all medical institutions and provides medical services to all strata of the population. The state insurance model is the most economical and rational model. It is a 21st century model for countries seeking to reduce costs without sacrificing quality and efficiency. In the state management of the health care system, the planning of costs and medical services does not allow the use of a number of market principles inherent in the single model of health care. State management bodies plan costs and medical services.

In some countries (Great Britain, Italy, Spain) free help is provided only at certain stages of the treatment course, and services such as comfort are provided on the basis of payment. Therefore, in such countries, in addition to the medical service system within the framework of the state medical insurance, voluntary medical insurance programs with a non-state treatment base are widespread. In other countries, voluntary health insurance is not so widely developed (Canada).

This model has a number of features:

- inability to redistribute monopolized territorial treatment-prophylactic institutions based on market conditions (segmentation);
- lack of competition among voluntary health insurance companies (5 companies divide the population of one district and distribute their policies and pay funds to MTSH according to a single tariff);
- the possibility of receiving orders for additional services for those insured under the additional program of DPM ITS, who worked under the system of compulsory medical insurance (MTS);
- availability of paid services to the population in state and municipal treatment and prevention institutions;
- Due to the mixing of financial flows from the MTS system, the budget, ITS and paid services into the economic activity of the DPM, there is a complete disorder in the mechanism of using production and personnel resources according to the type of activity;

- Availability of MTS companies to select contingents by sectors;
- despite the fact that the DPM is financed every year through a strictly approved annual budget (depending on the activity results), the possibility of financing the service provided by the DPM as "best practice";
- based on human rights, constitutional norms, implementation and approval of the state-guaranteed program of the type of free services per capita;
- lack of a system with authority to provide state and municipal orders and management structures.

For most developing countries, the MTS program is a state-run private health care model for certain segments of the population, and for a number of less developed countries in Asia and Africa, a non-state-run private health care model is typical. These countries are characterized by a regional and tiered health care system with advanced treatment support in cities. Most Eastern, Mediterranean and African countries have a centralized or partially decentralized health care system that is managed by a ministry. Its tasks include control over state medical institutions, their design, staffing, international cooperation, and combating quarantine and other diseases.

Latin American countries have a decentralized system of health management. The structure of the organization of medical care has many general laws. They include, first of all, the organization of networks of institutions that provide primary medical care and sanitary care to rural residents, who make up the majority of the population, based on the unified scheme of the health care system proposed by the WHO in different years. However, despite the existence of a single goal and mission, the stages and levels of medical care in these countries are not the same when it comes to primary health care institutions. At the same time, the name of the primary medical institution (dispensaries, health centers, communal centers of health care, etc.), the volume of work performed by them, the number of the population served, and the service radius are the same. very different from each other.

The following main stages of the organization of the healthcare system in developing countries are distinguished:

Stage 1 — primary link (joint). Medical care is provided in dispensaries, small centers, and medical centers. The mission of these institutions is to provide primary medical care, childbirth care, and elementary measures against epidemics. One worker works at the primary level (nurse or junior health worker). Medical care is provided in 1 or several villages with a service radius of 5-10 km and a population close to 1000 people. Dispensaries will be housed in adapted buildings.

Stage 2 — healthcare system. According to the definition of WHO, it is a local institution of the health system, whose mission is to improve sanitary and hygienic conditions in residential areas and provide medical care, including diagnosis and treatment of diseases, infectious diseases combat, childbirth assistance, preventive and sanitary promotion work, environmental hygiene, medical statistics. The health center is managed by a physician's assistant with a secondary education and 3-8 months of special training.

In addition, the staff of the center includes nurses, midwives, medical and sanitary inspectors, sanitarians. 5-10 beds are placed in the centers for hospitalization of patients and assistance during childbirth. The health center is designed for 60-70 thousand and more people. But different countries have different population and service radius. For example, 15-80 thousand people are served in Kenya, 50-100 thousand people in Tanzania, 150-200 thousand people in Nigeria. For most rural residents, health centers are the only institutions where medical care can be obtained. However, the small state of the center is attached within a radius of 50 or more kilometers.

Not everyone can provide medical care. The second important shortcoming in the activity of the center is the lack of medical supervision and necessary advice. In addition, medical workers have a huge workload. For example, it takes 2 minutes for one patient, women who give birth in an inpatient hospital stay in bed for no more than 1 day, most centers do not provide inpatient care. All employees work at the center 2-3 days a week, and on other days they conduct outpatient appointments at dispensary bases in villages.

Stage 3 — rural hospitals or hospitals. Primary medical care is provided at this stage. The combined population in the countries is 500,000 to 1.5 million. up to In different regions, rural hospitals have from 10 to 100 beds. One of the 2 doctors in the state of these institutions is a therapist, the other is a surgeon and an obstetrician-gynecologist. The duty of medical personnel includes treatment and diagnosis of patients in both outpatient and inpatient conditions. Doctors have a heavy workload, there is no diagnostic and treatment equipment, there is no medicine, there is a shortage of beds, there are no hospital beds and report documents, the patient is fed only once a day, the patient is sent to the wards regardless of gender, cases of them leaving the hospital without a doctor's permission are observed.

Stage 4 — district stage, unites hospitals of gubernia and other administrative districts. At this stage, the help of a specialized doctor is provided. The inpatient capacity of these hospitals is different and they make up 150-200 beds on average. Some hospitals have dozens of doctors, while others are limited to one specialist. In addition to diagnosis and treatment, the tasks of these institutions include providing advice to rural hospitals, fighting against epidemics, and supervising the implementation of sanitary and hygienic measures.

Stage 5 — is a large medical institution providing specialized and qualified medical care located in the capitals. Among the medical institutions listed above, it is considered to be the institution with the best financial and human resources. More than half of the country's health care budget is allocated to the development of medical care in the capital. More than half of medical workers work here.

Strategy for improving the health care financing system of the Republic of Uzbekistan in 2020-2025:

In accordance with the Decree of the President of the Republic of Uzbekistan dated December 7, 2018 "On comprehensive measures to fundamentally improve the healthcare system of the Republic of Uzbekistan" No. PF-5590 in 2019-2025 The concept of development of the healthcare system of the Republic of Uzbekistan (hereinafter - the Concept) was adopted.

Within the framework of the concept, to fully cover all layers of the population with state-guaranteed medical care, to improve the quality and scope of medical care provided to them, as well as to ensure the effectiveness and efficiency of budget funds spent for these purposes large-scale reforms are underway.

At the same time, the analyzes show that a number of systemic problems that hinder the rapid development of the healthcare system and its organization based on modern requirements still remain.

In particular:

- the current system of health care financing does not fully ensure social justice in the organization of state-guaranteed medical care for the population and has a negative impact on the health care system;
- the available opportunities and potential in the healthcare system are not being used sufficiently, the strategic planning and leadership system in the field remains weak;
- primary medical and sanitary care, including measures for early detection of diseases and their prevention, are not organized at the required level, the share of budget funds allocated for these purposes in the total costs remains low;
- the procedure of financing health care based on estimates and according to the number of beds is preserved, as well as the fact that insufficient attention is paid to the expansion of paid medical services in localities limits the possibility of increasing the financial independence of medical institutions;
- lack of equal conditions and competitive environment for public and private medical organizations in the field of providing medical assistance to the population is an obstacle to improving the quality of medical services.

In this regard, the Republic of Uzbekistan in 2020-2025, aimed at increasing the financial independence of medical institutions, developing competition in the field, and ensuring timely, high-quality and complete provision of state-guaranteed medical care to the population on this basis It is important to develop and implement a strategy for improving the healthcare financing system (hereinafter referred to as the Strategy).

The main goal of the strategy is to fundamentally improve the health care financing system, to fully cover the population with state-guaranteed medical care, to increase its quality and volume, as well as to develop the market of medical services based on modern requirements.

In order to achieve the goals set by the strategy, it is necessary to implement the following main tasks:

1) encourage more active participation of the population in the protection and strengthening of their health and rational use of medical resources, fully ensure the right of citizens to receive state-guaranteed medical care;

2) to reduce the level of direct payments of the population for medical services and medicines, to ensure the effectiveness of the medical assistance provided to them;

3) increase the socio-economic efficiency of the infrastructure of the healthcare system and funds allocated to the sector, rational use of available material and non-material resources;

4) introducing modern management methods in medical institutions, increasing their financial independence and expanding material incentives for employees.

As a result of the implementation of the strategy, it is intended to achieve the following:

➤ all layers of the population are fully covered by state-guaranteed medical care;

➤ a system of financing medical care (services) based on the principle of "money follows the patient" will be introduced;

➤ budget funds allocated to the health sector are spent based on the volume and quality of the work performed, and their addressability, efficiency and transparency increase;

➤ direct payments of the population for medical services and the level of informal payments in the market of medical services will decrease;

➤ the financial independence of medical institutions will increase and the opportunities to develop their material and technical base will expand;

- equal conditions will be created for state and private medical organizations, as a result, a healthy competitive environment will be formed in the health care system and the quality of medical services will improve;
- an effective system of assessment and control of the quality of medical services will be established;
- effective management methods and modern technologies will be introduced into the healthcare system;
- new mechanisms of financial incentives for medical workers aimed at increasing the efficiency of work and medical services will be introduced.

3.3. Reproductive health components and features.

The word reproductive is a Latin word that means re-regeneration, repetition, producto - create. In biology, reproduction means that an organism creates and reproduces organisms similar to itself. Reproductive health means controlling when and under what conditions a woman becomes a mother, creating optimal conditions for the health of the mother and the unborn child. The issue of reproductive health is not only limiting the number of children to be born in the family, but it also includes wider issues. The main focus is on ensuring the well-being of families, maintaining a positive psychological climate in them, protecting the health of mothers and children, ensuring the literal strength of families.

Even during fetal development, the fetus divides all organ systems, including the reproductive organs. Indeed, if the child has not been born and the reproductive health is very good or already has negative effects.

When we talk about the health of the reproductive system, the absence of diseases in the reproductive system does not mean a violation of functions, but a state of mind and social well-being. Currently, not only doctors, but also psychologists and sociologists are concerned about reproductive health.

Reproductive health is part of the overall health of the body. It directly depends on the lifestyle of the mother during pregnancy, as well as on the health of the father.

The term reproductive health is directly related to demographic science, which studies mortality and fertility in a society. But reproductive health is part of the

general health of a person, that is, physical, mental and social well-being. If we talk about the health of the reproductive system, the absence of diseases in the reproductive system is not a violation of functions, but a state of mind and social well-being. Currently, not only doctors, but also psychologists and sociologists are concerned about reproductive health. Reproductive health of adolescents.

Factors that harm it include:

- Early sexual activity.
- Most sexually transmitted diseases.
- Many young people drink alcohol and smoke tobacco.

All this leads even very young girls to have abortions and this affects their reproductive health. This leads to various diseases of the reproductive system. According to statistics, almost everyone has chronic diseases at the beginning of family life, which can directly or indirectly affect the reproductive health of a person. Therefore, this issue is very relevant not only to medical workers, but also to the whole society. Healthy children are our future. Reproductive health conditions. The question arises: what can be done to allow the future generation to be born healthy and fit.

If you carefully study the recommendations, then nothing is impossible:

- The first thing any sexually active teenager should know is to protect themselves from unwanted pregnancy.
- Active participation in the prevention and treatment of all diseases of the genital area.
- Modern contraceptives allow you to prevent unwanted pregnancies, you should use them.
- Adequate treatment of all sexually transmitted infections.
- Any pregnancy should be planned.
- For a healthy lifestyle.
- Strictly follow the rules of personal hygiene, this applies not only to girls, but also to men.
- Strengthen your immunity.

- Try not to eat foods that are harmful to your health.

Reproductive vitamins. For a long time, everyone knows that a person without vitamins has problems with internal organs and systems. Many vitamins and elements directly affect the reproductive health of the population.

Among them, special attention is paid to:

1. Vitamin A is involved in the synthesis of the intermediate product of sex hormones. Due to lack of diet in the male population, the process of sperm formation is disturbed, and even infertility may develop in women.

2. Deficiency of vitamin E causes a decrease in the formation of sperm in men who are insufficient, and women can prevent pregnancy at various times.

3. Vitamin C is almost universal and affects the functioning of many organ systems. Taking large amounts of this vitamin can even get rid of some types of male infertility.

4. Folic acid is necessary for proper development in the mother's womb. Deficiency in a woman's body before pregnancy and in the first months of childbirth leads to the development of birth defects in the baby's nervous system.

5. Iodine is required for the normal functioning of the thyroid gland, in which case the proper functioning of the reproductive system is impossible. If this element of a woman is cruel during pregnancy, then there is a high probability that the child will be born with the diagnosis of "cretinism".

You can talk a lot about other vitamins and minerals, but there should be only one conclusion, reproductive health is one of the important components of human health. What it will be related to, in many ways depends on our nutrition.

Women's health. A woman's reproductive health begins in her mother's womb. When a girl develops in the womb, the future germ cells are now forming. During this period, most of them are formed, and later mature during the reproductive period of women. As it turns out, the future mother is responsible for the formation of the reproductive system of her daughter. After birth and adulthood, any fair sex can have health, reproductive, positive or negative effects. From early childhood, girls should be raised and taught the principles of hygiene and self-care with mother's milk.

Sometimes mothers have this issue they don't pay attention, that's why there are many diseases of the genital area in very young girls. Among such problems, first of all, there are inflammatory diseases of the reproductive system. If they are not treated, they can become chronic and have a negative impact on a woman's reproductive health in the future.

Components of reproductive health. They affect our body throughout life. When he is born, a child is genetically predisposed to certain health problems, especially metabolism, from his parents. In the first years of a child's life, health care, including reproductive health, falls on the shoulders of parents. They should lay the foundation for a child's healthy lifestyle and understand its importance for the health of their future children.



Picture 15. Reproductive health components and features.

Diseases and sexual function. Currently, there is a long list of diseases that negatively affect the reproductive health of the family.

1. ***Infectious diseases.*** Among them, there are those that can cause infertility, for example, chicken meat, pus, especially in boys. Nothing can be said about Venus infections.

2. ***Common diseases.*** Problems with the cardiovascular system, kidneys, liver, diabetes can not only worsen the condition of the body, but also disrupt the hormonal background, and this does not affect reproductive health.

3. ***Congenital diseases.*** Many doctors believe that, in most cases, infertility originates from early childhood. This applies to both boys and girls.

4. ***Taking medicines.*** Some have a strong effect on reproductive function.

This includes:

- Corticosteroids.
- Anticonvulsant drugs.
- Antidepressants.
- Synthesizers.
- Antipsychotics.

The external environment and reproductive health. Reproductive health is not only the state of human sexuality, but also not always a high level of general well-being. Many external factors directly affect reproductive function.

1. ***Difficulty.*** Our life is such that the stressful situation lies almost everywhere: at home and at work. This causes chronic insomnia, fatigue, neurosis, and is already damaged in the reproductive system.

2. ***Harmful habits.*** Most of the women and men consume alcohol and smoke. It affects the formation of germ cells, which can eliminate various defects already at this stage. How can you talk about healthy children when the eggs and sperm are unhealthy to begin with!

3. ***Damage to the genitals.*** Especially in men, disrupts spermatogenesis and causes a decrease in sexual functions.

4. ***Effect of high temperature.*** There are shops where the technological cycle in production is at high temperatures. Some doctors have the opinion that it is harmful

for the male body. Therefore, it is not recommended to wear baby diapers for a long time.

5. ***Wrong food.*** Excess chemistry in modern products affects not only general health problems, but also reproductive function. Risk factors for reproductive health.

In scientific circles, various studies have been conducted for a long time about the effect on the health of pregnant women and the gender of women of reproductive age.

Several groups of factors were identified during long-term observations:

1. ***Socio-psychological.*** This is the effect of stress, nervous tension, anxiety and fear.

2. ***Genetics.*** Presence or absence of mutations in reproductive cells.

3. ***Professional.*** If your professional activity depends on harmful and dangerous substances or types of work, it is necessary to cancel the influence of such factors before the beginning of pregnancy and even planning.

4. ***Ecological.*** Environmentally, negative consequences for reproductive health have been identified.

In recent years, the characteristics of reproductive health are confirmed by the following examples:

1. The majority of the population of childbearing age suffers from various infectious and inflammatory diseases.

2. The reproductive health of men and women is deteriorating sharply.

3. The number of disabled people is increasing every year.

4. The infant mortality rate does not decrease, on the contrary, it increases.

5. Many children are born with genetic diseases.

6. Oncology is often found in young generations.

7. The gene pool of the country is rapidly decreasing.

It is necessary to explain the need to strengthen and improve reproductive health, especially for young people.

Protection of reproductive health of the population. The concept of protection includes many methods, tools and services that can support the reproductive health of young families and individuals.

Protection issues are of great importance in modern conditions. It does a lot to prevent various diseases affecting the sexual area in particular. Spirituality should begin with the family and continue in educational institutions. This should be discussed with the younger generation.

1. Prevention of abortion, especially at a young age.
2. Prevention of infection through various sexually transmitted infections.
3. Family planning and childbirth should be considered, and the first step should be genetic counseling, where specialists will help to calculate children with various pathologies.

Despite the very favorable ecological situation, human reproductive health depends more on it.

Therefore, the rate of death of mothers and children in our country is decreasing year by year, protection from infectious, viral and extremely dangerous infections is a preventive measure aimed at ensuring healthy environmental conditions, environmental safety, and prevention of diseases among the population. events are being watched.

The system of providing qualified medical services to patients, including emergency medical services, is improving. Many modern rural medical centers have been established in rural areas. One of the achievements of our modern medicine is the establishment of modern republican specialized scientific and practical centers in 10 important areas of medicine. The fact that the average life expectancy of our people has increased, and the physical and intellectual potential of the modern generation has increased is the result of these good works.

It should be noted that, along with the achievements in the health care system, there are also urgent issues that are still waiting for their solution.

Important tasks related to the protection of reproductive health of citizens are among these. Because the level of reproductive health of the population has a direct

impact on the level of health of society and the level of health of the national gene pool. Therefore, reproductive health is not only a medical problem, but also a medical-social and, moreover, a socio-political problem. According to the definition of the World Health Organization, reproductive health issues were raised for the first time at the International Conference on Population and Development held in Cairo in 1994. The term reproductive health was fully explained at this conference.

Reproductive rights are all couples and individuals who have the necessary information and tools to freely and responsibly make decisions about the number of children in the family, the spacing of their births, and the time of birth. It means recognizing their basic rights. The strength of the family depends on many factors, mainly the health of the mother and the child. A physically and mentally healthy child will be born only if the mother is healthy.



Picture 16. Presenting the reproductive health of citizens.

Our young men and women preparing for marriage should have sufficient knowledge of healthy life hygiene and reproductive health. At the same time, knowledge about pre-marital examination and its importance creates another opportunity for young people not to get lost in life.

One of the important functions of the family is its reproductive function (ensuring the biological continuity of society, giving birth to children). The task of

the family is not only to bring a new generation into the world, but also to maintain their health, introducing them to the scientific and cultural achievements that have been lived since the beginning of mankind. The reproductive function of the family in front of the society and its fulfillment means the number of children in each family for the restoration of the population.

On the basis of the decree of the President of the Republic of Uzbekistan PF-6079 of October 5, 2020, promotion and propaganda work is being carried out in cooperation with a number of state and public organizations regarding the protection of the reproductive health of the population and the formation of a healthy family. In order to organize educational work on a systematic basis among the population, especially among women and young people who are going to get married, on the issues of building a healthy family, giving birth and raising healthy children, local officials

In cooperation with organizations, work was organized based on monthly work plans and a practical system was created to control their execution.

In particular, in order to organize systematic work in this direction, Special public councils and working groups were formed in the Republic of Karakalpakstan, regions and the city of Tashkent, districts, cities and all neighborhoods.

Health guarantees of equal rights and opportunities for women and men in the field of conservation.

The state guarantees the following:

- equal opportunities for women and men to exercise their rights in the field of health care, including the provision of qualified medical services, access to convenient medical services, family planning and protection of reproductive health;
- strategies and programs in the field of health, where necessary, taking into account the various needs of women, especially providing free services to women during pregnancy, childbirth and the postpartum period, as well as providing appropriate food during pregnancy and breastfeeding. implementation;
- to take initiatives aimed at strengthening reproductive health and preventing direct and indirect gender discrimination in the field of medical education;

➤ to support the development of scientific research that takes into account the differences between women and men in the field of health care. Also, the year 2019 of the Republic of Uzbekistan of the March 11 Law "On Protection of Citizens' Reproductive Health" provides legal explanations on "Citizens' Reproductive Health". Reproductive health of citizens is a state of a person's physical, mental and social health, and this state is related to the reproductive system, functions and life processes of this system, which determines his ability to bear a child.

Protection of reproductive health of citizens:

➤ to receive reliable and complete information about the reproductive health of citizens;

➤ measures, treatments and services during pregnancy, delivery and post-delivery period, which ensure the preservation of pregnancy and the birth of a child without complications and defects;

➤ prevention and treatment of diseases of the reproductive system;

➤ prevention and treatment of sexually transmitted diseases;

➤ safe artificial termination of pregnancy, helping to prevent possible complications and consequences of reproductive system disorders;

➤ implies receiving information about contraceptive methods and their use.

Article 10 of this law describes "Citizens' reproductive rights". Citizens have the following rights:

➤ make independent decisions about the birth of their children using safe and effective reproductive technologies;

➤ to receive reliable and complete information about one's reproductive health;

➤ use of safe birth control methods and contraception;

➤ use of medical and preventive services and protection from health-threatening means, including the use of scientific experiments;

➤ receiving medical, social, and psychological assistance and information while exercising their reproductive rights;

➤ use of assisted reproductive technologies.

Legal and physical entities must keep information related to the implementation of their reproductive rights of citizens confidential.

According to the World Health Organization, factors affecting reproductive health are:

1. Very early childbirth is considered to be the pregnancy of girls under the age of 16, and although these girls appear to be physically developed at first glance, they have not yet fully developed sexual organs, hormonal system, mental perfection, legal rights. its absence causes several problems. Pregnancy and childbirth in these women often end with complications. In many parts of the world, parents marry off their daughters earlythey support the marriage of their young daughters in the hope that it will bring financial and social benefits and ease the financial conditions of the family. In reality, child marriage is a violation of human rights because it stunts girls' development, often leading to early pregnancy and social isolation.

As a result:

- girls are left with low education;
- cannot get the necessary professional education;
- he cannot legally defend himself.

Marriages are not registered until they reach marriageable age, as a result their children are registered under the mother's name and the number of single mothers increases.

2. Very fast calving is not maintaining the interval between calvings, and every organism should maintain an interval of at least 3 to 5 years after calving. This makes it possible for the mother's body to replace the lost energy, i.e. vitamins and trace elements, during the entire period of pregnancy and childbirth. In addition, pregnancy and childbirth complications are observed less often.

3. Very late childbirth is the birth of women over 35 years old, and the complicated course of these pregnancies is dangerous due to the appearance of various defects and genetic diseases in the fetus. In such women, childbirth is often complicated by bleeding, maternal death, and infant death.

4. Too many births are women who have had more than 3 children, and these women experience fatigue during childbirth and pregnancy. These births are observed when a woman is over 35 years old or when the interval between births is not observed. Extragenital diseases present in a woman's body cause complications during pregnancy and childbirth.

5. Don't give birth if you're sick! So, a healthy child will be born from a healthy woman. According to statistical data, when the cause of maternal death is studied, hemorrhages take the first place, birth trauma takes the second place, and septic complications take the third place. In every family planning a pregnancy, mother and father should be healthy, and the environment in which they live should be healthy.

Factors that make up reproductive health include:

1. Contraception service is the prevention of unwanted pregnancy, and now there are many types of contraceptives, which can be used free of charge for the health of our women in every part of our country. Among them, intrauterine means (IV), oral hormonal pills (OK), injectable means (IK), barrier methods (condom), as well as optional surgical sterilization (IJK) are carried out using a modern laparoscopic method.

2. It includes early consideration of a woman during pregnancy, monitoring of pregnancy, preparation for childbirth, carrying out the postpartum chilla period. Perinatal screening of a pregnant woman at 14-20 weeks of pregnancy, and neonatal screening within 5 days after the birth of the baby lays the groundwork for preventing disability from childhood.

3. Examination and treatment of sexually transmitted diseases HIV, AIDS and TORCH infections of women. This prevents miscarriage, stillbirth, malformation, stunted growth, and infertility.

4. Increasing the medical culture of the people, especially working with neighborhoods, colleges, schools, and universities, explaining the importance of medical examinations and that each person is responsible for this.

It is known that in recent years, a number of decisions have been issued by our honorable President regarding the strengthening of the reproductive health of the

population and the formation of a healthy family, which are considered to be one of the most priority directions of the health care system.

Especially the President's decrees "On additional measures to protect maternal and child health, create a healthy generation" and "Strengthening the reproductive health of the population, birth of a healthy child, physical and spiritual well-being" Decisions on the program of measures to further strengthen and increase the efficiency of the work on bringing the generation to adulthood" have been adopted, and specific targeted and qualified activities are being implemented in the localities.

The purpose of this Law is to regulate relations in the field of protection of reproductive health of citizens. Reproductive health of citizens is a state of physical, mental and social health of a person, and this state is related to the reproductive system, functions and life processes of this system, which determine its ability to bear a child.

Protection of reproductive health of citizens:

- to receive reliable and complete information about the reproductive health of citizens;
- measures, treatments and services during pregnancy, childbirth and the postpartum period, which ensure the maintenance of pregnancy and the birth of a child without complications and defects;
- prevention and treatment of diseases of the reproductive system;
- prevention and treatment of sexually transmitted diseases;
- safe artificial termination of pregnancy, helping to prevent possible complications and consequences of reproductive system disorders;
- implies receiving information about contraceptive methods and their use.

The main principles of this Law are as follows:

- 1) humanity in solving reproductive problems;
- 2) equality of men and women in the field of reproductive health care;
- 3) non-interference in the citizen's private life, preservation of personal and family secrets;

4) ensuring the use and quality of medical services in the field of reproductive health of citizens;

5) ensuring the state-guaranteed volume of services for the maintenance of reproductive health of citizens.

The main directions of the state policy in the field of protection of reproductive health of citizens are as follows:

➤ development, approval and implementation of state programs and other programs in the field of protection of reproductive health of citizens;

➤ development and improvement of the reproductive health care system of citizens;

➤ educating citizens to have a conscious and responsible attitude towards the birth of healthy children;

➤ ensures equal opportunities for men and women in exercising their reproductive rights creating conditions;

➤ state support for scientific research, introduction of modern methods and technologies to improve the reproductive health of citizens;

➤ improving the medical knowledge and medical culture of citizens in the field of reproductive health care;

➤ organization of personnel training, retraining and improvement of their qualifications in the field of protection of reproductive health of citizens;

➤ providing medical, social and psychological assistance to citizens to exercise their reproductive rights.

State to citizens:

1) maintenance of reproductive health and their implementation of reproductive rights;

2) on maintaining the reproductive health of citizens the availability of services and the consistency of those services to be provided;

3) the decision to form a healthy family to be accepted without discrimination, threats and violence;

4) not to interfere in their personal life, personal and preservation of family secrets;

5) free primary medical and sanitary care;

6) guarantees the implementation of the reproductive right of citizens to make independent decisions.

➤ Services related to the maintenance of reproductive health of citizens are provided by medical organizations that carry out activities in the field of reproductive health.

➤ Citizens have the following rights:

➤ to make independent decisions about the birth of their children using safe and effective reproductive technologies;

➤ to receive reliable and complete information about one's reproductive health;

➤ use of safe methods of birth control and contraception;

➤ use of medical-prophylactic services and protection from health-threatening means, including the use of scientific experiments;

➤ receiving medical, social, and psychological assistance and information while exercising their reproductive rights;

➤ use of assisted reproductive technologies.

Legal and natural persons must keep information related to citizens' exercise of their reproductive rights confidential.

Women's reproductive health care includes:

➤ getting reliable and complete information about their reproductive health, infertility treatment methods and contraception;

➤ ensuring the use of services in the field of reproductive health care;

➤ to receive confidential medical advice and services related to reproductive health issues.

A woman has the right to be treated for infertility, to maintain her reproductive health using modern methods of treatment until pregnancy, during pregnancy, during childbirth and after childbirth, and to receive social support from the state.

Medical intervention during pregnancy is carried out with the written consent of the husband and wife, with the consent of the woman in the absence of the husband, or with the consent of her parents, or with the consent of other legal representatives if she is a minor or incapacitated.

The fact of refusal of medical intervention is recorded in the medical documents with possible consequences indicated, and is confirmed by the pregnant woman, if this is not possible, by her husband or relatives in writing, and if it is not possible to get a written answer about the refusal of medical intervention, it is confirmed by the conclusion of the council of doctors.

A woman cannot be forced into pregnancy, artificial termination and contraception.

Maintenance of reproductive health of minors:

- organization and conduct of preventive medical measures, including pathology of reproductive organs, as well as medical preventive measures aimed at identifying hereditary diseases;
- conducting activities on sexual education and preparing them for family life;
- includes their training and information on reproductive health issues.

Medical intervention on reproductive health problems is carried out with the voluntary consent of the minor, as well as his legal representative. If medical intervention is recommended to preserve the life and health of a minor, and if it is not possible to obtain consent from the legal representative and the minor, medical intervention is carried out in the presence of the opinion of the council of doctors.

Educating, educating and providing information to minors on the issues of reproductive health care, preparing them for family life is carried out in the family, educational and health institutions, as appropriate.

Training on reproductive health, including sexual education, is carried out according to specially approved programs developed in close cooperation with their families, taking into account the age, psychological and physical characteristics of

minors, together with educational and health management authorities. Specialists with appropriate medical training are involved in the training.

Services in the field of reproductive health care of minors are guaranteed by the state and provided free of charge.

Providing information in the field of reproductive health of minors is done anonymously and confidentially.

Previous measures to maintain reproductive health of citizens include the following events:

- Determining the risk of disorder of the reproductive health of citizens, including determination of the factors of the environment and industry;
- conducting reproductive health violations and conducting the medical examination of forced prevention medical examinations (initial and periodic);
- inform nationals of reproductive age and pregnant women about reproductive health and its rehabilitation;
- lighting educational programs and research programs to maintain the reproductive health of citizens through the media;
- creation of a system to protect citizens in healthy lifestyles, first of all, through popularization of the reproductive and style of citizens;
- disposal, including individualization programs and individual prophylaxis programs, separating hazards on the development of diseases of the reproductive system of reproductive systems;
- Implementation of medical-genetic assistance to citizens, introduction of new perinatal technologies for early diagnosis of defects.

Today, everyone is one of the most pressing issues that are not only in front of the Health System, but also to form enough knowledge, skills and skills in this regard.

Protection of the above-mentioned motherhood and childhood The healthy generation in the field of development of a healthy generation is a specialist in the formation and promotion of a healthy lifestyle, Special Medical The staff is one of the tasks facing.

Achieving a healthy lifestyle to achieving a healthy health in our country, preventing various diseases, strengthening various diseases, comprehensive work in all directions is a complex woman-girls' women Mitas, neighborhood funds, are actively involved in the active participation of medical staff. This is the benefits of the people of our country, primarily on improving the health of women and children, primarily, in particular, to improve the health of women and children. After all, the future of our Motherland is associated with such healthy mothers and children.

3.4. System of preventive measures for reproductive health protection.

Prevention (UN. PRO FI Lacticos Catering, Prevention) - Economic, Social, Hygienic and Medical Measures Aimated to Prevention, Improving the Health Development and Protection of Health A set of events. Prevention is carried out by public organizations and individual citizens.

The concept of prophylactic and practical form varies depending on the development of the economy, state system and science during the historical development of the company. It is known from the ancient ancient times. In ancient medicine, great attention is paid to preventing diseases by following personal hygiene and full food, but prevention was scientifically justified since the 19th century. Achievements of the external environment in the emergence and spread of the external environment allowed Scientific Prevention in the field of microbiology, physiology, immunology and hygiene.

The modern prophylaxis contains a system of complex activities, which provides for loss of factors that adversely affect human health and providing comprehensive cultivation of their physical and spiritual will.

Personal, public, medical prophylactic differences. Measures to keep and strengthen a healthy lifestyle, i.e. a healthy lifestyle, and the higienic upbringing of the younger hygiene, nutrition, food, nutrition, food, nutrition, food, nutrition, diet, nutrition, nutrition, nutrition, nutrition, dehydration, nutrition, diet, nutrition, diet, nutrition, nutrition, diet, nutrition, nutrition, diet, nutrition, nutrition, diet, nutrition, nutrition, diet, nutrition, nutrition, diet, nutrition, diet, nutrition, and rest of the younger generation, and accession and rest of the younger as well as clothing,

nutrition, food, nutrition, food, nutrition, diet, nutrition, nutrition, nutrition, nutrition, dehydration, nutrition, dehydration. is involved in sports.

Public Prevention shall include the physical and spiritual development of citizens, and the health of the people shall include political, social, economic, legitimate, sanitary, epidemiological and medical measures.

Medical prophylactic is primary and secondary. Social, medical, hygienic and educational measures against the causes and development of primary health care diseases; increase the resistance of the body for the inappropriate effects of the external environment; maintaining a healthy state of the body, prevention of pathological action factors; vaccination and vaccination against infectious diseases. Measures aimed at developing the early detection of secondary medical prophylactic disease, development of the pathological process, preventing its complications and rectives.

After gaining independence, there were applications, programs aimed at improving the healthy lifestyle, protection of the environment, protection of the environment, and development of preventive medicine.

Motherhoodship and childhood protection measures are sharply reduced by maternal and children's diseases and mortality, preventing the chilles of disease, creating a healthy generation. Current polyclinics and hospitals were replaced by family polyclinic and "Mothers and Children" centers. He was transferred to the program of training of family physicians at medical institutes. The hospitals were replaced by perinatal centers. As a result of consistent reforms in the healthcare system, a solid system of modern medical institutions has been created for motherhood and childhood protection. In this regard, the network of primary health care and prevention of primary health care and prevention facilities, specialized medical centers, mother-child screening is constantly developing. Consistent cooperation between government, public organizations, medicine and educational institutions is on the way to the idea of "Healthy mother - healthy child" was placed. Based on this program, women's, juvenile girls and human being has been constantly

being held. The "School of Young Family Builders" is working in educational institutions.

Family relationships and healthy lifestyles. The family is the opportunity to build multifaceted relationships with parents, brothers, sisters, momamies, and grandparents, children, brothers, sisters, grandfather, children and their children. Increasing medical culture in the family is, first of all, every family leaders are responsible. Family and its relations are always in the external psychological effects. It requires the presence of almost all socio-psychological laws, typical of a small group, and the presence of almost all socially-psychological laws, and the presence of almost every family member member of the small group. First of the first place, first-life, the family is aimed at health and improvement, it is possible to be used as the activities. It is to understand that the family's lifestyle is formed in the course of constant aim, strengthening the health of the family, changing the form of life, higienical knowledge, hiPhodia and life situations It consists of combating awkward aspects.



Picture 17. System of preventive measures for reproductive health protection.

Thus, when you say a healthy lifestyle, the family is understood in a daily typical life of life. Healthy lifestyles strengthen, improve, improve its social and professional functions. Birth of a healthy child from a quieter. In the Republic of

Uzbekistan, the state program "Mother and child screening" was adopted and the Republican Screening Center was established. The screening means "transferring from the sieve" from English. Newborns are conducted to periodically determine the hidden defects of the health of pregnant women, to take effective measures and prevent serious illnesses.

The regional health department consisting of childbirth, increasing the work on the birth and increase their efficiency, have been established by working groups, which are working groups, to improve the quality of medical services Doctors of the Universal History, obstetricians, gynecologists, who are working in primary health care facilities of each city and districts, provide practical practical assistance to the doys. Reducing reproductive health among the population, the birth of a healthy child, the formation of physical and harmoniously developed and raising the responsibility of men in the family, with the family sanctions, with the regional health department A special Public Council has been established in cooperation. The main goal of the council is to ensure a systematic explanation and promotion of the general public, in this regard to achieve its state and public organizations and public activity.

The role of national values in the Uzbek families are extremely important. Another important feature of the family is the function of its reproductive (ensuring the biological continuity of society, being born to the world of children). The essence of this function is to continue the human race. The task of the family is not only born to world, but also maintains their health by introducing the scientific and cultural achievements that people live from the beginning of humanity. The generation instant in nature is instinct in man becoming a need for children, cultivating and educating them. Man cannot feel happy, without satisfying these needs. Also, in the ground-hone, is completely new emotions, in a woman, a feeling of a childhood, in a woman, in a man. The child is also a key factor in strengthening a couple's relationship. The reproductive function of the family in front of society and its implementation is meant by several children in every family to restore the population. According to the stace, if there is one child in every family, such people can disappear after the eighth generation.

The presence of two children in every family also cannot provide the maintenance of the population. According to demographics, the family must have an average of 3-6 children to perform its reproductive function. Of course, only the family does not accomplish the functions before society, but also create conditions that need to success the families successfully. Demographic politics, economic, social and legal events of our government are a clear example of this. The main directions of such a policy are the privileges of young families and mothers improve the financial positions of motherhood and childhood, multi-child and childhood protection families, mothers.

Along the improvement of these systems in the country, the improvement of health care and sports, as well as the development of a healthy lifestyle among the population, one of the important areas of public policy in this area is to formulate.

In particular, until 2025, development of the healthcare system of the Republic of Uzbekistan, physical education and sports, prevention of non-infectious and sports, prevention of the population and measures to widely implement a healthy lifestyle and the further development of public sports were approved and focused on execution.

According to the World Health Organization, not to follow the norms and desserts of physical activity and nutrition, the norms of food and sweets with a large amount of fat, sugar, fat content Also, as a result of consuming vitamin and minerals, the cause of the development of a number of diseases that lead to a human and early deaths such as heart vascular, endocrine, dangerous tumor, and adults lods. At the same time, the lessons from the consequences of the coronavirus panament showed that the lessons were closely linked to placed patients caused by the weight of the disease and the misconception.

CONCLUSION

This monograph was considered recommended and referrals for family and young people in marriage. How to educate the family lifestyle is described in the marriage, reproductive health. This monograph includes the family of mutual training between parents and relatives. This is not a conclusion in the traditional sense, when the results of the said are summed up and generalized conclusions are drawn about the work done. These are some thoughts about love, marriage and family and their roles in the life of modern youth. The book is devoted to the history and theory of sociology of family and marriage, the social essence of marriage and the family, however, the proposed materials, according to the author's concert, should not only inform the reader, but also stimulate interest in the independent analysis of modern problems in this area. This book is addressed primarily to student youth, who comprehends the basics of sociology, lives in a everyday rhythm, plans its future personal life. It is no accident that it ends with the head of the social essence of the family and marriage, where the attention of sexual love, love between parents and children is given, as a binding feeling between loved ones. The sociology of marriage and family is an interesting discipline. It helps in a systematic form to receive knowledge about the oldest public institutions on biological and social reproduction of the population on our planet, development and state of sexual and marriage and family relations that are important for each person. Acquaintance with her in his student years is the expansion of personal horizons on the threshold of social independence.

Many years of experience in teaching the sociology of marriage and family at our university, communication with students and students as part of the study of this subject, group discussions and dialogs, individual consultations and conversations give reason to say that young people as a whole are positively related to the institution of marriage and family, but often Concerned about the problems of their future marriage and family life, building relationships with the opposite sex, unpreparedness to life in marriage and family.

REFERENCES

1. Karimova V. Mehr vamuruvvat oiladan boshlanadi. – T.: Yangi asr avlodi, 2004. – 28 b.
2. Karimova V. Oila tafakkur va salomatlik: (Oilada sog'lom turmush tarzini yaratish xususida) Boshlang'ich ta'lim. – 2005. – № 2. – B.8-11.
3. Karimova V. Salomatlik psixologiyasi. – T.: Yangi asr avlodi, 2005.
4. Karimova V. Oilaviy hayot psixologiyasi: O`quv qo`llanma. – T.: 2006 – 142 b.
5. Karimov X.K. O`zbek oilalarida er-xotin nizolarining ijtimoiy-psixologik xususiyatlari: – T. 1994. – 142 b.
6. Avloniy A. G uliston yoxud axloq. Islom odobidan mumtoz namunalar. T 1993. — 120 b.
7. Jamolov B., Boboqulov A. Fuqarolik ishlarini sudda ko'rishga tayyorlash. –T Adolat. –344-b.
8. Zokirov I., Baratov M. O'zbekiston Respublikasida fuqarolarning huquq va muomala layoqati. –T.: Adolat. 1998. –112-b.
9. Mualliflar jamoasi. O'zbekiston Respublikasining Fuqarolik kodeksiga sharhlar. –T.: Iqtisodiyot va huquq dunyosi. 1998. –374-b.
10. Mualliflar jamoasi. O'zbekiston Respublikasining Oila kodeksiga sharhlar. –T.: Adolat. 2000. –446-b.
11. Zimmerman C.C. The Family Farm: PP. 212-214, 218-220. Цит. По книге А.КарлсонаОбще-ство, семья, личность. Социальный кризис Америки. Электронная б-ка социологического ф-та МГУ им. Ломоносова
12. Голод С.И. Прокреация, плюральность эротического ландшафта: история и современное состояние//Социологические исследования, 2008, № 12,
13. Рассел Б. Брак и мораль. М., 2004 с.141
14. Осадчая, Г.И. Семьи безработных и семейная политика / Г.И. Осадчая // Социологические исследования. –1997. –№ 1

15. Солодников, В.В. Социально дезадаптированная семья в контексте общественного мнения / В.В. Солодников // Социологические исследования. – 2004. –№ 6

16. <http://nauchniyimpuls.ru/index.php/noiv/article/view/3826>

17. <https://interonconf.org/index.php/ity/article/view/1325>

18. <http://farspublishers.org/index.php/ijessh/article/view/350>