ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

RISK FACTORS THAT PRODUCED DELAYED SEXUAL DEVELOPMENT IN WHICH TEENAGE GIRLS

Sultan Ibrahim Mamarizayev Komiljonovich

Samarkand state medical university

№1 pediatrics and neonatology department assistant.

Samarkand.Uzbekistan.

Annotation: The available literature ekstragenital be delayed sexual development in pathology development and there are links on the effects of single and separate hereditary lifestyle. This pathology qo'zg'atadigan of social and medical risk factors explored before the children of delayed puberty, and therefore to determine recommendations on the clinic is not available.

Unwanted factors and to study the effects of the structure of forecasting difficult and delayed sexual development the main danger, timely prevention is a topical task. Modern methods of treatment of this pathology is often ineffective. This, on the one hand, a visit to the doctor is late, the second on the other hand, the formation of reproductive health and allowing enough to normalize the functions of the second system associated with the availability of effective diagnostic and treatment methods: psycho-emotional, endocrine and immune.

O'smir be delayed sexual development in girls of this disease prognosis, diagnosis and treatment requires further study and development of recommendations.

Keywords: gender, development, girls, teenagers, immunity, endocrine.

Actuality.15-18 percent have delayed sexual development in girls occurs in the structure of gynecological diseases. A medical examination is conducted targeted, while this figure to 23% can be raised. Gynecology increases children's interest in the last decade, but determine that it is in violation of sexual development, treatment and prevention of many of the issues explored enough. Sufferers of chronic diseases and reproductive system disorders in the formation in the last 10 years the number of teenage girls 76,7 percent, given the fact that we have had this problem not only medical, but also social significance. The present stage of sexual development not only features coming late in the reproductive system but also the endocrine, immune, nervous system changes in. Girl premorbid condition of the body in such conditions, the study of the main pathogenetic mechanism to identify, break moves identified timely diagnosis and treatment will not be an important contribution in addressing this problem. The available literature ekstragenital be delayed sexual development in pathology development and there are links on the effects of single and separate hereditary lifestyle. This pathology qo'zg'atadigan of social and medical risk factors explored before the children of delayed puberty, and therefore to determine recommendations on the clinic is not available.

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

Unwanted factors and to study the effects of the structure of forecasting difficult and delayed sexual development the main danger, timely prevention is a topical task. Modern methods of treatment of this pathology is often ineffective. This, on the one hand, a visit to the doctor is late, the second on the other hand, the formation of reproductive health and allowing enough to normalize the functions of the second system associated with the availability of effective diagnostic and treatment methods: psycho-emotional, endocrine and immune.

So, be delayed sexual development in teenage girls prognosis of this disease, diagnosis and treatment requires further study and development of recommendations.

The purpose of the research. Identify the risk factors that produced delayed sexual development in which teenage girls.

Verified research materials and methods.

We Samarkand viloyo multi-the children's medical center in the age of 12-18 who applied over the years 2020-2023 30 teenage girls students the history of the disease, outpatient card checked by retrograde analysis, and accordingly we have the following groups: 1-group of 15 students I-level sexual rivolanish make up the girls who put it delayed diagnosis, 2 - group, 15 students (33,3%) II-iii level who put it up and delayed diagnosis rivolanish girls make sex 3-group control group 1 and group 2 of the same age with normal sexual development and a healthy level of 10 women and the girl child.

We have studied the risk factors in teenage girls who came out of jr's central, in the form of the complex was tizimlashti 4: anamnesis genealogik characteristics, pregnancy and birth of pathology, the features of the neonatal period, the incidence and development of children in other age period.

Anamnesis naslga the following extract from the mother's gynecological diseases, menstruation see more mother in late (after age 15), as well as father and mother by 1 and 2-degree relatives have delayed sexual development.

Anamnezida studying obstetrics pregnancy in the period from harmful habits (smoking, alcoholism), fall risk to the fetus, the presence of gestozlar, the mother of viral and bacterial diseases, medications, during pregnancy, can take all the attention focused.

Specific features of the process were noted in the period Intranatal birth: birth early, fast , and in the hard case, complications, complications of the power of weakness.

The health status of children in the neonatal period was studied: the fetus is large (weight 4000 g and more); small children (less than 3000 g); early birth.

In addition, the general background was taken into account, this early transition to artificial feeding (4 months), the formation of slow rates of movement skills and physical development at an early age; in other age groups, diseases (chronic pathology of the gastrointestinal tract, nefrourologik pathology, chronic Ent members of the pathology, the

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

bronx-op'ka diseases, tubinfeksiya, neurological pathologies and others), zo'rayib active physical presence.

The results of the research and their discussion.

As a result of the research verified that characterize the health status of teenage girls from the group to have a significant difference compared to the total number of parameters and a description of the information content is highest with 26 one character will choose. The data obtained are listed in table 1.

Table 1

I and II teach students in the group: risk factors and indicators of atributiv girl

No	risk factor	risk Atributiv %	
		ii group	I group
I	Geneologic anamnesis		
1	Non full family anamnesis	13,8	8,77
2	severe gynecological anamnesis by mother	16,8	19,5
3	delayed the start of the menstrual cycle of mother-in (15yosh)	was 67,5	18,6
4	mother's jr relative level 1-2 we have	32,0	11,7
5	1-2 by the father we have jr relative level	of 8.7	7,6
6	mother's age: Under the age of 20 over the age of 35 high -	5.7, 1.5 -	10.9 increased by 9,3
7	the father's age: under the age of 20 years over the age of 35 high	1.2 1.5	1.4 3.1 manuals
II	the pathology and complications of		
8	the mother of harmful habits, xomilador smoking at the time	of 2,5	20,8
9	Gestosis	20,8	31,0
10	at the time of viral and bacterial diseases in the mother	17,4	27,5
11	pale partish use of drugs in the period	21,2	31,6
12	Embryos fall risk	18,5	32,6
13	early complications	20,0	38,5
14	Quickly, difficult complications	1.6	0.3
15	Complications of the activity of the weakness	at 3.4	10,1
III	in the period of the significant characters baby		

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

16	at the time of birth body weight (g): Less than 3000 4000 from a high	 of 0,4 1,0	 61,4 1.1
17	Early transfer to artificial feed	30,9	31,0
18	Perinatal gipoksik-coronary ensefalopatiya	28,4	23,0
IV	observed in different periods of childhood diseases,		
19	slow the development of movement skills, physical development	41,3	69,9
20	of the stomach, chronic diseases of the intestinal tract	48,4	58,7
21	chronic diseases Urine separation system	was 42.8	46,4
22	members of the chronic diseases of Ent	was 50.7	50,9
23	chronic diseases of the respiratory system	40,0	42,6
24	neurological diseases	26,6	26,6
25	of those infected with Tuberculosis	7,7	1.6
26	of physical strain	16,8	2.3 a

Depending on the value of the coefficient AR, level 3 will determine risk. Level I (minimal risk) AR < 30%, level ii (moderate risk) - AR = 30-60%, level iii (high risk) - AR> 60%. Forecasts from level I to level iii increased the probability of this pathology.

As a result of the comparative analysis of the value of ER, the students teach: in group I, we have the highest percent of teenage girls who have a history of severe hereditary jr in development will determine kutiliganligi. The girls in the group ii in high risk at an early age (AR - 69,9%), as well as body weight less than 3000 g (AR - 61,4%), observed that the operation had slowed the development of means of forming and physical skills.

1 and 2 in the group average of the risk factors in girls by I mother-degree relatives in delayed sexual development (ER-32,0%) is included.

Girls in group ii the average risk factors were the following: the history of obstetrics heavy (early birth - 38,5%, the risk to the fetus fall - 32,6%, gestozlar - 31,0%); pale partish medications to take during pregnancy - 31,6%. Ask the group average at the level of both risk factors: early artificial feeding (AR-30,9%) - group I and ER-31,0% group ii), chronic gastrointestinal pathology (AR-48,4% and AR). - 58,7%, nefrourologik chronic pathology (AR-was 42.8% er and-46,39%), chronic pathology of the members ENT (AR-was 50.7% er and-50,8%), frequently occurring respiratory diseases (ar-40,0% er and-42,6%).).

Teach students: pathology risk factors played a lesser role in the formation of minimal. Both checked in the following group: full family (13,8% in group I and 8.7% of group ii), the mother of history of severe hereditary gynecological diseases (16,8% and 19,5%), 1, and

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

2 by the father-degree relatives in sexual diseases (8.7% 7.6%), the age of the mother under 20 years of age (5.7 percent and increased by 10.9%), over the age of 35 large (up to 1.5% and 9,3%), father's age under 20 years of age (1.2% of va1,4%) , older than 35 years the father's age (up to 1.5% and 3,0%), in the period of pregnancy of the mother harmful habits (2,5% and 20,8%), viral and bacterial diseases of the mother during pregnancy (17,5% to 27,5%), and quickly the troubled birth (1.6% and 0,3%), weakness of the activities of complications (at 3.4% and 10 ,1%), weight 4000 g at birth and more (1,0%, 1.1%) perinatal ensefalopatia (28,4% and 23,0%), neurological pathology (26,6% and 26,6%), tuberculosis (7,7% and 1.6%), physical strain (16,8% and a 2.3%) identify.

Physical development in man, which we have among the girls in the group I jr 5 (33.3%) of the combination has been rated as average. In children, 2 of them (13.3 %) the indicators of physical development, reduced to 2 of them (13.3 %) in children, low indicator, 1 child (0.66 %), in 2 children (13.3%) indicators were observed at high (3.1-table).

The girls of the control group in the main group of physical development physical development is significantly different. 15 for normal sexual development physical development is the combination of all the xarakterliki girl, 10 girls (66.6 %) of the average of the combination of 2 girls (13.3%) - average level has been rated as the combination of a high level. Mezomorf somatotip man in this group, 11 (73.3%) dominate. Small share: leptomorf - girl 2 (13.3%), dolixomorf - 2 (13.3%) and braximorf - 1 (0.66%).

Dominate the physical development of indicators in assessing the patients in group ii low - man 11 (73.3 %) and decreased indicators of physical development - man 4 (26.6 %).

All verified girls somatotipi - antropometrik of the body (morphology) determine the properties of (y. e. VeltishchevM., 1998). Bunaka classification according to the following options somatotiplarning taken from: jr type dominate in the group that we are mezomorf level I - 45,5%, leptomorf important part type - 28,4% made up. Uncertain type 13,6%, made up the smaller part somatotiplar: dolixomorf - 78,0%, braximorf - at 3.4% va1,1% andromorf.

Teach the students in the group ii: girl dominate unclear in somatotip - 76,9%, leptomorf - 18,0%, and mezomorf - 5,1%.

-82 mezomorf somatotip has a large share in the control group,1% is a small share of leptomorf - 5,4%, dolixomorf - 3,6% and braximorf to 1.8% had somatotiplarga.

All were assessed using the Tanner scale of sexual development in the group of teenage girls and was expressed by the formula: Ma, Ax, P,, here's Ma - milk glands; Visit - seat under carpet runner; P - chov area rug runner; - menstrual age.

The majority of girls which we have 1guruhdagi jr showed sexual moves in violation of the formula: represented the worst of secondary sexual characteristics - 52,3% Axli Maa BAGEL; secondary sexual traits that remained significantly behind from the age - 29,5% in case > Ax2 P2, Ma2; the lack of secondary sexual features completely - by 10.2% in condition , MaO Axo P0; secondary sexual traits developed in the traditional way - 7,9% condition will determine ax3 ma3 in r3.

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

All patients in group ii formula erectile age on will come: 8 (man53.3%) secondary sexual characters AxO P0 MaO was not available; the secondary sexual characteristics of man 3 (20%) developed Axli stagnant P1, Ma1.

The control group in the evaluation of sexual development in strengthening the development of secondary sexual characteristics that change depending on age: 12-13 years of age Ax2 P2, Ma2; 14 and more suitable to the standards of r3 and ax3 ma3 young age.

Conclusion. So, the teenage girls we have in genesis 1 to the level of severe hereditary anamnesis central jr - the mother of the blind menstrual late may, early birth, low birth weight, high risk factor. Jr central, which we have gosrmonal disgarmonaldan the girls in physical development is superior. Physical development is typical of ovarian jr disgarmonal we are unique for girls.

Thus, the central come out that have sexual development in the analysis of the group, strengthening the weak expression of secondary sexual characteristics considered, it was stressed that they do not rarely. To the majority of the girls in the group ii does not have secondary sexual characters.

Literature list:

1. Ibrakhimova N. O., Bekbaulieva G. N., Jalilov F. S. Somatic background in adolescent girls with delayed sexual development //Молодые ученые. – 2024. – Т. 2. – №. 3. – С. 44-45.
2. Crooks N. et al. The role of the strong black woman in black female sexual development //Archives of Sexual Behavior. – 2023. – Т. 52. – №. 4. – С. 1389-1402.
3. Мамаризаев И. ФАКТОРЫ РИСКА ЗАДЕРЖКИ ПОЛОВОГО РАЗВИТИЯ У ДЕВОЧЕК-ПОДРОСТКОВ //Medicine, pedagogy and technology: theory and practice. – 2024. – Т. 2. – №. 7. – С. 56-62.
4. Hrozanova M. et al. Quantifying teenagers' sleep patterns and sex differences in social jetlag using at-home sleep monitoring //Sleep Medicine. – 2023. – Т. 107. – С. 1-8.
5. Komiljonovich M. I. O'SMIR QIZLARDA JINSIY RIVOJLANISHNING KECHIKISHINI KELTIRIB CHIQARUVCHI XAVF OMILLARI //ILM FAN XABARNOMASI. – 2024. – Т. 1. – №. 2. – С. 293-297.
6. Fish M., McCartney M. M., Earp B. D. Children's sexual development and privacy: a call for evidence-based ethical policy //Clinical Pediatrics. – 2024. – Т. 63. – №. 4. – С. 447-450.
7. Azimi A. A., Javidi H., Hayati M. Exploring the Lived Experiences of Iranian Teenage Girls: Consequences of Sharing Sexual Content in a Sexually Conservative Culture //Sexuality & Culture. – 2024. – Т. 28. – №. 2. – С. 733-748.
8. Weidler E. M. et al. "It became easier once I knew": stakeholder perspectives for educating children and teenagers about their difference of sex development //Patient Education and Counseling. – 2023. – Т. 113. – С. 107763.
9. Man E. et al. A Single-Center, Observational Study of 607 children and Young people presenting with differences of Sex Development (DSD) //Journal of the Endocrine Society. – 2023. – Т. 7. – №. 1. – С. bvac165.