

The Role of Vitamins in Health of Pregnant Women

Buranova Gulnoza Boymuratovna

e-mail: gulnoza.2015@mail.ru

Hamzayeva Nargiza Rajabbayevna

email: galoribk@mail.ru

Hazratova Hulkar Normurodovna

email: hhazratova@mail.ru

Norchayev Utkir Toshkentovich

email: utkirnorchayev@gmail.com

Department of Zoology and Physiology Faculty of Natural Sciences
Karshi State University, Karshi kuchabogʻ, Kashkadarya.

ABSTRACT

The article is devoted to study the nutrition of pregnant women living in rural areas. At the same time, the theoretical basis of organization of rational nutrition of pregnant women is studied on the basis of an analysis of the literature, which determines the relative status of vitamins in the daily diet, provides appropriate recommendations for correcting existing changes are provided. Based on the above, the scientific basis for the organization of proper nutrition of pregnant women is illustrated.

Key words: *Pregnancy, vitamins, nutrition, rural area*

Introduction

Pregnancy is a period of strong influence on the biological and physiological properties of the female body, during which a person needs special care from the spiritual, mental, physical and medical-biological aspects. One of the most important aspects of medical and biological care for pregnant women is their proper and rational nutrition and proper organization. It is known that the quality, quantity and composition of food consumed during pregnancy (timely and in moderation) are important external factors that seriously affect both the mother and the child. is

one. According to scientific research in modern biology and medicine, the development of a healthy, mentally and physically mature child is directly related to the amount, composition, it has been fully proven that how and when the mother eats [4,9].

It is natural for pregnant women to have a lot of side effects due to not paying enough attention to proper nutrition. These include anemia in mothers and children, poor fetal development, premature or stillbirths, and increased infant mortality. Child mortality, in particular, remains one of the most pressing issues in the world today. This, in turn, is directly related to factors such as the weakness and frailty of the mother's body, insufficient supply of necessary nutrients, and in this regard, the fetus does not form well [5,7,8].

Studying the current diet of pregnant women is a complex and time-consuming process. Although this issue has been studied extensively through various studies and observations, there are still many specific aspects of the problem. In particular, the issue of rational nutrition of women living in hot climates of the country, as well as in rural areas, mainly engaged in agriculture, has not been sufficiently studied. There is very little information in the available literature. Given the

seriousness of this problem, our government is carrying out a number of organizational and practical work in this area.

Objects of research

To study the level of vitamin intake of pregnant women living in rural areas [6] and compare the results with the norm [3] to make appropriate conclusions and recommendations.

Materials and methods

Observations were conducted among 56 pregnant women living in the village of Guvalak, Kasan district, Kashkadarya region. The subjects were 18-29 (group 1) and 30-39 years old (group 2), all of whom live in the village of Guvalak. Observations were made on 24 respondents in group 1 and 32 respondents in group 2. All pregnant women are registered at the family medicine clinic in the village of Guvalak. They are women in the 2nd trimester of pregnancy.

Observations and studies examined the amount of some vitamins in the daily diet of the subjects. The research was conducted in the winter of 2020 (November-December).

All the subjects selected as the object in our study were pregnant women living permanently in the same climatic conditions, in

rural areas. It is important to compare the content of macro- and micronutrients in their daily diet with the relevant physiological criteria [3,6] in order to increase the reliability of the results.

The surveys were conducted using the questionnaire method [6]. This method is the most convenient and popular way to study the actual diet of people of different ages and occupations. An oral survey was also used to determine some of the actual nutritional status of pregnant women.

The questionnaires were completed by the examiners within a full week. During this time, the accuracy of the questionnaires was monitored. As a result, we were able to obtain accurate and precise information through questionnaires.

According to our observations and studies, the amount of some vitamins (C, B1, B2, B9, E, D) in the daily diet of pregnant women was determined [6,8] and compared with the norm (SanPiN №0347-17). [3].

The following tables summarize the results of observations and research.

Table 1.

Providing certain vitamins to pregnant women (18-29 years old)

Vitamins	Quantity [3]	Results	Difference in quantity	
			Numbers	Percent
Ascorbic acid, C (mg)	80	68,3	-11,7	85,4
Thiamine, B1 (mg)	1,4	1,2	-0,2	85,7
Riboflavin, B2 (mg)	1,4	1,27	-0,13	90,7
Folic acid, B9 (mkg)	600	428,4	-171,6	71,4
Tocopherol, E (mg)	15	13,2	-1,8	88
Calciferol, D (mkg)	5	3,1	-1,9	62

(30-39 years old)

Providing certain vitamins to pregnant women

Vitamins	Quantity [3]	Results	Difference in quantity	
			Numbers	Percent

Ascorbic acid, C (mg)	80	62,6	-17,4	78,2
Thiamine, B1 (mg)	1,4	1,12	-0,28	80
Riboflavin, B2 (mg)	1,4	1,32	-0,08	94,2
Folic acid, B9 (mkg)	600	388,5	-211,5	64,7
Tocopherol, E (mg)	15	11,6	-3,4	77,3
Calciferol, D (mkg)	5	3,65	-1,35	73

It is known that vitamins are more important for pregnant women than usual. If we look at the supply of vitamins of group 1, we can see that there are some deficiencies. In particular, the demand of this group for ascorbic acid, thiamine and tocopherols did not deviate sharply from the norm (85.4%, 85.7% and 88%, respectively).

Ascorbic acid, or vitamin C, is often found in fresh greens, citrus fruits, as well as apples, nectarines, and cabbage. These products can often be found in more or less products depending on the season. Fruits and vegetables, such as apples, cabbage, and turnips, are especially popular in late winter and early spring, but citrus fruits (e.g., bananas) or greens are now available at any time of the year. With this in mind, it is clear that the amount of vitamin C in the daily diet of the subjects did not fall below the norm. Vitamins thiamine (V1) and tocopherol (E) are found in many products grown in our region. In particular, vitamin E is found in almost all products.

The content of folic acid (B9) and calciferol (D) in the diet of the 1st group of control subjects was much lower than the norm (71.4% and 62%, respectively). These vitamins are difficult to find in many products. For example, folic acid is abundant in the leaves of spinach and various greens, while calciferol is found mainly in products such as butter, egg yolks and liver. When these foods are low in the daily diet, there is a deficiency of these vitamins. The fact that the demand for these vitamins is below

the norm can be explained not only by the low amount of products, but also by the fact that the culture of the population under study is not sufficiently formed.

Group 2, which consists of 30-39 year olds, has the same trend as Group 1. That is, in this group, too, the same vitamins are below the norm. The difference is that the deficit rate is much deeper in the 30-39 age group. For example, in group 1 the content of ascorbic acid, thiamine and tocopherols was 85.4%, 85.7% and 88%, respectively, while in group 2 the content of these vitamins was 78.2%, 80, respectively. % and 77.3% respectively. The interpretation of this situation can be deduced from the living conditions of the subjects. That is, although the 1st and 2nd groups of subjects differ in terms of age, but they live in the same conditions, in the same region, without significant socio-economic differences. Logically, it is unlikely that there will be significant differences between two different age groups living in the same region, in the same rural area. The existing differences in this regard can be explained by the socio-economic characteristics of each family. This means that it is unlikely that both groups of controllers have similarities in meeting the requirements for vitamins or other nutrients.

However, in group 2 subjects, the difference from group 1 was the amount of calciferol and riboflavin in the diet. These vitamins are closer to the norm level in group 2 than in group 1. When the questionnaires were re-examined, it was found that the difference was

mainly related to the amount of milk and dairy products. That is, group 2 subjects had more milk and dairy products in their daily diet. Both riboflavin and calciferol are common in these products.

Conclusions

Based on the results of the survey, it can be said that the nutritional characteristics of pregnant women are sufficiently formed in them, the consumption of some foods in rural areas is less, as well as closely related to socio-economic factors. In order to prevent such negative situations, it is important to carry out advocacy work among pregnant women living in rural areas, to conduct awareness-raising activities in families. Accelerating the work of rural health facilities, if necessary, and having more contact with registered pregnant and women of childbearing age will play an important role in organizing a healthy diet for the study group.

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