REPORT
“STUDY OF THE MEN’S ROLE IN THE FAMILIES AND REPRODUCTIVE HEALTH PROMOTION”
(Survey results)

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The status of marital relationships and reproductive health of the population are a vital component of the country’s socio-demographic development, which largely determines the social development level. Without reliable and qualitative information about reproductive health of the population, study of the transformation of family values and trends of changing of national traditions and values, it is impossible to conduct effective socio-economic and demographic policies.

The report we present to your attention, is the result of the work of researchers and experts in the field of social policy, reproductive health and social well-being. This study is unique because it separately examined the opinions of men and their role in formation of healthy family, their relation to their own reproductive health and health of family members as well as the factors of strengthening the family relations.

The results of this study can be useful in developing specific measures for the state family policy, increasing the men’s role in formation of healthy family and promotion of reproductive health in Uzbekistan.

The team of authors expresses the gratitude to the management of the United Nations Population Fund in Uzbekistan for support in conducting the study. Special thanks are to the staff of UNFPA – Fuad Aliev and Gulchehra Zakirova, who provided ongoing invaluable scientific-methodological assistance in conducting the research and preparation of the analytical report.

We express gratitude to the management of the Women's Committee of Uzbekistan, chairpersons of women's committees, Vice Khokims of the regions and districts, the "Mahalla" Fund and their regional structural subdivisions for practical assistance in conducting this study.

We express our gratitude to the officials and specialists of structural units of the health care system, Health Care Administration of the regions and districts, Reproductive Health Centers and to all who have provided organizational assistance in conducting this study.

Tursun Akhmedov, Director, Institute for Social Research under the Cabinet of Ministers of the Republic of Uzbekistan, Doctor of Economics
WORDS OF WELCOME

From the first years of Independence of Uzbekistan one of the leading principles is a strong social policy at all stages of market transformations. The consistent and comprehensive programs implemented in the country cover important aspects of people's lives, such as protection of motherhood and childhood, reproductive health of population, expansion of access of the youth to the needed information, consulting and other services with the purposes of prevention of various diseases.

The republic, in cooperation with the relevant ministries and departments, non-governmental and international organizations, including the United Nations Population Fund in Uzbekistan, has been carrying out a wide complex of measures for promotion of reproductive public health, creation of conditions for healthy child birth, formation of physically and spiritually developed young generation.

The Institute for Social Research under the Cabinet of Ministers of the Republic of Uzbekistan, one of the important country's analytical research centers, is conducting ongoing analysis of the country’s current situation of the socio-economic development, including through sociological population surveys, and representing a wide range of analytical researches for making decisions. The methodology of social surveys and public opinion polls allow conducting an in-depth analysis of the respondents’ views, and revealing the data and information sometimes imperceptible to the official statistical work, and thus widely used in analytical activities.

The report "Study of the men’ role in the families and their involvement in the reproductive health in Uzbekistan", based on the results of the sociological survey conducted in the current year, is topical and relevant, as it helps to consider separately the problematics of men’s reproductive health, to see the achievements and shortcomings of joint actions, to analyze the hidden reserves for increasing their role and responsibility in strengthening the families and promoting the public health.

T. Narbaeva, Chairwoman,
Women’s Committee of Uzbekistan
The issues of preservation of reproductive health and protection of reproductive rights have been becoming increasingly vital in the world. Many important international conferences, carried out recently, have developed and adopted international declarations, conventions as well as road maps, and formulated approaches to preservation and promotion of reproductive health.

A number of foreign studies show that men are not often involved in the choice of contraceptive methods, and their participation in family planning is often reduced to a mere rhetoric on the child birth. At the same time it is obvious that it is impossible to solve to the full the female reproductive problems without men. In this regard, the reproductive health programs, oriented exclusively to women, do not achieve maximum efficiency.

This report, prepared by the Institute for Social Research together with the experts of the Ministry of Health on the basis of the sociological survey of men, is topical and relevant as it helps to consider separately the issues of the male reproductive health, to see the achievements and shortcomings of the joint actions, to analyze the hidden reserves for increasing their role and responsibility in strengthening the family and promoting public reproductive health.

The responsibility of men for women’s reproductive health and child-raising is largely dependent on the development of health services, ethical and moral ideas, the young people have, which are formed under the influence of family relations and promoted in the mass media. The need in the development and implementation of scientifically based special programs aimed at increasing the involvement of men who can make a significant contribution to the family planning, reproductive health, reduction of family conflicts and child-rearing is expanding.

In this regard, further sociological selective survey aimed at strengthening marital relations and reproductive health of the population, including men is a hot topic.

Deputy Minister of Health of the Republic of Uzbekistan
E. Basitkhanova
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>IFR CM RUz</td>
<td>The Institute for Social Research under the Cabinet of Ministers of the Republic of Uzbekistan</td>
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<td>Women’s Committee</td>
<td>The Women’s Committee of the Republic of Uzbekistan</td>
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<td>UNFPA</td>
<td>The United Nations Population Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>Ministry of Health</td>
<td>Ministry of Health of the Republic of Uzbekistan</td>
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<td>HH</td>
<td>Households</td>
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<td>STI</td>
<td>Sexually transmitted infections</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>MIA</td>
<td>Ministry of Internal Affairs of the Republic of Uzbekistan</td>
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<td>Khokimiyat</td>
<td>Local Authority Administration</td>
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<td>Media</td>
<td>Mass media</td>
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<td>RMU</td>
<td>Regional medical unions</td>
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<td>CSRD</td>
<td>Civil Status Registration Department</td>
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INTRODUCTION

The national gender mainstreaming in Uzbekistan actualizes the issues of the joint responsibility of women and men for reproductive health. The world’s practice and studies show that the men are not often involved in choosing contraceptive methods and in making decision on abortion. Their participation in family planning is often reduced to their mere opinion on child birth. At the same time, it is obvious that it is impossible to completely address the female reproductive health issues without men. In this regard, the programs for reproductive health aimed exclusively at women, do not achieve maximum efficiency.

Unfortunately, many countries continue considering the issues of family planning, reproductive and maternal health purely as a responsibility of women, which is a wrong approach. At the same time, the world, including Uzbekistan experiences an increasing understanding of the importance of participation and responsibility of men in the issues of reproductive health, family planning, health concern and reproductive functions.

Thus, there is a need in the development and implementation of scientifically based special programs for increasing the participation of the men, who can make a significant contribution to addressing the issues of family planning, reproductive health protection, reduction of family conflicts and parenting.

Responsibility of men for female reproductive health and parenting largely depends on the development of health services, ethical and moral ideas, the young people have, which are formed under the influence of family relations and promoted in the mass media.

Uzbekistan has been paying a special attention to family relations, public health, especially that of women and children. The annual special-purpose programs having been implemented since 1997, in particular the "Year of harmoniously developed generation" (2010), the "Year of the family" (2013), the "Year of healthy child" (2014), the "Year of attention and care for the older generation" (2015), the "Year of healthy mother and child" (2016), are aimed at creating the necessary environments for formation of healthy and lasting family, ensuring gender equality, being an important element of the society in raising physically healthy and harmoniously developed younger generation.

The ongoing reforms in the public health system are aimed to protect motherhood and childhood, promote mother, child and reproductive health, increase the access for men and youth to the required information, consulting and
other services for the purposes of prevention of various diseases, including HIV/AIDS and sexually transmitted infections, etc.

Despite the results achieved, the issues associated with the role and place of men in promotion of reproductive health of mother and child, are still insufficiently studied.

As it is known, in determining the factors, in particular, the role of men in formation of lasting family connections and reproductive health, along with the official statistics, the public assessment of the effectiveness and efficiency of the ongoing reforms in the country, is very important. In this regard, a public opinion poll is an important methodological tool for identification of actual and really vital information on the role of men in the promotion of mother and child health.

In 2016, the Institute for Social Research under the Cabinet of Ministers of the Republic of Uzbekistan, the Ministry of Health and the United Nations Population Fund in Uzbekistan conducted the sociological survey “Study of the men’s role in the families and reproductive health promotion”. The present paper is aimed to study the formation of a healthy and lasting family, the relations between men and women in the family, the role of men in family planning and health promotion of the family members, and to identify the awareness of the youth on reproductive health, etc. The results of this analysis will allow submitting proposals to the government for improving the family policy, men mainstreaming in the formation of a healthy family and promotion of reproductive health.

On the basis of the scientific-methodological approach we formulated the goals, objectives and methodology of the study and developed a procedure for a sociological survey.

**Objective of the study:** to review the level of awareness among men at the age from 18 to 49 years on the issues of reproductive health, to assess some aspects of family relations and to develop scientifically based proposals for further raising men’s awareness on reproductive health and healthy family connections.

The objective set enables us to:
- review the previous studies on the issues of reproductive health and marital relations, which were conducted in Uzbekistan;
- analyze the measures for ensuring the priorities of healthy mother and healthy child in the Republic of Uzbekistan;
- identify some features of the relations and role of men in the families;
- make a social portrait of a modern Uzbek family; identify preserved national traditions and values related to the men’s role;
- analyze the relations between men and women, the division of functions and duties in the family; determine the factors affecting the formation of lasting and healthy families;
- analyze some aspects of the men’s role and status in young family formation, family mediation, prevention of critical situations in relation to women and children;
- analyze the men’s attitude to reproductive health, the contraceptive coverage and access for men and youth to information, consulting and other services aimed at the prevention of infectious diseases;
- reveal the men’s socio-psychological problems in family planning and reproductive health promotion;
- assess the level of their awareness on HIV/AIDS, sexually transmitted infections, risks of infection and ways of prophylactics;
- prepare proposals for sustainable development and strengthening the families, ensuring gender equality, increasing the men’s responsibility for reproductive health.

The information base of the study was the data of the State Committee of Uzbekistan on Statistics, the information from international organizations and research centers, the results of the IFR research projects on reproductive health carried out together with the United Nations Population Fund in 2010-2015, etc.

The study geography. The study was conducted in four regions of the republic: Tashkent city, Tashkent, Syrdarya and Namangan regions, through sample surveys in selected urban and rural localities, and in mahallas (communities).

Methodology of the study: The study was conducted using a combination of quantitative and qualitative methods of data collection. The quantitative method was based on the survey among the adult male population aged 18 to 49 years who were in a registered and unregistered marriage.

This study is unique because it separately examined the men’s opinions associated with their role in the family, formation of healthy family relations, their attitude to their own reproductive health, and concern for the family members as well as the factors of strengthening the family and marital relations.
The final objective of the study was the identification of the most important gaps in their knowledge and practices in reproductive health and healthy family relations and the development of scientifically based proposals to further raising their awareness.

Due to the limited budget, the task was to conduct a sampling diagnostic survey with a limited number of respondents, selected on the basis of the so-called “convenience sampling” or quota sample.

The study with a limited budget was made on a basic assumption that the knowledge and practices of the more educated legally married men, can serve a certain benchmark of the fullest knowledge and the most adequate practices, currently existing in the society, in the reproductive health and family planning. In other words, it is assumed that the knowledge and practices of less educated and younger unmarried men will be expected to be lower than that of men examined in this study.

In this regard, almost half of the respondents had higher education and their answers reflect, in general, the typical opinions of men on the different aspects of issues under study. Therefore, the results of this study are more diagnostic in nature, aimed at identifying the most serious gaps in the studied issues and do not reflect a full picture of all aspects of the men’s knowledge and practices in reproductive health and family relations in the country.

The study covered two districts in each region, or 8 geographical territories in total. The total sample size was 400 respondents, 100 men in each region. Sampling was made on each object separately; the respondents were selected with regard of local conditions. An approximate distribution was 50% of respondents in urban areas and 50%, in rural.

Thus the targeted selection of the respondents was made on the basis of the typical professional occupation of men, both in the cities and in rural areas. The objects of the study in urban area were Tashkent and Namangan: khokimiyats, government offices, educational institutions, commercial banks, markets, bus stations, construction sites, etc.

The objects of the study in rural areas in Tashkent and Syrdarya regions were: district khokimiyat (town hall), markets, bus station, farmers, workers of mahalla committees, local police officers, rural teahouse, etc.
The respondents were chosen randomly right in the areas of study, for example, in the MIA department, to ensure the fairness of the study we gathered married men aged 18-49 years, regardless of their parental status, who were working at the moment. They were chosen based on the loyalty to participation in the interview by “face-to-face” method.

The data collection method was questioning using a specially developed questionnaire for men. The anonymity of the respondents and confidentiality of the interview content were guaranteed. The questionnaire included open-ended and closed questions on different aspects of the study. For more in-depth study of the respondents’ opinions on issues of interest, we hold personal interviews with them in the form of snap poll, and recorded their opinions, proposals and recommendations on various issues of men’s reproductive health, family planning and strengthening marital relations.

**Study questionnaire**

Taking into account the goals and objectives of the study the developed questionnaire includes 6 sections:

- “Questionnaire passport”, which reflected the regions of the study, type of location, dates of study, codes of interviewers and data entry operators;

- “Demography and the family”, which allowed to identify the portrait of a modern young family, its social characteristics and to assess the state of marriage, parental status, and plans for the future;

- “The knowledge on reproductive health” - contains questions for identification of men’s and youth’s awareness about reproductive health, reproductive rights, and problems existing in the sector, demand in information and their consequences;

- “Participation of men in family planning and child birth” allowed to analyze the relations between family members, planning issues and factors affecting the formation of a strong family, use of contraception, involvement of the men in family affairs, etc.;

- “Sexually transmitted infections” assesses men’s awareness about HIV/AIDS and sexually transmitted infections, the risks of infection and ways of protection;

- “A set of questions for the interviewer” when the interviewer by his/her own observations, kept records of the current situation, and also recorded additional proposals and opinions of the respondents for qualitative analysis of the results.
To identify possible inconsistencies and exclude future statistical and methodological problems in the process of the main field phase of the survey, the developed questionnaire of the sociological survey was pre-tested by a pilot method, before mass distribution.

**Processing and analysis of study results**

After the field phase of the work we compiled a database using “CSPro 4.1” program for data entry, and “SPSS statistics v.24” program for subsequent processing of the obtained data. The input information was first checked for contradictions and corrected, the base was cleaned, and cross-tabulation in the context of different parameters of survey and data was made.

The results of the interviews were analyzed in accordance with the rules and procedures adopted in applied sociology. After computer processing of the data we obtained “output tables” describing and summarizing quantitative and qualitative indicators of the respondents’ answers.

Based on the study results we made a presentation of the report. The main conclusions and recommendations were discussed at the round table with the participation of scientists and specialists of the relevant ministries, departments and various organizations. Based on the results of the round table, practical proposals were finalized and final report was prepared.

The prepared memo on the results of the study was delivered to the Cabinet of Ministers of the Republic of Uzbekistan, Ministry of Health, Ministry of Economics, Women's Committee of Uzbekistan, Ministry of Higher and Secondary Special Education, National Broadcasting Company, “Mahalla Fund” and other relevant ministries, departments and organizations for practical use.

Based on the basic study findings, we developed infographics, which were subsequently replicated in three languages (Uzbek, Russian and English) and distributed among the interested ministries and agencies; popular scientific articles were published in scientific magazines, Internet sites for coverage of the wide range of the public.

**Use of study results in practice**

Study results allowed us to analyze the current men’s problems concerning reproductive health, identify their role in family planning, positive and negative factors affecting marital stability and health of family members.

The results of this study can be used in the development of strategies and programs aimed at:
- changing gender norms and practices of men in the family that adversely affect reproductive health;
- family planning;
- reducing factors of sexually transmitted infections;
- prevention of family conflicts;
- preservation of their own and women’s health;
- awareness of responsibility of men for birth of healthy children and their upbringing.
CHAPTER 1. NATIONAL STRATEGY ON PUBLIC REPRODUCTIVE HEALTH SUPPORT

1.1. Social policy on “Healthy Mother and Healthy Child” in Uzbekistan

The issues of preserving reproductive health and reproductive rights are becoming more vital in the world. Recently a series of important international conferences were held on these issues. These conferences developed and adopted international declarations, conventions and programs of actions and inter alia they gave a definition of the reproductive health and formulated approaches to its preservation and promotion.

Among the main international instruments of reproductive rights and reproductive health protection the following may be highlighted:

- Declaration of the International Conference on Human Rights (Tehran, 1968);
- UNO Convention on the Elimination of All Forms of Discrimination Against Women (UNO General Assembly, 1979);
- Convention on the Rights of the Child (1990);
- Proceedings of the International UNO Conferences on Population and Development (Bucharest, 1974; Mexico, 1984; Cairo, 1994);
- Proceedings of the World Conference on Human Rights, Vienna Declaration and Program of Action (Vienna, 1993);
- The Beijing Platform for Actions, IVWorld Conference on Women (Beijing, 1995);
- UNO Millennium Declaration, Adopted at the Millennium Summit (New York, 2000);
- Declaration of Commitment to Control HIV/AIDS, Adopted by the Special Session of the UNO General Assembly (New York, 2001).

The significance of preservation of reproductive health and protection of reproductive rights of people is determined by the fact that global estimates of the infringement or depriving people of their sexual and reproductive rights cause many negative consequences. Thus, for example:

- each year about 600,000 women die (one woman per minute) by reasons related to pregnancy and childbirth, mainly, in developing countries;
- about 200,000 women die annually as a result of absence or lack of efficient contraceptives;
• 350 million couples, in total, have no information about contraception and access to them;
• about 75 million pregnancies per year (out of the total number of 175 million) are unwanted, and their outcome is 45 million abortions and over 30 million undesirable babies;
• 70,000 women die every year due to improper abortions, and no one knows how many women get infections and other complications;
• one million people die annually from STI (excluding AIDS);
• approximately 50-60% of new cases of STI, including HIV, accounts for young people under 20;

From the first days of independence, the issues of protection of motherhood and childhood, gender equality, improving reproductive health, strengthening the family institution in our country are among the strategic directions of the national social policy. Over the last years, the country developed measures for creation of favorable conditions for the birth and upbringing of a healthy generation and consistently implemented them with the aim of achieving a long-term effect – improvement of the gene pool of the nation, medical culture in families, life expectancy and population quality of life.

The Republic of Uzbekistan is paying special attention to the implementation of the national programs aimed at improvement of the health care system, protection of motherhood and childhood, and ensuring the birth and raising of healthy children. The country declared 2016 “The Year of Healthy Mother and Healthy Child” and adopted the national program. Regular in-depth medical examinations are organized throughout the republic. Pregnant women in rural areas are provided with multivitamin complexes. Every month women of fertile age, children and girls-adolescents benefit from health improvement weeks and medical examinations under the motto “Nobody will be left without attention and care”, etc.

In addition, the National program on further strengthening the reproductive public health, protection of maternal, child and adolescent health in Uzbekistan for 2014-2018 provides for accomplishment of crucial tasks on provision of wide and equal access to good-quality medical services, promotion of
public reproductive health, improvement of physical infrastructure, human resources of medical institutions, introduction of modern diagnostic methods and delivery of health care to mothers, children and adolescents.

The social partnership between state bodies and civil institutions is established to implement the national programs on protecting maternity and childhood, increasing medical literacy of the population. Public awareness campaigns are held in the communities to increase medical culture of the population, adopt a healthy lifestyle in the society and improve the reproductive health. All conditions for massive involvement into a women’s recreational and sports movement are created, based on the principle “Healthy mother - healthy child”. This has a positive impact on their health and wellbeing. The collaboration of families, mahallas and educational institutions are of great importance there.

As a result of the consistent implementation of the programs, over the past five years the maternal mortality ratio per 100,000 live births declined from 23.1 cases to 19, the death of children under 5 years – from 14.8 to 13.9, and the infant mortality rate - from 11 to 10.7. According to these indicators, our country has fully achieved the relevant the UNO Millennium Development Goals.

In 2016, special attention was focused on further upgrading of facilities and human resources of the medical institutions, in particular, of perinatal and screening centers, improving the efficiency of family polyclinics and rural medical centers, ensuring the growth of the number of community nurses and improvement of their work as well as professional skills of obstetrician-gynecologists and pediatricians.

It should be noted that this year the physical facilities of children's and obstetric institutions have been significantly improved, including that of the Republican perinatal center, regional perinatal centers and branches of the Republican specialized scientific-practical medical center of obstetrics and gynecology, 13 regional multidisciplinary children's centers, republican city and district medical institutions, including children's and obstetric departments.

The National program “The year of healthy mother and healthy child”, approved in 2016, allowed to implement a complex of measures aimed at greater awareness and adoption in the community of the noble idea “Healthy mother and healthy child is a foundation of a happy family, and a happy family is a foundation of a prosperous society”, improvement of the protection system for family, motherhood and childhood, formation of atmosphere of special reverence and respect for mothers in the society, upbringing healthy and harmoniously developed generation, expanding the cooperation of state authorities and public organizations in strengthening the institution of the family.
One of the most important directions of the National program “The Year of Healthy Mother and Healthy Child” is further improvement of the laws and regulatory-legal base for protection of family, motherhood and childhood, support of the interests of women, increasing their role in upbringing a healthy child, strengthening the institution of the family as the foundation of a strong, stable and prosperous state.

The priority task is also the implementation of the National Program of early detection of congenital and hereditary diseases by means of prenatal and neonatal screening of pregnant women and newborns, large-scale early prenatal ultrasound screening of pregnant women at the level of regional medical unions (RMU), the equipment of 13 screening centers with digital high-class multi-purpose ultrasound systems. All this has allowed preventing the birth of children with congenital malformations and hereditary diseases, and reducing child disability and mortality.

The National Program also provides for raising the responsibility of medical workers for carrying out a complete pre-marital medical examination of the intending spouses, reducing potential cases of congenital and hereditary diseases, equipping clinics with modern diagnostic systems, improving the quality of medical services, community-based awareness-raising activities on the importance of medical examination before marriage for creation of a strong family and giving birth to a healthy child. Also, steps were taken to improve medical culture of the population, expand activities in sanitation, hygiene and health protection, improve the psycho-physiological state of pregnant women, appropriate care for young mothers and children, and ensure the quality and caloric content of their diet.

For the purposes of further improvement of the common scientific and practical policy in healthy diet and nutrition in accordance with the modern international standards, Tashkent Medical Academy established the Republican Training and Research Center of Nutrition.

The important tasks in the National Program “The Year of Healthy Mother and Child” is a widespread promotion of physical culture and sports, involvement of young people in sports, especially girls in rural areas, construction of new sports facilities and reconstruction of physical infrastructure of the existing ones, provision with modern sports equipment and gears, staffing with highly qualified coaches and trainers.

Thus, additionally, more than 1.7 thousand sports halls were built in secondary schools, (217 gyms in 2016), all schools have sport clubs and teams in various sports. In every district, there appeared modern youth sports schools equipped with necessary sports gear (15 schools in 2016). The activity of 56 specialized children and youth sports schools (5 schools in 2016) in the regional
centers was organized in four kinds of sports, the network of swimming pools was expanded up to the total number to 290 (11 swimming pools in 2016).

The formation of feeling of love for the Motherland in young generation, personal enrichment increase of knowledge in local history, culture and monuments are stimulated by excursions to museums, botanical gardens, zoos, parks of recreation and leisure. Trips and excursions to historical cities under the slogan “We are the Children of Independence” were organized for orphans from “Mekhribonlik” home, children from low-income families, and endowed pupils.

The work on formation of girls – the future mothers – physically healthy and intellectually developed, ensuring their compulsory education in academic lyceums and professional colleges, mastering modern knowledge and professions, formation of their solid position in life and independent thinking as the main condition for occupying rightful place in life and starting a healthy and strong family in future has been continued.

The important direction in the policy is the implementation of measures on formation of intellectually developed and physically healthy generation, creation of conditions for personal fulfillment of young people, especially girls.

The National Program “The Year of Healthy Mother and Healthy Child” determines the task of strengthening of the role of education system in forming a healthy child, further development of the network of preschool educational institutions, cardinal increase of school readiness level and ensuring high-quality primary education, broad reduction of the advanced pedagogical and information-communication technologies to practice.

In general, the comprehensive implementation of the planned activities can significantly strengthen the effective motherhood and childhood protection system formed in our country, educate harmoniously developed young generation and strengthen families.
1.2. Social portrait of modern Uzbek family, national traditions and values

In Uzbekistan, the observance of customs and traditions has always been the duty of every human, regardless of its origin and social status. The traditional Uzbek families have rather rigid hierarchy of relationships among their members. Juniors, of course, obey the head of the family and the elders. The woman occupies a strong position - as the mother and wife of the owner of the house, and a weak one - as subordinated to her husband and his father (or mother). Children in any family should be strongly loved and respected.

The family lays the foundations of moral education of children, their cultural development, which form in future the norms of behavior and enrich the inner world. The family greatly stimulates its social and creative activity, promotes the formation of fully developed personality. The stability of the institute of the family and its reliability are the guarantor of successful and comprehensive development of the country as a whole.1

In this regard, the systematic monitoring of the formation of social portrait of the Uzbek family, the study of the transformation of national traditions and values is of scientific and practical interest. The average age of the men surveyed in the study was 34 years. A little less than 70% of the respondents were at the age of 26-40 years. The grouping by the age of 18-25 years made up 9.8%, 26-30 years - 34%, 31-40 years – 35.3%, 41 years or more - 21%.

As it is known, the family and marital relations are largely dependent on the knowledge level of family members. The survey studied the educational level of men to assess the impact of this factor on the stability of the marital relations, as well as on the health of the mother and child.

The analysis of data showed that the level of education of respondents is high enough (Fig. 1.2.1). Thus, the sampling of the study included men, mainly, with higher education - 50% in urban and 36.5% in rural areas. The number of persons with advanced education in the cities made up 30%, in rural areas - 41%, and almost equal amount of

Fig 1.2.1. Level of education of respondents, %

persons with secondary level of education – 20 and 22.5%, respectively.

Material prosperity, which largely depends on the sector of employment, in many respects creates a positive atmosphere in the family.

![Figure 1.2.2. Distribution of the scope of employment of the men-respondents (18-49 years), %](image)

As can be seen from Fig.1.2.2., over 86.5% of the respondents are engaged officially with a stable salary, about 11.8% in informal sector of the economy. The high level of employment forms a stable income and the appropriate level of welfare, which is largely a positive factor for socio-economic stability of marriages in families.

Traditionally, in Uzbek families men take moral and financial responsibility for the provision of income and welfare of the family, which is the integral part in the upbringing of children. The woman is associated as the guardian of the family hearth, dedicated to raising children and housekeeping.

The employment of wives of the male respondents was also studied (Fig.1.2.3). It should be noted that most of the wives do not work or are on leave to care for children. Their share in the cities is 61% and in the rural area 55.5%. This is largely associated with the fact that a large family in the same household consists of the representatives of several generations and a large number of children. The women are mainly engaged in the care of children and the elderly, and busy with household chores.

![Figure 1.2.3 Types of employment of the respondents' spouses, %](image)
The survey of respondents showed that the majority of men are positive that the woman does not work and spends more time for family, home and is engaged in the care and upbringing of children.

The analysis of marital status of the respondents showed (table.1.2.1) that the majority of couples live in a registered marriage - 95.8%.

<table>
<thead>
<tr>
<th>Marital status of respondents, %</th>
<th>registered marriage</th>
<th>civil marriage</th>
<th>divorced</th>
<th>widower</th>
<th>Religious marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>95.8</td>
<td>0.8</td>
<td>3.3</td>
<td>0.3</td>
<td>0</td>
</tr>
<tr>
<td>Urban</td>
<td>97.0</td>
<td>0.5</td>
<td>2.5</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Rural</td>
<td>94.5</td>
<td>1.0</td>
<td>4.0</td>
<td>0.5</td>
<td>0</td>
</tr>
</tbody>
</table>

It is noteworthy that religious marriages in the study were not revealed, as they legally do not exist in Uzbekistan. This form of marriage such as “civil marriage”, without legal registration of the relationship was minimal and made up 0.8%.

In Uzbekistan, parents are responsible for teaching the young how to found new a family, such teaching takes into consideration many factors. Traditionally, the parents choose a bride for their son, and matchmakers help them in this. They are very responsible in choosing a bride, asking in detail about her family and getting acquainted with the relatives of the girl. This is because parents and relatives choose wives for their children from families of equal material status, level of education, outlook and many other factors that will affect the family relations in future, which ultimately is the guarantee of a prosperous family. But currently in some cases, the parents' role is now limited only by the advice. In many cases, when parents try to force their children to marriage,
it depends on the young people to agree or to refuse the proposed candidate to found a family.

In this regard, this study is of particular interest, because it enables to review the factors in choosing a future spouse. Those who were directly involved in this process, and who finally chose his future wife were surveyed (Fig. 1.2.4.).

At the same time, this figure is higher in cities, where men rely more on the choice of the parents and relatives – 57.5% than in rural areas, where their role is also relatively high – 45%. This feature distinguishes us from other countries where youth is itself responsible for the choice of future brides and creating families.

For the purpose of clarification of the male respondents’ opinion, they were also asked about the most important factors which are significant for them in the choice of spouses and the stability of the future family (Fig. 1.2.5). Respondents were given the option of choosing several answers, as many factors create the overall picture of the future spouse.

![Fig. 1.2.5. The most important factors in choosing spouse, in %, frequency of multiple answers](image)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral pattern, personal.</td>
<td>72.0</td>
</tr>
<tr>
<td>Social maturity</td>
<td>44.3</td>
</tr>
<tr>
<td>Visual appeal</td>
<td>56.0</td>
</tr>
<tr>
<td>Status of parents, relatives</td>
<td>15.3</td>
</tr>
<tr>
<td>Material security</td>
<td>6.0</td>
</tr>
<tr>
<td>Love</td>
<td>33.5</td>
</tr>
<tr>
<td>Level of education</td>
<td>17.8</td>
</tr>
<tr>
<td>Health condition</td>
<td>24.0</td>
</tr>
<tr>
<td>Parents’ wish</td>
<td>28.8</td>
</tr>
<tr>
<td>Religious sanctions</td>
<td>8.0</td>
</tr>
<tr>
<td>Nationality</td>
<td>10.8</td>
</tr>
<tr>
<td>Other</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Processing of the results of the study showed that the most significant factors influencing the choice of future spouses, were: the manner of behavior and personal characteristics of girls (72%), visual appeal (56%), social maturity (ability for housekeeping) (44.3%).

Only a third of respondents spoke about the importance of having love, 33.5%, and then, in descending order: the wish of parents - 28.8%, state of health
of the future wife - 24%, level of education - 17.8%. The indicators such as the status of parents and relatives of the future wife, the financial status of bride's parents and their importance were noted only by 21.3% of respondents.

The importance of the nationality of the bride and her religiosiy was noted by 18.8% of respondents. In general, young people quite rationally consider the existing factors in choosing a future spouse and believe that they are important enough to create a strong and healthy family.

Currently, the wedding in Uzbekistan is associated with higher costs: the dowry, "toy" (wedding party), meal, gifts that are presented to the newlyweds, their parents and closest relatives. The bride's dowry is the clothes, carpets, furniture and other unnecessary expenses that should be reduced, and the role of Mahalla institution and mass media is very important for this.

A more in-depth analysis showed that the educational level of future spouse, as a rule, is important for men of a corresponding educational level (Fig.1.2.6).

![Fig. 1.2.6. Importance of education level of future spouse for respondents of different educational level, %](image)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher</td>
<td>26.0</td>
</tr>
<tr>
<td>Advanced</td>
<td>13.4</td>
</tr>
<tr>
<td>Secondary</td>
<td>8.2</td>
</tr>
</tbody>
</table>

Usually men choose brides of corresponding level of education. Thus, if the education level factor of the respondents with advanced education is 13.4%, this figure for the youth with higher education is almost 2 times higher (26.0%). The educated young people in Uzbek families are usually held in great authority and respect. The relatives are proud of them; the seniors ask for their advice and consider their opinion.

The respondents were also questions about the accommodation: their preference to live as part of an extended family of HH, i.e. together with other members of big family or separately, as a separate social unit (Fig.1.2.7).
Analysis has shown that the respondents’ options to live with the wife's parents are absent because it is not accepted in Uzbekistan, where young people almost always live in the husband's house either with husband's parents or separately. Thus, in general, slightly more than half of the respondents’ families (53%) live with husband's parents, and the rests – separately (46%).

A more in-depth analysis has been conducted in the context of different age groups (Fig. 1.2.8).

It should be kept in mind that Uzbekistan has historical traditions when the role of the parents in the upbringing of children, responsibility for marriage, providing housing, ensuring family stability, reducing the potential family conflicts is critical. The survey found that those who live separately from the parents are over 31 years, but young families of the respondents under 31, usually live

“In modern Uzbek society people understand that early marriages are not favorable especially for young girls. Among the youth there is also the tendency to become financially and materially independent and only then to marry”.

(Nurbek, 30 years old, urban citizen)
with their parents – 92.3%.

Modern Uzbek family is built on the equality of its adult members, on friendship and respect for each other. The wife equally with the husband is considered the mistress of the house, together with him she solves all domesticities and economic matters and economic affairs of the family. She brings up the children, participates in matters relating to their future - study, marriage, etc. In many families the wife, but not the husband, as it was before, became the treasurer and money holder.

Sharing accommodation with older members of the household is largely a positive factor, which promptly dampen down the emerging family conflicts of the couple and becomes the guarantor of stable and lasting family relations in future. Sure, it has good results; it allows the young couple to adapt to family life, provide material support as needed. Mother-in-law is actively helping a young bride to adapt to the family life of a new family, preserving the traditions and cultural aspects of the family.

In recent years, the marriage age for men has increased significantly in Uzbekistan. To identify these indicators, the respondents were asked questions about the age of official marriage (Fig. 1.2.9).

There is a slight difference in villages, where relatively young marriage age of men compared with the cities is observed. About 5% of the respondents first married at the age of 31 and older.

The study set a target to identify how the level of education affected the age of marriage (Fig. 1.2.10).
As can be seen, with the increasing of education level, the proportion of men, marrying at older age, increases. This suggests that the awareness of the importance of education, employment, financial independence and then marriage increases.

Comparative analysis on respondents’ parental status was conducted in urban and rural areas, and, as can be seen (Fig.1.2.11) the significant differences are not observed. There are slight differences in the number of children in rural areas in the categories of 3-4 children and 5 and over, which is traditional for villages. When planning the number of children, the people are more oriented on the number of 1-2 children in cities – 57.5%, and in rural – 53%.
The analysis of the number of children, the representatives of different age groups have, showed a certain tendency (Fig 1.2.12.). It turned out that practically all men at the age of 41 and over have children, i.e. there are no absolutely childless families. At the same time, 27.4% of the respondents have only 1-2 children, and 61.9% of respondents have 3-4 children. However, the most significant point is that the men in this age group, who have 5 children and more, account for 10.7% of the respondents.

Taking into consideration, that the basic reproductive age in Uzbekistan is from 25 to 40 years, it is evident that modern young families limit the number of children to 1-4, totaling up to 97.2% of the male respondents aged 31-40 years. The men of this age category, who have 5 children and more, amount to 0.7%. In this regard, it can be stated that at present and in the future the families will limit the number of childbirths, not more than 4 children in one family, and will focus on the number of children in average - 2-3 children.

He processed data showed that actually at present about half of the respondents (53%) has 1-2 children, 34% have 3-4 children, and about 3% have 5 children or more. Thus, it should be kept in mind that among the analyzed age groups in this study there are men who are still in reproductive age, and who can...
plan additional children. In this regard, the above data only shows the current information on the number of children.

The survey, carried out in 2015, revealed that women deliver the first child, mainly, in the first years of marriage – at 21-25 (78%). Similar indices of 2015 showed that young families under the age of 35 years have 2-3 children in average: 27% of respondents had 1 child, 33% – 2 children, 20% – 3 children, 6% - 4 children, 1% - 5 children and 13% had no children.

The analysis of birth-rate tendency revealed some differences and plans. Thus, responses to the question about the ideal number of children in families were as follows: about 70% of men would like to have 3–4 children, 27% of the respondents prefer to limit it to 1-2 children, and a very low proportion of men (3%) believe that it would be ideal if the number of children is 5 or more. It is interesting that men having 4 or more children said that ideally it is good to have 2 or 3. These trends indicate that family planning and conscious decision-making become an integral part of family policy and men are responsible for making such decisions. More religious beliefs of respondents were also considered, they expressed their opinions about the number of children such as- “as many as God will send…”

In general, the difference between the actual and ideal number shows that men are still more oriented to 3-4 children per family.

Men were also questioned on the role of children in provision of marital stability (Fig. 1.2.14).

| Fig. 1.2.14. Role of children in provision of stability of marriage and family, % |
|------------------|---|---|---|
| rural            | 72,0 | 17,0 | 11,0 |
| urban            | 74,5 | 14,5 | 11,0 |

The traditions of having many children and cohabitation of several generations in one family under the same roof are important factors in the stability of families and in the reduction of family conflicts, especially at the stage of the young family formation.

At the same time, the older generation recommends and tries to influence on the young people have children as soon as possible, and in every possible way encourages them to do so, since children are the key to strengthening family ties.
The analysis showed that the opinions of men, both in rural and urban areas, on this account are almost the same. The fact that the role of children in ensuring marital stability is significant was emphasized by the majority of the respondents (about 73%).

At the same time, there are negative aspects in some families when mothers-in-law accuse their daughters-in-law in delays of having children, inability to bear children, while some of them are even trying to divorce the young family the next few years of the marriage, despite the good relations between the spouses. The motives of older generation for early childbirth by married couples are the most acute and sometimes become conflict-generating factors in the lives of young people.

It should be noted that some states of health and imbalances do not allow immediately having children, and require medical examination. In such situations, they basically believe that the reason is in woman and perform one-sided treatment of the wife. At the same time they forget that both men and women can be the reason of unsuccessful impregnation, unfortunately, both the men’s diagnostication and the importance of joint treatment, especially in rural areas, are still at a low level.

Unfortunately, there are the examples when due to the impotence of the man, he repeatedly marries young girls, with subsequent divorces and accusation of his wives in inability to have children. Though this man has never passed a comprehensive examination and received the appropriate treatment before. This requires the extensive awareness-raising activities among the population. So, for example, if there are no children after a certain period of joint life, and there is a suspicion on infertility in the family, it is mandatory, along with the examination of wives in the health centers, to have a parallel examination of husbands. Moreover, they are recommended to receive a follow-up treatment of the identified diseases of the reproductive system.

According to the results of the survey it is possible to present a social portrait of a modern Uzbek family: it is a traditional family, contracted and effected their marriage in the registry office and solemnized it with religious rite
“Nikoh”, having 2-3 children, in average and a “middle-level standard of living” according to their own self-assessment of well-being.

Thus, Uzbekistan traditionally preserves the basic principles of the Uzbek family: the sanctity of marriage, responsibility of parents for the upbringing of children and duty of children to parents, mutual respect and harmony, protection of family honor and dignity.

A distinctive feature of men in family planning and reproductive systems can be formulated by the following aspects:

- in the ideal perception, men are more likely oriented to the birth of 3-4 children (70% of the respondents), while women usually – 2-3 children;
- the most significant factors influencing the choice of future spouses by men, is: behavior pattern and personal characteristics of girls - 72%, eye appeal – 56%, social maturity - 44.3% and love -33.5%;
- the higher average age of men at marriage than that of women;
- the significance of children in ensuring the family stability is higher among women than among men;
- traditionally in Uzbek families men assume moral and financial responsibility for income support and welfare of the family;
- the majority of men want their wives to spend more time on family, household chores, housekeeping, child rearing and child caring, rather than work;
- birth planning and conscious decision-making become an integral part of family policy, and men are becoming increasingly responsible for making such decisions.
CHAPTER 2. MEN’S ROLE IN FAMILY PLANNING

AND HEALTH SUPPORT

2.1. Men’s role in formation of healthy families and marital relations

The man as a husband and father in the family and society has a special place and performs a critical role in the physical, social and spiritual relations. The role of men in an Uzbek family and society is high, and the concepts such as “success” and “leadership”, “the man shapes the future happiness and success in family and in life” are especially associated with him. The especially critical traditional role of the man in the family is to ensure material welfare and provide the family with all necessary things. At the same time, today more and more women work and make their contribution to family budget.

The important role of men in the family is associated with raising children. The father should pass down the experience and knowledge he received throughout his life to his children.

The role of men in family planning is extremely important. Both woman and man are equally responsible for decisions related to:

- prevention of unwanted pregnancy through effective contraceptive methods,
- family planning and birth of unwanted children;
- prevention of complications and careful attitude both to own health, and the reproductive health of the whole family.

It is very important that both spouses take a conscious and informed part in family planning, both in planning pregnancy, and in participating together in the choice of effective contraceptive methods to prevent unplanned pregnancy, bearing common responsibility for their use, risk of side effects and care for the health of each other.

At the stage of planning pregnancy more and more men understand that the gestation and birth of baby is not the sole responsibility of women, but that of the couple. Therefore, the father’s active participation in pregnancy planning is necessary and important both for him, for his wife and also for future children.

“Mutual respect and understanding between husband and wife strengthen the marriage, so it is necessary to show many awareness-building programs, make informative films and to carry out explanatory work in Mahallas with the broad use of mass media opportunities”.

(Rovshan, 33 years old, rural citizen)
The results of the survey showed that most men (77%, in average) believe that the number of children should be planned in advance (Fig. 2.1.1).

In addition there are differences in rural areas, where about 19% of the respondents indicated that there was no need in planning for children, i.e. in the family there shall be as many children as it is destined. Such respondents in the cities were only 13%.

In many ways, the education level, efficiency of information work, mass media and other factors influence the awareness of men in family planning and birth of wanted children, but not “as luck would have it”. In this regard, the analysis in terms of educational level of the respondents (Fig. 2.1.2.) showed the awareness of the need for family planning equal to 82.7% in the respondents with higher education and only 65.9% in the respondents with secondary education.

“There is a large gap in the culture of education of men concerning reproductive health in rural areas. Many of my friends don't know many basic things related to health, types of diseases, symptoms and what to do in certain cases.

(Otabek, 23 years old, rural citizen)

About 22.4% of men with secondary education denied the need for planning the number of children.
Material wealth is one of the important aspects of the family wellbeing, opportunities of proper childbirth and child rearing. The respondents were asked about the impact of financial status on ensuring of healthy pregnancy and healthy child (Fig. 2.1.3.).

The results of data processing showed that the majority of male respondents (in total, around 81%) believe that the financial situation still affecting the birth of healthy children, largely due to good care, quality food, the possibility of proper rest in families with a better financial situation. These figures are practically the same among rural and urban citizens.

The knowledge of men about the age at which it is desirable for women to have children, with regard of their their physiological condition and health, was of particular interest (Fig.2.1.4).

It turned out that the majority of men (77%) consider that the best and most favorable child-bearing age is from 21 to 31 years old, which is quite rational from the point of view of modern studies of scientists. At

"At present time many mothers feed their nursing infants with imported baby food, as the cost of “NAN”, “NESTLE”, “NESTOGEN”, “Malyshka” etc. is very high. For example, for our daughter we buy Nestogen-1 (350 gram) which costs 38 thousand UZS in the amount of 8 boxes, that makes up 304 000 UZS per month. Such amount is high enough for our family budget. I think it is necessary to develop domestic production of baby food in our country or strictly to control the retail cost of baby food”

(Bakhodir, 35 years old, rural citizen)

"In my opinion, medical workers have not given an adequate attention to the male health, although the birth of children depends not only on the health of women, but that on the men, too. I think it is necessary to intensify efforts in this direction, improve the mechanisms for timely detection of diseases in men, as well as subsequent treatment, etc.”

(Toshmat, 45 years old, urban citizen)
the same time, approximately 15.5% of men believe that the best age for having children is 17-20 years old. Under the law, the age for marriage in Uzbekistan is 17 years old.

The analysis was also conducted on the respondents' opinions about the most favorable child-bearing age of women, depending on educational level of respondents (Fig. 2.1.5).

<table>
<thead>
<tr>
<th>Education Level</th>
<th>17-20 years old</th>
<th>21-31 years old</th>
<th>27-35 years old</th>
<th>30-40 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher</td>
<td>11.0</td>
<td>85.0</td>
<td>3.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Advanced</td>
<td>15.5</td>
<td>73.2</td>
<td>8.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Secondary</td>
<td>24.7</td>
<td>67.1</td>
<td>8.2</td>
<td>-</td>
</tr>
</tbody>
</table>

There is a clear tendency of the influence of level of education of men regarding the knowledge of a rational child-bearing age of women. Thus, if the age of 21-31 years old was indicated by more than 85% of respondents with higher education, then among the respondents with secondary education, it was 67.1%.

From a scientific point of view, important is the interval between the births, when a woman's body recovers and there is sufficient time for child care. Given the fact that men influence on the baby planning, they were asked about the best interval between the births with regard of health of woman and child (Fig. 2.1.6)

<table>
<thead>
<tr>
<th>Time Interval</th>
<th>1 year</th>
<th>2 years</th>
<th>3 years</th>
<th>4 years and more</th>
</tr>
</thead>
</table>
| In general, the majority of respondents believe that the optimal time interval is 3 years – 58.3%, and 4 years or more – 16.3%. Still, among the men interviewed, there was an insufficiently rational opinion about the period of time of 2 years, mentioned by approximately 20.5% of the respondents, and small number of men - 4.8% considered that 1 year between births is sufficient.
The dependence of the education level of the respondents on the awareness about the optimal interval between childbirths represents a scientific and practical interest (Fig.2.1.7).

Data processing showed that with an increase in the education level the awareness and level of knowledge on reproductive functions of women increase as well as the importance of increasing the interval between births. In this regard, due to the lack of awareness among the youth, including those with secondary education, there is a need to develop specialized information campaigns to raise the awareness about the basics of reproductive health especially for the youth.

![Fig. 2.1.7. Men's opinion on optimal interval between birth of children, % depending on the level of education](image)

```
<table>
<thead>
<tr>
<th>Level of Education</th>
<th>1 year</th>
<th>2 years</th>
<th>3 years</th>
<th>4 years and more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher</td>
<td>2,3</td>
<td>14,5</td>
<td>65,3</td>
<td>17,9</td>
</tr>
<tr>
<td>Advanced</td>
<td>6,3</td>
<td>23,2</td>
<td>56,3</td>
<td>13,4</td>
</tr>
<tr>
<td>Secondary</td>
<td>7,1</td>
<td>28,2</td>
<td>47,1</td>
<td>17,6</td>
</tr>
</tbody>
</table>
```

“It would be nice if men and women understood the importance and usefulness of the preliminary examination and course of treatment prior to conception of the child. This will allow to strengthen the health of the spouses, and to have healthy children. I think such information and explanatory work should be conducted in clinics and other medical institutions”.

(Sardor, 30 years old, rural citizen)

The important contribution to a significant improvement of the health of the newlyweds was made by a government decision. It stated that before marriage registration the young people should pass comprehensive medical examination. In this case, both parties will have a clear idea about the health of future sexual partners, and subsequently, the health of future children.
In general, the analysis of the role of men in building healthy family and family relations showed the following tendencies in the country:

- the man – both as a husband and father - occupies a special place in the family and Uzbek society and plays a critical role in physical, social and spiritual aspects;

- more and more men realize that family planning is an important issue, and that pregnancy, gestation and childbirth is not a sole concern of the woman but of the couple;

- more than 77% of men believe that the number of children should be planned in advance, which is the important factor in the traditional Muslim countries;

- more than 81% of men believe that the financial situation is still affecting the birth of healthy children, largely due to good care, quality food and the possibility of proper rest;

- more than 77% of men believe the age from 21 to 31 years is the most favorable and optimal female age for childbearing, which is quite rational;

- the optimal interval between births for women is 3 years (58.3%), 2 years (20.5%), and a small number of men (4.8%) said that one year between the births was enough, that indicates a rather good effectiveness of the national information programs on family planning.
2.2. Men’s role in reproductive health of family members

According to the World Health Organization (WHO), reproductive health is a critical component of overall human health. It implies a state of complete physical, mental and social well-being, characterizing the ability of people to conceive and bear children, the possibility of sexual relations without the threat of sexually transmitted infections, the guarantee of safe pregnancy, child birth, and care, the mother welfare, the possibility of planning the next pregnancies, including the prevention of unwanted ones.

The basics of a woman's reproductive health are laid in early age and depend on the genetic characteristics, presence of pathology of various body organs and systems, environmental factors, etc. Early sexual debut, sexually transmitted infections (STI) including HIV/AIDS, unplanned pregnancy and abortions are the main reproductive problems. Reproductive health is largely determined by the lifestyle of person, responsible attitude towards the health, as well as by the level of awareness about the basics of reproductive health, opportunities for its preservation and the realization of reproductive rights.

Concern for reproductive health preservation also includes sexual health, the purpose of which is to improve the live and interpersonal relations, and not only consultations and treatment services related to reproduction and sexually transmitted infections.

The male role at the prevention stage of unwanted pregnancy is also important in the process of choosing and using effective methods of contraception. Men are also increasingly responsible for the health support and care of the family members.

It should be noted that, traditionally, the most effective contraceptive methods developed over the last 25 years, has been focused exclusively on women. In addition, as the woman carries the burden of pregnancy, gives birth to the child, feeds it and in most cases, cares for it, she is more interested in controlling her reproductive functions.

The issues of male contraception are of particular importance in cases when the woman cannot or is not willing to use contraceptives for any reason or for health reasons.

Concerning the family planning process, a man should know about important aspects such as:

- contraception allows sexual partners to enjoy sexual life freely and without fear that sexual intercourse can lead to unplanned pregnancy;
contraception allows to have a child in the best time for the couple;
freedom of choice is important for material and social well-being of the family;
a married couple can be a positive example of the use of contraceptive methods for their children. It will allow the children to plan their family in future and avoid problems related to unplanned pregnancy and STI;
condom protects from HIV infection and other STI;
male participation in the family planning process;
responsibility for taking decisions on the family planning method aimed at preserving the health of women and his own;
ensuring safe sexual behaviour;
willfulness to use a parallel method of contraception for more guaranteed prevention of pregnancy and sexually transmitted infections (STI).

Sexual health is a state of physical, emotional, mental and social well-being associated with sexuality. Sexual health requires a positive and respectful attitude to sexuality and relationships of sexual nature, as well as the possibility of acquiring sexual experience, safe and enjoyable, free from violence, discrimination and cruelty. Respect, observance and protection of sexual rights of the individual are the basis for achieving and maintaining human sexual health.

This survey raised a number of issues to identify the men’s awareness of reproductive health of family members. Men were asked about the role of medical care, timely diagnosis and the importance of systematic examination of pregnant woman (Fig. 2.2.1).

The analysis showed that the absolute majority of men believe that it is very important (97.3%). These figures are very encouraging; they significantly affect the pregnancy of women and the birth of healthy children. Uzbekistan is conducting a comprehensive work in this area; every pregnant woman is registered in medical institutions at the place of residence and is under the control of the

“Among the negative tendencies, I can say that some wives do not sufficiently respect their husbands. I believe that young girls need to be taught to respect men and husband in parental families; this will lead to good relations between husband and wife that will essentially bring the entire family together.

(Anvar, 26 years old, rural citizen)
general practitioner. The woman is under the constant supervision of a doctor who monitors the pregnancy and the fetus; all necessary medical treatments, preventive examinations, screening, etc. are carried out.

Pregnancy planning depends to a large extent on the ways of prevention of unwanted pregnancy. Men were questioned about current use of means and methods of preventing unwanted pregnancy.

As can be seen, the figures are practically identical, both in urban and rural areas. In general, about 62% of the respondents are using contraception, while 34% not. At the same time, the respondents who are not using the contraception focus on the birth of the next child, or those whose wife is pregnant and they are, mainly, the youth under 35.

The identification of the process for decision-making on the use of contraceptives is of particular interest. (Fig. 2.2.3).

It is seen that the decision is usually taken jointly or it is the prerogative of wives. At the same time, the proportion of families jointly making decisions on contraceptive use is higher in cities (69.5%) than in rural areas (59.1%). In rural areas, the proportion of women who take on responsibility for contraceptive use is higher (38.6%) than in urban areas (28.9%). It is noteworthy that the proportion of men who are responsible for making decisions on contraceptive use is very low.

The analysis of used methods of contraception showed that families mainly use intrauterine devices – about 70.6% (Table.2.2.1).
Table 2.2.1

<table>
<thead>
<tr>
<th>No.</th>
<th>Types and methods of contraception</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Condom</td>
<td>11,1</td>
<td>11,8</td>
<td>10,4</td>
</tr>
<tr>
<td>2</td>
<td>Birth control pills</td>
<td>6,3</td>
<td>7,1</td>
<td>5,6</td>
</tr>
<tr>
<td>3</td>
<td>Intrauterine devices</td>
<td>70,6</td>
<td>68,5</td>
<td>72,8</td>
</tr>
<tr>
<td>4</td>
<td>Hormonal injection contraception</td>
<td>1,2</td>
<td>0,8</td>
<td>1,6</td>
</tr>
<tr>
<td>5</td>
<td>Coitus interruptus</td>
<td>0,8</td>
<td>0,8</td>
<td>0,8</td>
</tr>
<tr>
<td>6</td>
<td>Calendar method</td>
<td>2,8</td>
<td>3,9</td>
<td>1,6</td>
</tr>
<tr>
<td>7</td>
<td>Neuter surgery</td>
<td>4,0</td>
<td>3,9</td>
<td>4,0</td>
</tr>
<tr>
<td>8</td>
<td>Others</td>
<td>3,2</td>
<td>3,2</td>
<td>3,2</td>
</tr>
</tbody>
</table>

According to the results, the share of those who used condom was 11.1%, and those who used birth control pills – 6.3%.

The identification of the role and participation of men in the family affairs, assistance in household chores, including care for pregnant women and parenting was the important pattern of the study (Fig. 2.2.4).

The analysis showed that almost all men (97.5%) paid costs for examinations and purchase of medicines. Most men accompanied their pregnant wives to the doctor – 86.5%, cared for gestation course – 61.3%. Almost half of
the respondents assisted and assist in household chores and in raising children. One-third of the men cared about sleep and rest for their wives during pregnancy and childbirth, including that of a child. These trends are quite positive on the background of the fact that the authority of men in Uzbek families is very high.

Analysis by age groups showed that there were some differences in the participation of men in providing care to women during pregnancy and childbirth (Fig. 2.2.5).

Thus, men aged 31-40 years, and men of older age from 41 years and older are more interested in the pregnancy than young people under 30. Middle-aged men help more their wives in household chores, care more about the sleep and relaxation of their wives than men from other age categories.

Men from various age categories were asked about their participation in child rearing and child care (Fig. 2.2.6). In this case, about half of men of older age – 41 and over participates in the child raising, men at the age of 31-40 participate more than those from in other age categories of men – 54.3%.
The proportion of men who take care of sleeping and rest pattern of the children and those who take care of the child's feeding schedule is high enough in all age groups, which in total exceeds one third of all respondents.

At the same time, the male respondents made a number of principled positions, harshly criticizing the behavior of some women. In particular, unhealthy habits such as tobacco abuse, consumption of alcoholic beverages, etc. These ideas were expressed in the context of ensuring the health of mother and child, strengthening family relations and

Based on the above, it is possible to make the following conclusions:

- the republic is conducting comprehensive work on the care of every pregnant woman who is registered in medical institution and constantly supervised by the doctors;

- the role and responsibility of men for their own reproductive and women's health significantly increased that is the result of comprehensive awareness-raising work;

"In my opinion, in recent years women began to drink alcohol, smoke cigarettes, especially in the cities. Women are seen in cafes and restaurants more often than men. I think it is a disturbing factor, in this regard, men should strictly control the behavior of their wives, and dramatically reduce the number of such gatherings in restaurants ".

(Otabek, 38 years old, rural citizen)

<table>
<thead>
<tr>
<th>Fig. 2.2.6. Participation of men in care and upbringing of children, % of those having children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped in upbringing the children</td>
</tr>
<tr>
<td>41 years old and older</td>
</tr>
<tr>
<td>54,3%</td>
</tr>
<tr>
<td>Cared about sleep and rest of child</td>
</tr>
<tr>
<td>42,0%</td>
</tr>
<tr>
<td>Cared about food for child</td>
</tr>
<tr>
<td>44,2%</td>
</tr>
</tbody>
</table>

"In my opinion, in recent years women began to drink alcohol, smoke cigarettes, especially in the cities. Women are seen in cafes and restaurants more often than men. I think it is a disturbing factor, in this regard, men should strictly control the behavior of their wives, and dramatically reduce the number of such gatherings in restaurants ".

(Otabek, 38 years old, rural citizen)
- men’s understanding of the role of medical care, timely diagnosis, systematic examination of the pregnant woman has increased, which was observed in more than 97.3% of men, and that is undoubtedly a positive aspect;

- 62% of married couples (both in urban and rural areas) widely use contraceptives, while 34% do not use, the main motivation is the expected pregnancy and the desire to have children;

- there is a tendency of increasing participation of men in the decision-making on contraceptive use and according to the survey, on average, 65% of respondents made the decision together;

- almost all men (97.5%) paid costs for examinations and purchase of medicines for their wives. More than 86.5% of men accompanied their pregnant wives to the doctor, about 61.3% asked after the pregnancy on a regular basis;

- more than half of men assisted and assist in household chores and in raising children. One-third of the men cared about sleep and rest for their wives during pregnancy and childbirth, including that of a child.

Thus, it is important to note that the male responsibility for women's reproductive health, including care and raising of the children in Uzbekistan is rather high, and the national programs in this area are yielding positive results.
2.3. Stereotypes and behavior patterns of youth and men in the society

A modern approach to health is increasingly based on the fact that teenagers and youth constitute a specific age group. Specific needs and their interests regarding the health determined by their rapid physical development, as well as social, sexual and personal changes that accompany the puberty process. The studies conducted in developed countries have shown that the orientation of health care specifically for this population group and providing adolescents with health information help to reduce morbidity and mortality not only during adolescence but also in later periods of life.

As it is known, the process of growing up of pubertal group of the population takes place under conditions of high health risk. Their direct consequence are failure to follow dietary pattern, abuse of alcohol and tobacco, infectious diseases, depression, angst, early sexual activity with non-observance of safe sex rules and early pregnancy. Sexual behavior of young people often gets quite a risky form, since it is often accompanied by a low sex culture, insufficient availability of contraception, particularly during first sexual contacts.

The spread of premarital and extramarital sexual relations, on the one hand is the evidence of the liberalization of sexual attitudes of today's youth, and on the other hand, its actualizes the problem of prevention of unwanted pregnancies and STI transmission in sexual contacts. The important problem for youth is a late presentation to the professionals being afraid of the lack of confidentiality, as well as financial difficulties (applying to private clinics).

The majority of young people entering the age of marriage are not ready to fulfill spousal and parental responsibilities. This is evidenced by continuing increase in divorce rates, inability of the young couple to run a home and avoidance of parental responsibilities.

"In my estimation, now, about 20-30% of guys aged 18-22 years in the cities already have first sexual experience. The same indicators among the rural population, I think, is much lower, which is due to the fact that there are broad social contacts in the rural areas, “everybody knows each other” and the limitations of external sexual relations...”.
(Shukhrat, 44 years old, urban citizen)

"Men in most cases don't care about their health and usually neglect their disease. Many of them are embarrassed to talk about certain of their diseases even with their family and friends, and hide them from their wives. I think that wives need to help and to contribute actively to the treatment of their husbands."
(Sirodjiddin, 30 years old, urban citizen)
The efforts of families are not always sufficient to form a positive experience in this kind of relations, therefore there is a need of instruction of young people in family matters, of active participation of social and educational agencies, as well as public involvement. Adolescent and youth are characterized by the formation of ideological positions and value orientations of the individual, including orientation on a stable and prosperous family, on responsible parenthood and the values of family life.

The male respondents expressed a number of problematic issues, some of them have a negative impact on family relationships, in particular, the excessive jealousy of women sometimes leads to divorce.

It is therefore important to inform young people and adolescents about the social role of spouses in family life, to form positive attitude to the family and its vision as the socially important value.

Important elements of preparing young people for family life are the development of culture of sexual relations, formation of orientation on the preservation of fidelity in marriage, integrity and physiological and moral wisdom, spiritual unity of the spouses.

We studied the stereotypes and models of youth and men behavior in contemporary Uzbek society. The respondents quite openly answered the questions, that allowed us to identify some trends and real situation in reproductive health.

The survey showed that the majority of men (71%) believe that they should be actively involved in

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“In the performance of my military service I have more time to be away from home, due to this family conflicts arise, the wife always makes the scenes of jealousy. Every time quarreling my wife is threatening to go to my work with the complaint. This situation depresses me greatly and sometimes I think about divorce, although our marriage was made by love, I love my children very much and this stops me from such decision. My suggestions: to perform special seminars for the wives of employees, to explain to them that peaceful life depends on our service and that in the name of peace we are risking our lives, and our wives should support us in this.”

(Saidmurod, 39 years old, rural citizen)

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“I live together with my parents, but I’ve never seen my mother is jealous of father. Many modern girls and wives became very jealous and moody, and, as I learned, my friends have the same situation. Excessive jealousy becomes the occasion for frequent quarrels in the family, which is bad for family relations and has negative impact in the upbringing of children.”

(Shokir, 29 years old, urban citizen)

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**Fig 2.3.1. Men's role and participation in decision-making on the use of contraceptives**

<table>
<thead>
<tr>
<th>Should Be Involved</th>
<th>Should Not Be</th>
<th>Difficult to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.8</td>
<td>16.5</td>
<td>12.8</td>
</tr>
</tbody>
</table>
decision-making on the use of certain contraceptive methods. There is some proportion of men (16%) who believe that it should be a sole wife’s concern. These figures indicate not only the increase of the active role of men, but also their awareness of various means of contraception, which undoubtedly is a positive factor in timely prevention of unwanted pregnancy and safe sex life.

Analysis of men’s opinions regarding the role and participation of men in decisions on the use of contraception in the context of educational level of respondents showed that there are some differences (Fig.2.3.2).

It is revealed that the higher the education level, the higher is the confidence that a man should play an active role in making decisions on the use of methods and means of contraception. With the decrease in the level of education of the respondents the uncertainty in the responses of men increases, as well as the opinion that men should not participate in the choice of contraception - 23.5% - men with secondary education compared to (11%) with higher education.

### Table 2.3.2

**Opinion and practice of men’s participation in the choice and use of contraceptives**

<table>
<thead>
<tr>
<th>Locality</th>
<th>Opinion about men’s participation in making decision on the use of contraceptives</th>
<th>Actual taken decision on the use of contraceptives, % of those using contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>should participate</td>
<td>should not participate</td>
</tr>
<tr>
<td>Total</td>
<td>70,8</td>
<td>16,5</td>
</tr>
<tr>
<td>Urban</td>
<td>69,5</td>
<td>17,0</td>
</tr>
<tr>
<td>Rural</td>
<td>72,0</td>
<td>16,0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>secondary</td>
<td>57,6</td>
<td>23,5</td>
</tr>
<tr>
<td>advanced</td>
<td>66,9</td>
<td>19,0</td>
</tr>
<tr>
<td>higher</td>
<td>80,3</td>
<td>11,0</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 years old and younger</td>
<td>74,4</td>
<td>12,8</td>
</tr>
</tbody>
</table>
As can be seen from the table there is significant difference between opinion and actual participation of men in the choice of means of contraception. Thus, if in the survey, 70.8% of men spoke about their participation, in fact, only 2% of them took decisions themselves. At the same time, one third of men (33.7%) gave priority in decision-making to their wives, but about 64.3% of men noted that the choice of means and methods of contraception have been made together with spouses. There is also a distinctive feature in the actual use of contraception depending on the level of education; about 80.3% of men believe that they should actively participate, but no man with higher education spoke about its sole role in the use of contraceptives. This category of men considers that it is more important to take mutual decision (72.2%).

The respondents were asked the question: “Does the woman have the right to decide independently the fate of her pregnancy, to have the abortion?”

Thus, the answers of the respondents have no significant difference by education level and age of men. The vast majority of men (96%) believe that a woman has no personal right to make such decision.

The male respondents were asked specific question: “Who influences this decision?”

Processing of the results showed that men believed that such important decision should be taken by husband and wife together (76.5%), at the same time there are quite high figures on independent decision-making by the husband.
(15.5%) as the person making the final decision. The role of parents (6.5%) is also stressed, which is typical in Uzbek families - to take the opinions of the older generation into account.

Questions were also asked about the strategy of behavior in families in case of unwanted pregnancy.

![Fig.2.3.5. What should woman do if she has unwanted pregnancy, % depending on the level of education](image)

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>To give birth and raise</th>
<th>to give birth and give up for adoption</th>
<th>to make abortion</th>
<th>cannot say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher</td>
<td>67.6%</td>
<td>12.7%</td>
<td>18.5%</td>
<td></td>
</tr>
<tr>
<td>Advanced</td>
<td>68.3%</td>
<td>9.9%</td>
<td>21.5%</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>81.2%</td>
<td>10.6%</td>
<td>8.3%</td>
<td></td>
</tr>
</tbody>
</table>

There are some differences in the age ranges of the men surveyed (Fig.2.3.5). The majority of the respondents tend to answer “to give birth and raise” - more than 75%, 1.2% of the respondents answered “to give birth and give up for adoption”.

The opinion about the potential decision on abortion was expressed by about 10% of the respondents. It should be noted that these responses were hypothetical, associated with potential opportunity, rather than with the actual case.

![Fig. 2.3.6. Strategies of families during unwanted pregnancy, % of responses of men various age](image)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>To give birth and raise</th>
<th>to make abortion</th>
<th>cannot say</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 years old and older</td>
<td>57.1%</td>
<td>21.4%</td>
<td>21.5%</td>
</tr>
<tr>
<td>31 – 40 years old</td>
<td>74.5%</td>
<td>11.3%</td>
<td>14.1%</td>
</tr>
<tr>
<td>26 – 30 years old</td>
<td>72.8%</td>
<td>8.1%</td>
<td>19.1%</td>
</tr>
<tr>
<td>25 years old and younger</td>
<td>79.5%</td>
<td>0%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

Uzbek family is a multi-child family, and giving the child up for adoption is unacceptable for it, but there are cases when families give up their children for adoption to close relatives which have no children.
As can be seen from Fig.2.3.6, 21.4% of men over the age of 41 years replied that during the unwanted pregnancy it is necessary to make abortion, the young men under 25 years are strongly against abortion, this suggests that the older generation is not adapted to the use of contraception, but the younger generation is well informed about the prevention of unwanted pregnancy; however, religion has its positive impact on the world view of young men.

The question of passing medical examination by men before impregnation of the child was also interesting (Fig.2.3.7). 50.6% of respondents in cities and 41.1% of respondents in rural areas did not pass medical examination before impregnation of the child, 57.8% in rural and 46.7% in the urban areas responded positively.

As can be seen from the figure, approximately 72.7% of the respondents aged under 25 years had passed medical examination prior to impregnation of a child. This is because at the present time there are requirements in Uzbekistan for medical examination before marriage. 67.9% of respondents over 41 years have not passed such examination. It says about the correct direction of governmental decision on the necessity of medical examination before marriage. However, young people under 25 years did not pass medical examination (22.7%) that illustrative of having some problems in this area.
Delivery with the partners is widely used in the world, the accumulated experience and scientific data prove that the presence of the beloved man during delivery protects a woman from feelings of fear and loneliness, relieves emotional stress, strengthens the understanding of couple, because as it is known, the psychological comfort of women during childbirth is the key of its success.

In recent years, the presence of the father at childbirth is becoming increasingly popular. The dad-to-be in the delivery room is not already the esoterica, but almost a common phenomenon. For example, in Europe and America, this tradition began to form much earlier than here. We, too, were interested to know the opinion of the respondents and their attitude towards the delivery with the partner. As can be seen from the responses (Fig. 2.3.9), one third of men treats it as the newest phenomenon in Uzbekistan.

The proportion of young people directly involved in delivery with the partner is increasing, for example, at the age of 25 years, one-third of the respondents participated in joint delivery (30.4%), at the age of 26-30 years and 31-40 years these men are about 20-22%.

Based on the foregoing, we can draw the following conclusions:

<table>
<thead>
<tr>
<th>2.3.9 Men's attitude to delivery with partner, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
</tr>
<tr>
<td>Urban</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Fig. 2.3.10. Participation of men of various age in delivery with partner (having children), %

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Positively</th>
<th>Negatively</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 years old and older</td>
<td>9,5</td>
<td>90,5</td>
</tr>
<tr>
<td>31-40 years old</td>
<td>20,1</td>
<td>79,9</td>
</tr>
<tr>
<td>26-30 years old</td>
<td>22,0</td>
<td>78,0</td>
</tr>
<tr>
<td>25 years old and younger</td>
<td>30,4</td>
<td>69,6</td>
</tr>
</tbody>
</table>
- the majority of men (71%) are actively involved in decision-making on the use of certain contraceptives. This indicates an increasing role of men in this direction and high level of awareness about the various contraceptive methods to prevent unwanted pregnancy and for the safe sex life;

- with increasing level of education of men the awareness about contraception is growing and the role of the family in decision-making on the use of certain methods and means of contraception is increased;

- the vast majority of men (96%) believe that a woman has no personal right to decide on the termination of pregnancy and abortion in case of unplanned pregnancy;

- men believe that such important decision on the fate of the unplanned pregnancy should be taken jointly by husband and wife (76,5%). About 15.5% of the respondents supported the opinion on the right to make decision by husband;

- in relation to the unplanned pregnancy most men (75%) tend to answer “to give birth and raise”, while 1.2% of the respondents answered “to give birth and give up for adoption”. Opinion about the necessity of abortion was supported by only 10% of respondents;

- the awareness of the importance for men to pass a medical examination before impregnation of child is increasing, and only about half of the respondents had passed medical examination;

- the proportion of young people who were directly involved in delivery with the partner, compared to the age groups of the older generation is growing.
CHAPTER 3. MEN’S HEALTH, RELATED TO THE REPRODUCTIVE FUNCTIONS

3.1. Awareness about reproductive health and sexual education of youth

Since the survey was attended mostly by married men, special attention was paid to their awareness and knowledge of reproductive health, because this survey is the first survey of men aimed at assessing the knowledge and attitudes to their reproductive health.

Despite the fact that men are the head of the family, they do not pay attention to the family health, especially to the reproductive health.

The question: “Do you know the term “reproductive health”? was answered “yes” by 53.3% of respondents and “no” by 46.8%. It should be kept in mind that the term “reproductive” is a somewhat difficult term for perception to men at a simple level. In the course of the following questions in the conversations with the respondents some comments and clarifications were given to explain this term.

It should be noted that the level of education has a definite influence on the level of awareness on this issue. Distribution of answers by age and parenthood status of the respondents showed no much differences, but the answers of respondents with the higher education was 63.6% (Fig. 3.1.2).

The married men receive the information about reproductive health in family clinics, medical consultation centers in the period of preparation to and during the pregnancy of wife.

The respondents with higher education receive information about reproductive health during their studies in
higher educational institutions. However, unfortunately, 46.8% of respondents answered that they were not familiar with the term. Although in the following question: how do they understand the term “reproductive health”, it was found that the respondents had the idea of its meaning. The greatest number of the respondents (65.7%) replied that the term “reproductive health” means “the ability to deliver healthy children” (Fig.3.1.3).

As can be seen, the majority of the respondents understand the reproductive health as the birth of healthy children, which is the culmination of reproductive health. 82.4% of respondents under 25 also believe that it is the birth of healthy children. The interview with the respondents under the age of 25 years revealed that in most of the cases the health status of the respondents’ spouses and costs associated with pregnancy (usually, the first child) is a concern of their mothers or spouses’ mother-in-law.

It should be noted, that despite the fact that men often mean only the birth of healthy children by “reproductive health”, at the same time there were only few opinions that the birth of healthy children depended on the health of the mother. There, the men should know the main thing: if they want to have healthy children, it is

“Taking our rural as the example I can say that in a very rare family the problems in the field of sexual education of youth are discussed. This is due to the national mentality, parents rarely discuss this topic with their children. I think it is wrong, we live in a modern society and we need to change this mindset, and therefore the role of "Mahalla" needs to be improved and we would be able sometimes to raise such important topics of parentingat meetings".

(Norkul, Chairman of Mahalla Committee)
important first to ensure the health of the expectant mother. It is established by nature, that a woman devotes all her energy and health to the birth of child, and in some cases giving birth to a healthy child, she may lose her life. From this point of view, men have a limited understanding about the reproductive health.

For a more complete analysis of knowledge of men about reproductive health the following question was asked: “Do you feel that your knowledge on reproductive health is sufficient for normal family life?” (Fig.3.1.4).

Only 17% of the respondents answered this question “Yes” and 60% believe their knowledge is insufficient. If we split the answers to this question by the urban and rural areas as well as by the level of education, the significant differences are not observed. Only a slight difference can be seen in the answers of the respondents distributed by parenthood status (Fig.3.1.5).

After interviews with respondents it was revealed that there was a deep interest in these matters in men who suffer from and receive treatment of reproductive diseases, including infertility, because in these cases, both spouses have to be treated simultaneously. In such cases, there is a great interest of men: they are more eager to gain knowledge about the issues concerning reproductive health.
During the analysis of this issue by age group, it was revealed: the respondents under 25 and older than 41 years are more interested in these matters.

76.9% of respondents aged up to 25 years answered this question that they did not consider their knowledge sufficient. This can be explained by the fact that respondents at this age, just having created the family, believe their knowledge about reproductive health, family relations, birth of children and etc., not sufficient. Also, the respondents aged 41 and older, who have already married their sons or daughters, are faced with reproductive health problems, therefore they want to increase their knowledge in these matters to support and give correct advice to their children in solving these problems. They expressed their interests about the way and place to get correct information on reproductive health (Fig.3.1.6).

![Fig. 3.1.6. Availability of knowledge on reproductive health for normal family life depending on the level of men's education](image)

The survey also revealed that some young men believed that reproductive health is only associated with the birth and upbringing of healthy children and only woman should do this.

However it was appropriate to ask the respondents “What main gaps in the knowledge on reproductive health do they feel?” (Fig.3.1.7.)

"In my opinion, currently the awareness-building efforts on prevention of sexually transmitted infections in rural areas has slightly decreased. Previously the clinics were handing out leaflets, flyers, brochures, etc., hung posters with different information. I think that it gave a positive result, and now it is necessary to increase this informative work, especially among young people.”

(Timur, 33 years old, rural citizen)
The respondents' answers were as follows: 49.5% - lack of integrated knowledge, 28% - the main gaps in their knowledge about STI and methods of their prevention and treatment, 21.5% - about contraception.

Currently STIs, as one of the threats to reproductive health, cause their particular interests. They worry that STI can lead to infertility, miscarriages, various diseases and complications, and to long-term treatment. Many respondents expressed their disagreement with the fact that in most cases the men are the carriers of infections. Men, only having faced with the disease, begin to investigate the cause and strive to obtain more information about this disease.

In general, the data presented in the figure 3.1.7, show a relatively high need to gain knowledge on reproductive health.

In this regard, men under survey were asked about an additional need for information on reproductive health. The analysis has shown a substantial need both in the cities and in the rural areas to obtain such information, about 81% of all respondents.

![Fig. 3.1.7. Main gaps in the knowledge on reproductive health among the men, %](image)

![Fig. 3.1.8. Need in obtaining information on reproductive health, %](image)
The analysis was also conducted on respondents with various levels of education (Fig. 3.1.9).

![Fig. 3.1.9. Need in obtaining information on reproductive health depending on the level of education, %](image)

The hypothesis was assumed that with the increase of the level of education there should be a lower need for obtaining information on reproductive health. However, the results of the survey showed that the individuals with higher education have a higher need for additional information (87.3%) than those with secondary education (75.3%).

![Fig. 3.1.10. Need in obtaining information on reproductive health of various age groups of men, %](image)

The analysis of information needs was also conducted by age groups of men (Fig. 3.1.10). In general, the tendency of demand for more information is observed among reproductive age groups of 26-30 (87.5%) and 31-40 years (85.1%), which is logically correct, as in this age range there is the highest birth rate.

The analysis of the sources of information on reproductive health of various categories of men, including those living in both urban and rural areas is of special interest (Fig. 3.1.11).
As can be seen from the figure, there are some differences in the responses of the men living in the rural areas and cities, however, the main source of information for them was relatives and friends (34.5% in urban areas, 39% in rural areas), the media and the Internet - 32% and 27.5%, respectively, due to the fact that the Internet coverage in rural areas is slightly low than in the cities. The important information source for the men in the cities is medical publication, magazines, booklets and posters; their urgency was noted by 16% of men living in cities, and up to 24.5% - in rural areas.

Undoubtedly, the respondents, 17.5% of men living in cities and 19% in rural areas, emphasized the role of health centers in educating men and acquiring knowledge in reproductive health.

There is also a trend: with increasing level of education of men the approaches to obtaining the actual information on reproductive health change (Fig.3.1.12).
For example, if the individuals with higher education are more focused on independent search of the relevant information through the Internet and mass media (38.7%), those with secondary education refer to this source less frequently (23.5%). At the same time, men with secondary education trust more to their friends and relatives (42.4%) in obtaining information, whereas only 34.1% of the respondents with higher education mentioned such source.

In general, it can be noted that it is necessary to use substantially the resources of the health centers, and also distribute more professional and relevant knowledge for the men to be more informed and take well-timed conscious decisions on their health promotion.

Based on the foregoing, we can draw the following conclusions about the awareness on reproductive health and sexual education of men:

- there is a lack of comprehensive understanding of the term “reproductive health”, that was noted only about half of the respondents;
- with increase in education level the awareness of male reproductive health increases;
- for 65.7% of the respondents “reproductive health” means “the ability to deliver healthy children” and for 82.4% “the delivery of healthy children”;
- 60% of men believe that their knowledge about reproductive health is insufficient for normal family life;
- a lack of comprehensive knowledge was mentioned by 49.5% of the respondents, that of the knowledge about STI, methods of prevention and treatment, 28%, and that of the contraception, 21.5%;
- 81% of the men under survey mentioned a high need for acquiring knowledge in reproductive health;
- for many respondents the main sources of information on reproductive health are relatives and friends - 36%, the mass media and Internet, as well as medical publications, magazines, brochures, posters, 32%.
3.2. Awareness of men about HIV/AIDS and STI, risks of infection and protection measures

Sexually transmitted infections are among the most common infectious diseases. For example, more than 250 million people in the world become infected with gonorrhea a year. Modern statistics for bacterial and viral STI does not show the true picture of incidence, because not every man with symptoms visits the doctor. Some sexually transmitted infections such as chlamydiosis, trichomoniasis, mycoplasmosis are not even known to some people. This is largely due to the fact that people, including women, with such infections have no visible symptoms. Meanwhile, these sexually transmitted infections are dangerous because they are transmitted to the fetus in utero, through breast milk and in blood transfusions. The microbes once in the body are able to damage different organs through the blood and lymph.

This study had the aim to identify the level of men’s awareness of HIV/AIDS and STI, risks of infection and ways of protection. The analysis of the responses revealed that the most important source of information on reproductive health were television (53%), newspapers and magazines (in cities 38%, in rural areas 44.5%) (Fig. 3.2.1).

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td>53%</td>
<td>26%</td>
</tr>
<tr>
<td>Newspapers and magazines</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>Consultation in health centers</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Posters, banners</td>
<td>7.5%</td>
<td></td>
</tr>
<tr>
<td>Special medical brochures</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Lectures in mahalla committees and…</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>16%</td>
</tr>
</tbody>
</table>

The Internet is used to obtain information: in cities - 26%, in rural area - 9.5%, that is due to a lack of infrastructure for access to the Internet in rural areas. Also there is a high percentage of men applying for consultations to health centers: in urban – 26%, in rural areas 18.5%.
Some of the male respondents are seriously concerned at the various ways of spread of diseases; they believe that many diseases come from foreign countries, including through labor migrants. Currently, medical examination (including the tests for HIV/AIDS) of the migrants who returned from migration to their families is mandatory. The migrant’s family should be aware and informed about the importance of early examination, and ways of protecting from STI, before the release of the survey results.

Analysis of the importance of sources of information on reproductive health depending on the level of education of the respondents showed (Figure 3.2.2.) that the consultation in health centers is of high priority (23,7%) for persons with higher education compared to lectures in educational institutions (14,5 %) or study of special medical brochures (12,1 %).

The individuals with secondary education have more trust to information from health centers and educational institutions, than that from the medical brochures.

The important source of information on reproductive health is the mass media (Fig.3.2.3). As the analysis has shown, the most significant is the television and radio that was noted by more than half of the respondents, newspapers and magazines – 40%, the Internet – 20%, as well as posters and banners – 11% of respondents.

"In my opinion, migrants who have worked abroad bring with them some venereal diseases. It is therefore necessary to exercise stronger control of health of the migrants when they return to the country, to ensure that they know about their conditions and do not infect other people. It is necessary to oblige them to pass the examination and have the tests, including those for HIV/AIDS".

(Jokhongir, 27 years old, rural citizen)
At the same time, as it can be seen young people aged 26-30 years old use the Internet more often than those aged 41 and older.

To determine their knowledge about sexually transmitted infections, we asked a number of questions. According to the results of the responses (Table 3.2.1), the most information is available on HIV and AIDS, stated by the absolute majority of the respondents – 96%.

**Table 3.2.1. Which following sexually transmitted infections have you heard about?**

<table>
<thead>
<tr>
<th></th>
<th>Syphilis</th>
<th>Gonorrhea</th>
<th>Chlamydia</th>
<th>Fungal infections</th>
<th>Trichomoniases</th>
<th>HIV / AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>65,8</td>
<td>40,5</td>
<td>26,0</td>
<td>30,5</td>
<td>30,3</td>
<td>96,0</td>
</tr>
<tr>
<td><strong>education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>secondary</td>
<td>60,0</td>
<td>31,8</td>
<td>17,6</td>
<td>18,8</td>
<td>25,9</td>
<td>91,8</td>
</tr>
<tr>
<td>advanced</td>
<td>65,5</td>
<td>36,6</td>
<td>20,4</td>
<td>27,5</td>
<td>28,9</td>
<td>95,8</td>
</tr>
<tr>
<td>higher</td>
<td>68,8</td>
<td>48,0</td>
<td>34,7</td>
<td>38,7</td>
<td>33,5</td>
<td>98,3</td>
</tr>
<tr>
<td><strong>age groups</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 years old and younger</td>
<td>53,8</td>
<td>25,6</td>
<td>23,1</td>
<td>25,6</td>
<td>25,6</td>
<td>94,9</td>
</tr>
<tr>
<td>26 - 30 years old</td>
<td>58,8</td>
<td>36,0</td>
<td>19,1</td>
<td>25,7</td>
<td>22,1</td>
<td>98,5</td>
</tr>
<tr>
<td>31 - 40 years old</td>
<td>70,2</td>
<td>44,0</td>
<td>29,8</td>
<td>34,0</td>
<td>37,6</td>
<td>94,3</td>
</tr>
<tr>
<td>41 years old and older</td>
<td>75,0</td>
<td>48,8</td>
<td>32,1</td>
<td>34,5</td>
<td>33,3</td>
<td>95,2</td>
</tr>
</tbody>
</table>

As can be seen from the table, age is a determining factor for many aspects of reproductive behavior. The older respondents are better informed about STIs than
the young ones. Thus, 75% of the respondents older than 41 heard about syphilis, while this indicator was only 53.8% among the young people aged 25 years old or younger. The reason for this is that 20-30 years ago, the disease was often found among men and women. Currently, because of the wide use of condoms as the primary means of protection from STI, this infection is extremely rare. The situation is similar with the awareness about gonorrhea, although it is known less than syphilis. At the same time, such infections as chlamydia are known to 26% of the respondents, fungal diseases and trichomoniasis, to one third of the respondents.

There is a tendency that the level of awareness about sexually transmitted infections grows up with the increase of levels of education. The age of men also affects the level of knowledge and awareness - the level of awareness increases with the increase of the age.

It should be noted that the diseases caused by STI, adversely affect the family relations, causing mistrust between spouses, and often hate to each other. But men do not always feel responsibility for the complications of STI, the result of which can be infertility, abnormalities in development of the child, difficult pregnancy and etc.

The respondents were questioned about possible complications and consequences of disease. The results of answers about possible complications associated with STI are shown on Figure 3.2.4. It is known that infection and disease caused by STI, have many negative aspects and affect many reproductive functions of the body. In this regard, the respondents were given the opportunity to learn about several types of potential complications.

![Fig. 3.2.4. Potential complications in sexually transmitted diseases, % multiple answers](image-url)

<table>
<thead>
<tr>
<th>Potential Complications</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other complications</td>
<td>4.0</td>
</tr>
<tr>
<td>Birth of sick child</td>
<td>40.4</td>
</tr>
<tr>
<td>Impotence</td>
<td>30.1</td>
</tr>
<tr>
<td>Infertility</td>
<td>26.8</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>38.9</td>
</tr>
<tr>
<td>Death</td>
<td>68.4</td>
</tr>
</tbody>
</table>
As can be seen, the most possible and dangerous consequence of infection is the death of the sick person, noted by more than 68.4% of the respondents, the birth of the sick child - 40.4%, and chronic disease -38.9%, impotence - one third, infertility - one fourth of the respondents.

The question was also studied on the sources of information about sexually transmitted infections among men (Fig.3.2.5.). As can be seen, 80.5% of respondents apply to doctors as to the important source of information on STI. The second important source of information is the Internet and television (34.8%), about one-fourth of the respondents said that they used printed literature (27%).

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>80.5%</td>
</tr>
<tr>
<td>Internet – television</td>
<td>34.8%</td>
</tr>
<tr>
<td>Printing literature</td>
<td>27.0%</td>
</tr>
<tr>
<td>Wife</td>
<td>10.8%</td>
</tr>
<tr>
<td>Friends, acquaintances</td>
<td>19.4%</td>
</tr>
<tr>
<td>Parents</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

It is interesting that men apply more to friends and acquaintances (19.4%) than to their wives (10.8%), probably it is associated to the fact that men are afraid of possible problems and investigation of situation by their wives and unnecessary suspicions of infidelity. It should be noted that some STIs can be transmitted not only through intercourse but also through non-sexual contact, as well as by other ways, such as lack of hygiene, use of public toilets, including door handles, toilets etc.

Due to the awareness-building efforts among the population, made by the mass media and the health system, it was also interesting to identify the opinions of men about the ways of transmission and infection of HIV virus. Fig.3.2.6 shows the results of the opinions of men concerning this issue.
The absolute majority of men believe that the HIV virus can be transmitted by blood transfusion of 96.8%, unprotected sexual intercourse – 84%, as well as by surgical procedure when using non-sterile instruments – 78%, and by using syringes – 67%. In general, this awareness is a positive indicator, but there are answers which stated that the HIV virus can also be transmitted through kisses – 28.8%, using a public toilet – 26.3%, using the common dishes with HIV and AIDS patients – 39%. These figures indicate the need for more in-depth the awareness-building efforts with the population on the development of measures of precaution and self-protection of individuals from this type of disease.

In addition, the men were asked additional questions about the way to reduce the risk of STI and HIV/AIDS infection.

The obtained results indicate that many respondents have sufficient knowledge about methods of protection, first of all, regarding the use of condoms – 93.3%.
Condom use is of great importance to reduce the risk of HIV/AIDS infection. In recent years, thanks to wider availability of safe modern means on reduction of the risk of infection, the opportunities were increased in order an individual could make responsible decisions on these issues. Significant differences in the responses of respondents in the urban and the rural areas, as well as by age category are not observed.

It is also noted that it is better to have one reliable sexual partner (61%), and about 64.8% of the men – to avoid intravenous infusions and injections. On the other hand, the last factor is a certain element of anxiety when, for fear of infection, many people do not apply to health centers for the treatment of certain diseases. In general, there are no differences in the responses of the urban and rural respondents, including by their level of education.

The study of the respondents’ opinions on the treatment modality of HIV/AIDS viruses and diseases (Fig. 3.2.8) is of particular interest. The analysis shows that young people aged 25 years old and younger, compared to other age groups of men (17.9%), believe that there available ways and methods of AIDS treatment although the official medicine still have not found methods of AIDS treatment. At the same time, this age group is less confident in this matter, in this connection, the option “cannot say” amounts to 20.5%.

In addition, the processing of the received data in terms of respondents’ level of education showed (Fig.3.2.9) that with the increase in level of education from secondary to higher one, the confidence is increasing that there are no any significant methods and ways to cure AIDS.
Thus, it can be summarized that:

– the men’s awareness about HIV/AIDS and STI, the risks of infection and ways of protection in the republic is relatively high, which indicates a certain efficiency of the work undertaken in the country;

– this method is used by only 9.5% of the respondents in rural areas, and 26% in cities;

– the individuals with higher education are better informed and have more solid and objective knowledge about reproductive health and ways of protection from HIV/AIDS;

– the most important sources of information on reproductive health are the mass media, television and radio, newspapers and magazines, the Internet and outdoor posters and banners;

– the older respondents are better informed about STIs than the young ones;

– the men have the ideas about the risks and consequences of STIs and HIV/AIDS infections causing the death of the sick man, birth of sick child, chronic nature of the disease, impotence, and subsequent infertility;

– in case of symptoms and diseases men tend to consult with friends and acquaintances (19.4%) than with their wives (10.8%), largely due to the fact that they are afraid of possible problems and unnecessary suspicion of adultery;

– the absolute majority of men have the correct idea about the ways of transmission of the HIV virus; however there are some gaps in the knowledge and a fear that the individual can be infected through kissing, using public toilets, or sharing utensils with HIV/AIDS patient;

– the majority of respondents have sufficient knowledge about the methods of protection, first of all, about using condoms and about the need to avoid indiscriminate sexual relations.

In general, it is necessary to strengthen work on awareness-raising and informing the men, including that aimed at enhancing their responsibility for the reproductive health of their wives, families and the birth of healthy children.
3.3. Access of youth and men to information, consulting and services on STI prevention

The present demographic situation in Uzbekistan is the optimal level of fertility and mortality, largely determined by positive indicators of reproductive health of young people.

The healthy way of life and therefore the health of the child are formed in the family since the first days of life. Childhood is the life period of the individual, when the formation of the general somatic (physical) health, sexual behavior, and reproductive paradigms is taking place. Addressing the issues of health of young people reaching the reproductive age, the government is contributing to the birth of healthy generation.

One of the measures to create conditions for the formation of healthy families, prevention of birth of children with hereditary and congenital diseases became Regulation on Medical Examination of Individuals Entering into Marriage (Decree of the Cabinet of Ministers, dated August 25, 2003), and amendments to the Family Code of Uzbekistan. The purpose of the medical examination is the creation of conditions for the development of healthy families, prevention of birth of children with hereditary and congenital diseases. The individuals, who are going to marry, by the referral of the Registration Office, undergo domiciliary a free medical examination for mental, narcological and venereal diseases, tuberculosis and HIV/AIDS by a special program. The individual is explained about possible consequences of the identified diseases after marriage. At registration of the marriage, the Civil Registry Office workers check for passing the medical examination by the intending spouses and their awareness of the results of the examination, etc.

Due to cultural traditions, the Uzbek system of sexual education of children and adolescents is closely intertwined with the established rules of human morality and ethics. It should be noted that awareness of reproductive issues contributes to reduction of such events as accidental pregnancy, sexually transmitted infections, HIV/AIDS, etc.

The awareness of reproductive issues gives its effect in practice. This is confirmed by official statistics: due to the increased use of contraceptives the number of abortions decreased from 8.7 in 2002 to 4.7 per 1,000 live births in 2014.

For maintenance of reproductive and
sexual health the men need the relevant information, training of life skills, accessible and friendly health and social centers, providing services, associated with sexual and reproductive health and family planning.

First of all, there is the need for a comprehensive preventive education on sexual and reproductive health, which will provide them with knowledge and skills for making responsible decisions regarding their behavior, as well as building relationships, free from violence and based on mutual respect and gender equality. The results of numerous studies in different countries have demonstrated that the fear that sexual education might lead to higher and earlier sexual activity of young people is not justified.

For early detection and treatment of disease, leading to restriction of the reproductive function, the periodic examinations of children and adolescents by obstetrician-gynecologist, urologist-andrologist and other specialists according to indications are required.

The provision of the adolescents and adult men with an access to information, consultation and services associated with reproductive health requires the development of specific programs. Such programs should educate men and give them the opportunity to take appropriate responsibility for family planning, household management and raising children, as well as assume primary responsibility for the prevention of sexually transmitted infections. The boys and adolescents, with the support and guidance of their parents should also be involved through schools and youth organizations, as well as the gathering they spend time.

Given that educational institutions have a number of unique opportunities for conducting prophylactic work and raising awareness in reproductive health issues, they have a huge impact on the personal formation and enhancement of the student, as well as the access to the family of the young person and the influence on the family situation. They are staffed with qualified specialists (teachers, psychologists, social workers, etc.) and capable of performing effective preventive work in the educational institution. They give opportunity to raise awareness on issues related to STI, HIV/AIDS, generate and develop the skills on prevention of HIV and STI infection in adolescents.

The identification of the sources and period during which the men get the information about reproductive health in the context of the study presents a particular interest. Data processing showed that about 32% of rural

“It is advisable to shoot short video films, both documentary and fiction, which would have shown:
- all risks of extramarital relations.
- the importance of strengthening the family and the role of men in it;
- the actions in case of suspicions regarding health”. Sharif, 32 years old rural dweller
and 37% urban male respondents got the information on reproductive health in the educational institutions (Fig.3.3.1). 55-57% of respondents did not receive information about reproductive health, it is sufficiently low figures. This fact can be explained that this group of the respondents includes aged individuals up to 49 years old, who at a young age was not sufficiently covered by academic programs in educational institutions, including secondary schools, i.e., 15-20 years ago.

The analysis of the responses by level of education (Fig.3.3.2) showed that information about reproductive health in educational institutions was received by 41.6% of the respondents with higher education, 35.9% - with advanced education and 17.6% - with secondary education.

In general, there is a tendency of increasing coverage of awareness and training at all levels of education in Uzbekistan, which has a positive effect for men in future. At the same time, even among people with higher education, about 45% of men reported that they did not receive appropriate information on reproductive health in their educational institutions.

The analysis was carried out in terms of age groups of men

"There is a large gap in the knowledge of men on reproductive health, especially among the older generation that is largely due to the lack of educational programs in educational institutions 20 years ago. Currently there is also insufficient work of public organizations and medical institutions, "Health Centers", etc."

(Botyr, 48 years old, urban citizen)
The information about reproductive health in educational institutions were received by younger men: up to 25 years old – 61.5%, 26–30 – 52.2%, 31–40 – 23.4%, older than 41 – 11.9%. This suggests that over the last years, the higher educational institutions, schools, lyceums and colleges are paying more attention to reproductive health. The data testify about a certain positive effect of implemented national programs in healthcare, which allow preventing the youth from various forms of STI and HIV/AIDS infections.

To confirm the sources of information, the respondents who received information on reproductive health in different educational institutions, were asked a clarifying question (Fig.3.3.4). In this case, significant differences between the answers of the urban and rural respondents were not observed. The volume of the information received in secondary schools in rural areas is 52.3%, in cities - 39.2%.

Furthermore, the respondents were asked additional questions about the types and means of information received and we obtained interesting results (Fig.3.3.5).
It is seen from the graph that the respondents received the information about reproductive health in educational institutions, mainly, in the form of lectures, conversations with professors or doctors – 69.8%, training courses – 38.8%, as well as in the form of brochures and posters – 25.9%, films and videos - 6.5%.

**Fig. 3.3.5. Types and means of getting information by men about reproductive health, %**

<table>
<thead>
<tr>
<th>Type of Information</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other kinds of information</td>
<td>5.8%</td>
</tr>
<tr>
<td>Films and videos</td>
<td>6.5%</td>
</tr>
<tr>
<td>Informative brochures and posters</td>
<td>25.9%</td>
</tr>
<tr>
<td>Conversations and lectures of doctors and teachers</td>
<td>69.8%</td>
</tr>
<tr>
<td>Training courses</td>
<td>38.8%</td>
</tr>
</tbody>
</table>

Distribution of responses (in educational institutions) by age showed that the information in the form of lectures and conversations in all age categories is high and varies in the range of 50-76.1%.

**Fig. 3.3.6. Types and means of getting information by men of various age about reproductive health, %**

At the same time it should be noted that in the media there is still systematic work on informing the population about different issues of reproductive health and protection.

"I can say that newspapers such as “Shifo-info” are a valuable source of information on prevention from various diseases as many of them are bought by families and are actively read by men. In addition, the popular newspapers such as “Darakchi”, “Bekajon”, “Hordijk”, etc. with a huge circulation, should pay more attention to educational work for young people and men”.

(Sherzod, 39 years old, rural citizen)
from different types of STI, including HIV /AIDS.

Particularly in the interviews with respondents it was revealed that many men read newspapers, watch TV. Popular newspapers such as “Shifo-Nur” etc., are also the fruitful sources of information on reproductive health, as they contain a variety of articles by scientists in medicine. There is a column of questions and answers very useful for a wide range of readers.

Thus it can be summarized:

- the government plays an active role in maintaining the health of young people who have reached a reproductive age, and contributes to the birth of healthy generation;

- informing and raising awareness of reproductive issues reduce such phenomena among young people, as accidental pregnancy, sexually transmitted infections, HIV/AIDS, etc.;

- the coverage of awareness campaigns and training at all levels of education in Uzbekistan increases, which has a positive effect in the future for preservation of health of the population, especially of the youth;

- the main types of information on reproductive health in educational institutions are: lectures, conversations with teachers or doctors – 69.8%; training courses – 38.8%; information brochures and posters – 25.9%; films and videos – 6.5%.

– further expansion of the public awareness-building efforts including that in the form of various articles of the scientists and specialists in medicine, and the Internet is considered vital, especially for young people.
3.4. Behavior patterns of in case of STI symptoms and deceases

According to the World Health Organization, millions of people worldwide each year are infected with various infections during sexual intercourse. Sexually transmitted infections (STI) relate to serious and most common worldwide diseases that can bring huge damage to the health of the patient. Even highly developed countries do not lag far behind the third world countries in terms of morbidity, and by some indexes are ahead of them. On a global scale, sexually transmitted infections are a huge burden to health and economy, especially in developing countries where they account for 17% of economic losses caused by health condition.

Sexually transmitted infections (STI) are one of the most crucial medical-social problems of male reproductive health. One of the objectives of this study was: to identify main men’s behavior patterns in relation to necessary medical care on occasion of clinical symptoms of STI and to assess their prevalence. During the study respondents were asked questions: “With whom would they discuss the suspected clinical symptoms of STI?”(Fig. 3.4.1).

The analysis of the respondents’ behavior patterns in possible cases of diseases enables us to assess some of their strategies, which are important in the development of informative work policy for men. As shown by the results in general, common trends both in the cities and rural areas are observed. At the same time, the greatest number of respondents 86.5% in rural areas and 90.5% in the urban answered that if there is suspicion for the presence of STI or HIV/AIDS they visit the doctor, about 23% in the rural areas and 26.5% in the cities will discuss this first with the wife.

“I was a witness when my friend complained about his condition on urological issues; he was very shy and did not timely apply to the doctors. Finally, after marriage they had problems in the family, as they could not conceive a child, and ultimately, these consequences led to the divorce. It was a great lesson for me. Although the subject of urological diseases of men is a sensitive issue, you should promptly contact a qualified doctor”

(Rustam, 39 years old, rural citizen)
and 7 and 11% respectively will leave it as a secret and will not discuss it with anyone, which is a worrying factor in maintaining men’s health, and further spreading the infectious diseases as a carrier.

Many sexually transmitted infections are dangerous because not only sexual partners suffer - they are transmitted to the fetus in utero, through breast milk and in blood transfusions. These microbes entering the body are able through the blood and lymph to damage different organs and even damage the body entirely. So, for the respondents it is important to notify the wife about this disease as she carries a child and gives birth to it.

The men in the interview noted that they should be responsible for timely informing their wives/spouses to prevent big problems connected with the health of the wife, pregnancy and birth of healthy children.

According to the answers of the respondents by age (Fig.3.4.2) no significant differences are observed, and the majority of men in all age categories trust the doctors/physicians.

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Options of Strategy for Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 years old and younger</td>
<td>5 Cannot say</td>
</tr>
<tr>
<td>26 – 30 years old</td>
<td>6 Cannot say</td>
</tr>
<tr>
<td>31 – 40 years old</td>
<td>8 Cannot say</td>
</tr>
<tr>
<td>41 years old and older</td>
<td>1 Cannot say</td>
</tr>
</tbody>
</table>

In order to clarify the issues related to men’s diseases and considering the delicacy of the problems associated with venereal diseases, the questions had multiple choices. Answering the question: “To whom and where would you go if you suspect in the above disease?”, the respondents’ opinions were different; they named various medical institutions (Fig. 3.4.3).

Thus, 50% of the respondents of rural area and 39% urban area noted that they would have gone to dermatovenerologic dispensary, 18% and 25%, respectively, to
Among young men there is the opinion that the reason of sexually transmitted infections is only the women of easy virtue who have casual sex, though the men can also be the carriers of venereal diseases. Therefore, it is important to explain to the youth all the possible sources of infections in order to protect youth from risk-taking behaviors.

(Ahror, 23 years old, rural citizen)

At the same time, the proportion of persons who will go to a private hospital is high – 31% in the cities and 36% in rural areas, that is largely related to the reluctance of men to disclose information on their disease, received by sexual contact, including HIV/AIDS. At the same time, as can be seen, that the majority of respondents have a clear idea where to go in case of “male diseases”.

The analysis was conducted in terms of level of education of respondents in order to learn their strategies and effectiveness of information and educational work in educational institutions. Figure 3.4.4 shows which institution the respondents can apply to in case of detection of STI or HIV/AIDS signs. More than 53.8% of respondents with higher education answered that they would apply to dermatovenerologic dispensary, compared to 42.4% of the respondents with secondary education. Also similar tendencies are observed with lesser visits to the community-based polyclinic – 15.8% and 25.9%, due to the lack of privacy and the fear of the spread of negative information about the diseases of the individual.
The data in the context of different age groups (Fig.3.4.5) are also interesting for the analysis. The results of the survey show that the youth is more oriented on polyclinics and private clinics (48.7%) than the respondents of older ages (in total 26.2%). Also in all age groups, the proportion of respondents who may apply for treatment to private doctors having individual medical practice is relatively high, largely due to a high level of confidentiality.
It was found that the young people recommend certain physician to each other, and in some cases arrange a meeting for their friends to get recommendations on the treatment. There is high confidence that private clinics and private doctors do not require personal data (passport), keep the treatment confidential for a certain fee.

Table 3.4.2 summarizes the information about the options and strategy of choice of certain institutions where medical treatment can be received in case of suspected STI and HIV/AIDS.

**Table 3.4.2**

**Institutions the men apply by areas and age groups in case of suspected STI or HIV/AIDS**

<table>
<thead>
<tr>
<th></th>
<th>state medical establishment</th>
<th>private hospital/doctor</th>
<th>what fold are the responses options more frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>94.8</td>
<td>45.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Urban</td>
<td>94.5</td>
<td>43.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Rural</td>
<td>95.0</td>
<td>47.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Age 25 years and younger</td>
<td>74.4</td>
<td>59.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Age 26 - 30 years old</td>
<td>97.1</td>
<td>47.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Age 31 - 40 years old</td>
<td>95.7</td>
<td>42.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Age 41 years old and older</td>
<td>98.8</td>
<td>40.5</td>
<td>2.4</td>
</tr>
</tbody>
</table>

As can be seen, the highest risk group is the group aged 25 years old or younger; the probability of their visits to private doctors and hospitals is higher than to public health facilities.

In the process of personal interview with the respondents there was high interest in receiving more detailed information about the various sexually transmitted infections. The respondents asked about the consequences of these diseases, the impact of diseases on children and who often is a carrier, male or female.

Analysis of the behavior of males with STI symptoms and diseases showed that:

- the greatest number of respondents, both in rural and in urban areas, in case of suspected STI or HIV/AIDS will apply to the doctor/physician and a few of them to their spouses;
- disturbing is the fact that about 7% of young people in cities and 11% in the rural areas will leave it in secret, and will not discuss their suspicions on STI;
- about half of the respondents in rural areas and 39% in the urban area shall apply to STI clinic, 18% and 25% respectively – to family clinic;
- there is a certain category of men who prefer treatment in private hospitals or by private doctors (11.0% in rural areas and 12.5% in the cities), largely due to the wish of men not to disclose information about their sexually transmitted disease;
- the young people are more oriented on private hospitals and clinics (48.7%, while only 26.2% of the respondents of older ages will apply to them.

Thus, the in-depth studies of the respondents’ behavior patterns in possible cases of disease, and socio-psychological aspects in the study of young people require the improvement of the informative work policy in reproductive health.
CHAPTER 4. ENHANCEMENT OF THE MEN’S ROLE IN FORMATION OF HEALTHY FAMILIES AND REPRODUCTIVE HEALTH.

4.1. Factors of family strengthening and reproductive health improvement

The International Conference on Population and Development (Cairo, 1994) called for encouraging the involvement of men in activities on the improvement of sexual and reproductive health. In 1995, the UNO Fund for population (UNFPA) published its first report “On the activity of men in the improvement of sexual and reproductive health and family planning”.

In this regard, along with this sociological study, it is vital to conduct further in-depth studies of the problematics of men, including relationships between men and women in matters of sexual and reproductive behavior and health, factors and motives of gender-based violence, etc., which will undoubtedly contribute to a better understanding of reproductive health and strengthening of the family and marital relations in Uzbekistan.

As it is known, the psychological health of the family is a state of mental psychological well-being of the family. The psychological health of the family is a full complex of socio-psychological activity of family members in intra-familial relationships, in social and professional environments that allow creating a harmonious relationship within the family and favorable atmosphere for upbringing of children.

Among the factors affecting the functioning of the family and favorable relationships are the level of education of spouses and their degree of culture, developed traditions and life landmarks, financial status, place of residence, social status and moral values. The desire of the family for unity and consolidation, for constructive settlement of conflict situations, determines the specificity of family relationships and depends on all the above factors.

Uzbekistan also experiences a transformation of traditional values under the influence of “mass culture”, etc and changes in the gender stereotypes, as it were noted by the respondents in the sociological study.

"Currently, there is a decrease of the tradition of honoring men in the community. Unfortunately the traditional principles of the family are eroded: the man was the head of the family, responsible for the material welfare of family and children, the duty of women was to obey her husband, have sense of duty, concern about the family, raise children. Many conflicts in families arise on this ground, as men strive to meet the traditional standard, and their wives, including those having the financial independence, try to take on a leading role.

(Alisher, 44 years old, urban dweller)
The role of men in family planning is extremely important. Both woman and man are equally responsible for decisions related to:

- prevention of unwanted pregnancy through the effective contraceptive methods;
- planning the number and birth of wanted children;
- prevention of complications and the careful attitude both to own health, and reproductive health of the partner.

It is very important that both spouses take conscious and informed part in family planning, both at the stage of pregnancy and at the stage of choosing effective contraceptive methods to prevent the unplanned pregnancy, feel total responsibility for their use, and also know the risk of side effects and pay attention to the health of each other.

This study has raised a number of questions on the impacts of the awareness of reproductive health on the relationship between the spouses and their sexual life. As can we see from figure 4.1.1, the majority of respondents, namely 64% of men in rural areas and 61% of men in the cities believe that the awareness of reproductive health have a significant impact on family relationship, 32% and 36% of the respondent could not answer this question, and only 4% in rural areas and 3% in cities believe that it has no impact.

The analysis in terms of level of education (Fig.4.1.2) showed that about 69.4% of the respondents with higher education consider it important to have knowledge of reproductive health, which has a strong effect on family relations. The number of respondents with secondary education was 56.5%, with advanced education – 57.7%. It is noteworthy, that the proportion of those (26-38.8%) who could not answer this question is high.
The corresponding analysis was conducted in terms of age groups of respondents (Fig.4.1.3). It should be noted that the young people at the age of “25 years old or younger” believe less than the other age groups that knowledge of reproductive health affect family relationships (53.8%) compared with the older respondents (61-65%).

Men were also questioned, if the awareness of reproductive health affects the sexual life, because sex is an important aspect of family relations (Fig.4.1.4). In this regard, the aware-raising work and awareness-building efforts should be made for the young people to have a concept of the normal satisfactory sexual life. The responses in the context of rural/urban showed that there are no many differences, and the majority of the respondents gave a positive answer. It is noteworthy that only 4-4.5% of the respondents believe that it has no influence.
The distribution of the respondents by level of education showed a certain influence of education level: the confidence in the importance of information and knowledge on reproductive health for full sexual life in the families increases with the level of education (Fig.4.1.5).

Men of different ages in most of the cases emphasized the importance of knowledge of reproductive health: with the increase in positive responses from 51.3% of the respondents under 25 to 57.1% of the respondents aged 41 or older.

Strengthening the institution of the family, protection of motherhood and childhood are the priority social tasks of the state, which depend on several factors: family income, housing conditions, availability of educational and medical services, physical and moral health of children and adults, etc.

One of the conditions of successful marriage is the awareness of full responsibility for the decision taken at the time of marriage, birth and upbringing of children. The formation of stability and security of marriage are contributed by family traditions, based on the relationship and culture of communication. A strong and friendly family is characterized by traditional values: love, loyalty, trust and children.

The family is strengthened with love, affection, friendship of all its members, sense of kinship, children, daily care of them and their upbringing, household organization, economic life, living conditions, as a whole, responsibility for each other, sense of honor for the quality and welfare of the family.

The respondents noted the impact of modern information technologies, availability of access to various kind of information, which, along with the positive aspects in the expansion of social relations lead to negative moments in the lives of young people.

"To ensure the stability of families it is required to drastically reduce the access to various sites of dubious origin in the Internet, including the various dating sites. Computer technologies and the Internet along with the positive aspects has negative moments, so for example, the young people are given greater freedom in obtaining access to indiscriminate sexual relations through social networking and dating sites."

(Nuriddin, 35 years old, rural citizen)
Currently the trends of fertility and family planning in families are changing. Although, in fact, the predominant number of children in young families is 1-2, the youth think that the ideal number of children is 2-3.

Here it is necessary to give the statistics of the birth rate over the last ten years, when the intensity of births, expressed by a total fertility rate (number of births during the year per 1000 citizens), had a tendency for growth from 20.9 to 23.3%. In absolute terms, the birth rate in 2014 amounted to 718,000 persons. First of all, this process is associated with the echo of last birth rate as the generation of the 1980-90s has reached the childbearing age, when the birth rate was more than 700,000 people per year.

Birth rate factors are as follows:

- demographic factors:
  - age and gender composition (high proportion of young people, in particular women of childbearing age (28%) in the age structure of the population, the equal ratio of men and women aged 20-30 years old);
  - family structure of the population (high level of marriage – almost 300,000 marriages per year);
  - age at marriage (relatively early – 22-26);
  - strength of family ties (1 divorce per 10 marriages);
  - low level of infertility in the republic;

- socio-economic, psychological and other factors – socio-political stability in the country, improvement of material condition of the people, their faith in the prosperous future of the family, national and religious traditions;

- the development of science in medicine, advance training of medical workers, in particular of obstetrician-gynecologists.

The factors decreasing the birth rate are as follows:

- urbanization (the proportion of urban population was 50.8% versus 36% in 2006);
- wide use (78% of women of reproductive age) of means for prevention of pregnancy (contraceptives);
- mainstreaming of the social position of women, increasing the level of education and culture.

Taking into consideration these estimates, we can say that the realization of the reproductive capabilities by youth can be a basis of a favorable prognosis for the fertility in the country in the coming years.

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²Age cohort of women - 20-29 years old with the largest intensity - 80% of all births
The task of this study among others, was to determine the facts affecting the decision about the birth of the last child in the family.

54.4% of the citizens answered to this question “as men wish”, 47.8% - “as the wife wishes”, and 41.1% of the respondents wanted to have a child of a particular gender. While the villagers’ response was the following: 54.9% - “as the husband wishes”, 52.2% - “at the wife wishes”, 44.5% - wanted to have a child of a particular gender. In relation to the birth of a child “as a result of unwanted pregnancies” 7.7% of the villagers and 5% of the citizens answered positively, while “with the improvement of the financial situation of the family” - 6.1% of the citizens, and 5.5% of the villages.

The distribution by education of the respondents revealed the responses of the men with higher education: “as the husband wishes” – 52.9%, “as the wife wishes” – 47.8%, “want to have a child of a particular gender” – 45.9%, “as a result of unwanted pregnancy” – 5.1%, “with the improved financial position” – 7%, the responses of the men with advanced education do not much differ.

In the framework of the study the respondents made proposals aimed at further improving the health of family members, and emphasized a regulatory role of the state in it.

“In our country, there are free education and health services, and this is good, as not all states have this system. But it would be nice if the government would control the retail prices for medicines, baby food, prices for the provision of diagnostic services in health centers including private centers”.

(Husniddin, 25 years old, rural citizen).
In particular, in the conditions of the developing market relations there is an increase of prices, and irrational pricing of certain diagnostic and medical services and medicines, and domestic production of baby food is not set up.

Unregulated prices can lead to a deterioration of opportunities of socially and economically vulnerable populations, quality services and proper nutrition, especially that of young children. The President of the republic in the current year focused on the need to control the unreasonable pricing for medicines and promoting the production of a wide range of pharmaceutical products in the country’s domestic market the, which is undoubtedly a positive moment in healthcare.

Currently, as noted above, there is the transformation of demographic processes and decrease of the birth rate. In this regard, men were asked questions related to the analysis of the factors influencing the planning of births, in particular questions about the reasons that influenced the decision on the birth of the last child (Fig.4.1.7). The aim of this study was: determination of the results of the responses to this question depending on the education level.

![Fig. 4.1.7. Reasons for making decision on the birth of the last child, % of those having children (frequency of multiple responses)](image)

The results of the responses showed that the role of men in planning and decision-making to have children is relatively higher than that of women. Another most important reason/factor that influenced the decision on the birth of the last child was the desire of parents to have a child of a particular gender, 45.9% of the respondents with higher education, 46.3% – with the advanced and 31.7% –with secondary basic education.
The role of parents that additionally encourage young people to have more children is relatively high. On average, about 10% of the respondents indicated that this factor was associated with the wish of the parents.

A small number of the respondents, 5.1% with higher education, and 8.5% with secondary education, stated their opinion on the birth of a child due to unintended pregnancy.

The responses include such reasons that consider the material wealth and financial situation in the family. This factor is more vital for the persons with higher education - 7%, compared to 1.2% - with secondary education and

These responses give the evidence of the importance of material wealth for the birth of children, provision them with quality nutrition and their subsequent upbringing.

Opinions of men were expressed about the necessity of enhancing the spiritual and educational work among the population, primarily among young people, which shall significantly improve family relations and prevent divorce.

The role of public organizations and such important institution as a local community board of citizens “Mahalla is also updated; it is currently actively involved in resolving family conflicts and prevention of divorces.

Thus, concerning reproductive health and strengthening of the family relations the following trends were revealed:

- the republic is performing systematic work to strengthen the institution of the family and protection of motherhood and childhood, which are national social tasks of high priority;

- in the current conditions of Uzbekistan, the family and marital relations are influenced by many factors: incomes of the family, housing conditions, availability of educational and medical services, physical and moral health of children and adults, etc.;
- there is some transformation of traditional values under the influence of “mass culture, etc.” changing the gender stereotypes of the models and relationships in families;

- there is the understanding that both partners need to take conscious participation in family planning, both at the planning stage of pregnancy, and at the stage of choosing effective methods of contraception for preventing unplanned pregnancy;

- most men (62%) believe that knowledge of reproductive health have a significant impact on family relations and directly impacts on sexual life;

- in the traditional families, the role of men and women in the planning child and desire to have children is higher compared to other factors

- the indicators associated with child birth due to unwanted pregnancy are insignificant, and the figure is lower (5.1%) with the respondents with higher education compared to those with secondary education (8.5%).
4.2. Ways for increasing the responsibility of men in reproductive health

According to the Program of Action of the International Cairo Conference on Population and Development, 1994, the reproductive rights cover human rights that are already recognized by national laws, international documents on human rights and other UNO relevant documents, adopted on the basis of consensus. They are based on the recognition of the “right of all couples and individuals to freely make a responsible decision on the number of their children, intervals between their birth, time of birth and to possess the necessary information and tools for this, and the right to attain the highest standard of sexual and reproductive health”. It also includes their right to make decision concerning the reproduction of descendants without discrimination, coercion and violence, which is also reflected in the documents on human rights.

Thus, couples and individuals have to consider the needs of their present and future children and their responsibility before the society. The encouragement of the responsible approach to exercising these rights by all people should be the cornerstone of the policies and programs for reproductive health, including family planning, carried out with the help of governments and local community. The government should provide real stability of material existence and necessary conditions for young families. Uzbekistan is taking many actions in this regard, including those aimed at material support of young families and socially vulnerable segments of the population. A wide range of benefits and preferences has been adopted, which have a positive influence on the formation of families and the improvement of their housing conditions.

Due to the conditions of Uzbekistan, associated with high population growth and complicated transformational processes associated with the economy reforming, the short-term addressing of many social problems, in particular, the mass creation of new jobs and ensuring full employment are problematic. In this regard, there exist some problems associated with stable employment and low income of youth. As a priority, the government sets a task of employment, primarily for the youth; the comprehensive programs for creation of new jobs and maintaining stable employment are adopted annually.

“Many family problems arise on financial and material grounds, due to the lack of money. In modern society women are becoming more demanding of their husbands due to their rights. Not all men can find a high-paying job, so ensuring high employment would reduce family conflicts and would ensure the stability of families”.

(Samandar, 30 years old, urban citizen).
Reproductive health largely determines the quality of life for men and women, their physical, social and psychological well-being, possibility of reproduction and development of a healthy generation. The basis for the development of preventive measures should consist of the factors reducing reproductive health disorders, prevention and early detection of health status disorders caused by the impact of production and environmental factors on reproductive function.

Unfortunately, at the beginning, in the period of adaptation, the newlyweds have some conflicts, and sometimes insignificant reasons can become a serious factor of antagonism in families, and in some cases - the reason for divorce.

In the first period of married life the most typical reasons of conflict are:
- interpersonal incompatibility;
- claims to leadership;
- claims to superiority.
- distribution of household chores;
- claims to control the family budget;
- reaction to the advices of relatives and friends;
- intimate-personal adaptation.

In such cases, the role of family members and older generation in timely identification and positive resolving of such conflicts, rendering help to the newlyweds to adapt to the conditions of the joint family life, have responsible attitude to parenting is important.

It should be borne in mind that adaptation in the family, especially for newlyweds, requires spouses to achieve a moral-psychological and physiological satisfaction with each other. If one of the spouses begins to experience psychological or physiological inconveniences of intimacy, dissatisfaction with its results, the problem shall not be resolved by itself. In case of any such inconveniences that cannot be overcome independently, it is necessary to go to a psychologist. Currently, from year to year, Uzbekistan experiences an ever growing demand for psychologists, and it should be noted that the number of psychologists is also growing.

A special place in informing, education and health protection is occupied by educational and medical institutions. Currently, it is possible to enhance the further work in this direction, by:

"I believe that the parents of the girls before giving them in marriage need to bring up their daughters in the spirit of caring and respect for the dignity of men. A well-mannered girl–bride is a good guarantee of a warm family climate in the family, and of many conflicts prevention. In addition, many conflicts arise when mothers of wives (mother-in-law) are too often interfering in the family life of the newlyweds, and this further aggravates the situation and minor conflicts, as it hurts the manhood.

(Shovkat, 42 yearsold, urban citizen).
- launching the “Basics of a healthy lifestyle” program in educational institutions;
- using the educational facilities for mass recreation and health promotion of young people;
- improving the physical infrastructure of medical institutions, creating the optimal conditions, meeting the hygiene standards at all stages of the educational process;
- improving the system of preventive examinations and identification of different types of pathology;
- increasing the efficiency of prophylactic medical examination in compliance with the regulatory indicators of public health services.

One of the effective measures on preservation of reproductive health is prevention of abortion. In this connection it is necessary to pay special attention to:
- prevention of unwanted pregnancies, decreasing the number of abortions and morbidity due to abortion;
- improvement of the quality of recommendations, information, consultations and services in family health;
- involvement of men in protection of family health, and increase of their responsibility and role in the family.

Among the negative aspects that affect the stability of family life, there are extramarital sexual relations. The sociological survey received some opinions that a certain category of men had contacts out of the family before marriage and in marriage. Sexually transmitted infections (including HIV) are also the complication of exclusively extramarital sexual relations.

“Our government has adopted a useful resolution on mandatory medical examination of young people before marriage. This allows to diagnose the health of men and women and to begin the treatment even before marriage. In addition, the awareness prevents the breakdown of families. But I heard that such certificates can be easily obtained without passing examinations, and this reduces the confidence in this mechanism. Therefore it is necessary to tighten the state control over the process, and the Ministry of Health should strengthen the control over the medical staff”.

(Fazliddin, 49 years old, urban citizen)

“Extramarital and promiscuous relations of men can lead to various sexually transmitted infections, and corrode family relations, reduce respect for the family, and as a consequence the family may disintegrate. Therefore, it is important to have education, increase the number of telecasts demonstrating negative aspects of immoral actions of men”.

(Anvar, 44 years old, rural citizen)
A great influence on the destructive transformation of family is rendered by so-called “mass culture”, moral principles, behavioral and artistic models of youth subcultures, the Internet environment space, mass media, advertising etc. The result is the crisis of identity, idealization of alternative forms of marriage (such as same-sex, harem, guest ones and others), distortion of gender models of behavior, marital relations, “virtualization” of the family and marriage.

Reduced control over the content of information can cause the process of rapid integration of youth in popular culture through movies, television, the Internet, focusing on the Western model of human and family communication, possessing a powerful attractive force.

One of the negative factors that significantly affect the reproductive function of women is abortion. The proper use of contraceptives may reduce complications in pregnancy and childbirth, improving general health of a woman is. Contraception is needed for prevention of unwanted pregnancies and STIs. Contraception is the only acceptable alternative to abortion.

The participants of the sociological study noted with satisfaction the availability of a wide choice of contraceptives, and the opportunity for every woman to choose any means of protection. Unlike the generation of their mothers, whose possibility of use of contraception was very limited, modern women have plenty of choices of contraceptives to minimize the negative consequences of their use. The respondents demonstrated a high degree of awareness of contraception.

Most men noted that couples are basically practicing the use of intrauterine devices. The main advantage of this method, according to the respondents, is that partners may use it for a long time without the need to take any other measures of prevention of unwanted pregnancy. Besides, this method is relatively cheap.

Male reproductive health and the opportunity to become parents are of great importance in the life of couples. According to WHO, about 15% of couples...
cannot conceive without medical intervention, while male factor of infertility is detected in half of the cases.

At the same time the high sensitivity and aspects of male psychology are associated with disease of the reproductive system of men. In this respect, the important issue is the creation of anonymous clinics for men, which ensures a high level of confidentiality. In these centers, young people could undergo a medical examination, obtain consultations and appropriate treatment in case of detection of sexually transmitted infections.

Factors influencing the reproductive health of men are divided into 2 groups:

**Inner reasons or diseases:**
- infections – both genital (gonorrhea, trichomoniasis, syphilis, etc.) and systemic (parotitis, frequent colds,);
- systemic diseases, especially chronic ones – circulatory, urinary, hepatic, nervous system and diabetes mellitus;
- endocrinopathy – hypogonadism and lack of testosterone;
- decrease in immunity;
- congenital and pediatric disorders of the genitourinary sphere – cryptorchism, varicocele, hydrocele, hypospadias;
- chromosomal abnormality;
- inanition of the body;
- disorders in the immune system, in case of immunological infertility.

**External reasons:**
- stress, depression, neurosis, lack of sleep, fatigue;
- psychosexual factor, strained relationship with partner, conflicts;
- injuries;
- medication, radiation;
- wearing tight clothes, resulting in the increased temperature in the groin;
- bad habits;
- occupational hazards, working in high temperatures, lifting heavy items, contact with chemical agents, ionizing radiation, vibration;
- inactivity;
- poor nutrition, fatty foods; foods rich in carbohydrates.

"As a proposal, I think, we need to open anonymous cabinets for men in every regional centre. At the same time, it is advisable to have such cabinets in the institutions other than family polyclinics as “male diseases” is a very delicate subject, and a confidential matter. In the anonymous medical centers, men, especially youth, could undergo a medical examination, get consultations and timely treatment in case of detection of sexually transmitted infections”.

(Sergey, 36 years old, rural citizen)
In this regard, it is necessary to reduce these factors. The special role, in this case, is given to the men and measures aimed at minimizing the harmful impacts.

Scientists and experts noted that the main method of preserving male reproductive health is the prophylactics, which involves:

- good nutrition - food should be natural, contain minerals and vitamins, have a balanced protein-carbohydrate-fat composition;
- sports and any form of physical activity - rates and the load should be increased gradually;
- exclusion or limitation of provoking factors – abandonment of habits harmful to the body;
- taking drugs only as directed.
- regular and high quality sex life. Scientists claim that frequent sex reduces the amount of spermatozoa with simultaneous increase in the number of their immature forms. While rare sexual intercourse, increases sperm count, decreasing their mobility. The optimal amount of time between intercourse, when a couple wants to get pregnant is 2 or 3 days.

The absolute majority of male respondents expressed high interest in obtaining adequate information on reproductive health.

In this connection it is necessary to significantly expand the informative and educational work with the public and population. At the same time, the success of the implementation of measures on reproductive health depends on the joint efforts of governmental, public, religious and other organizations and the community itself. The efforts in the area of information, education and communication should consider gender and cultural features of the population, traditions, psychology of the youth in connection of bringing information on reproductive health and the possibilities of its preservation.

Thus, the significant improvement in the coverage of issues of hygiene and sex education in secondary schools is important. The awareness campaigns should
be directed primarily at protecting sexual and reproductive rights and health, including such important issues as safe motherhood; family planning; abuse of children; violence against women; responsibility of men; gender equality; sexually transmitted infections and HIV/AIDS; responsible sexual behavior; teenage pregnancy; prevention and early detection of the reproductive system diseases.

It is necessary to develop new and review existing informative and educational materials, plans, educational tools in schools, pedagogical approaches on elimination of gender stereotypes. Considering new approaches it is required to develop and publish special printed informative materials on reproductive health, effectively and promptly distributing them among the population. The most relevant and popular is the preparation of the series of thematic radio and TV programs dedicated to healthy lifestyle and protection of reproductive health.

Conducting informative and educational work contributes to optimization of the issues on sexuality and sex education, formation of the attitude in adolescents to make a conscious and adequate choice of later sexual debut, monogamous relations, and during sex life - the contraceptive choice to prevent abortion.

At the same time, in modern conditions the role of parents in raising children is very important. Improvement of health services should also include informative and educational work with the family on the prevention of health problems.

Studies of foreign scientists have shown that sport significantly improves the reproductive health of men. Thus, it is emphasized that the sport requires the balance; the excessive exercise can have the opposite effect.

“In my opinion, the educational work in the field of reproductive health should be started in schools and continued in secondary colleges and higher education institutions. Moreover, such work and informative materials should be interesting, and consider the age and gender of the listeners. Also it is necessary to arrange lectures and seminars, round tables to discuss various issues. It is possible to arrange a visit to various medical establishments, where medical staff could talk about the importance of staying healthy. It may be necessary to conduct separate classes for boys and girls.”

(Georgiy, 50 years old, urban citizen)

“In recent years the government of Uzbekistan pays great attention to sports. I think this work should be strengthened in order to increase the interest of youth in sports, especially in rural areas. This will improve the health status of men in the future. Rural residents could with their own hands build the sport equipment, sports grounds, but it is not done in many places, and it is expecting that someone will do it for them”.

(Toshmat, 44 years old, rural citizen)
Thus, the role of men in reproductive health in the republic is very important. So, we can formulate the following conclusions and recommendations in this direction:

- Uzbekistan performs a complex of measures intended for support of young families and socially vulnerable segments of the population. A wide range of benefits and preferences has been adopted with the aim of supporting the development of families and improvement of their living conditions;
- in Uzbek families, the role of the older generation in timely identification and positive resolving family conflicts, promoting adaptation of the newlyweds to the conditions of the joint family life, responsible attitude to parenting is important;
- the special place in awareness and education, health protection occupied by educational and medical institutions; further strengthening the work in this direction is required;
- one of the effective measures on preservation of reproductive health is prevention of abortion;
- extramarital relations in most cases are the result of disharmony in the family;
- reduced control over the content of information in the mass media may cause the degradation of family values of youth, who can focus on the Western model of human communication, including family;
- a high sensitivity and psychological aspects of men in Uzbekistan have been revealed; they are associated with the disease of the reproductive system, which requires a delicate approach and the creation of appropriate conditions;
- the vast majority of male respondents expressed high interest in obtaining adequate information on reproductive health;
- informative, educational and communication work in reproductive health should consider gender aspects, cultural trends of the population, traditions, specifics of youth psychology;
- the development of new and revision of existing informative and educational materials, plans, and means of education in schools is required with changing pedagogical approaches on elimination of gender stereotypes in the country;
- successful implementation of reproductive health measures in the country largely depends on the joint efforts of governmental, public, religious and other organizations, including the population itself.
CONCLUSIONS AND RECOMMENDATIONS

Conclusions

1. Inattentive attitude of the men to own health is one of the main reasons for the negative statistics of reproductive disease among men and women. Men rarely go to the doctor, are contemptuous of their health, do not pay enough attention to preventive measures, and some of them have the unhealthy lifestyle, and as a result of it - their health is undermined and, the life is shorter. Men should understand that the long life and preservation of health depends on them themselves. This requires the help and support of the opposite gender.

2. In our country a little attention is really paid to the male health. There is a large gap in the education and culture of men, especially of youth, in the sphere of reproductive health that is due to the lack of training programs in educational institutions as well as insufficient work of medical institutions, public organizations, etc.

3. It is necessary to create a holistic system of health care and male reproductive health protection in all age categories.

4. Medical examination of the newlyweds before marriage registration is a very important aspect for the health of men and women, it prevents the breakdown of families, and many of young people have an opportunity to take treatment before marriage. Therefore, the state should toughen the control over this process.

5. It is understood that early marriages are unfavorable, especially for young girls. The young people have an opinion “first become independent and then be married”, but parents sometimes insist and try to marry them at their own discretion. The fight against early marriage is the important goal of the society and the state.

Recommendations

In the sphere of informative work

6. It is necessary to conduct educational work in the field of reproductive health, beginning from schools, lyceums, colleges and high education institutions. At the same time, such work and informative materials should be interesting and consider the age and gender of the listeners. It is necessary to increase the number of lectures and seminars, round tables and discussions, to arrange visits to various medical institutions to clarify the existing problems. If required it is necessary to maintain separate classes for boys and girls.

7. The development of short-length video-films as well as documental and feature films is beneficial if they would reflect:
- all risks of extramarital relations.
- importance of strengthening the family and the role of men in it;
- behavior in case suspected diseases.

8. It is necessary to strengthen the control over the health condition of migrants at entry into the country, and informative work with the population for prevention of spread of dangerous and infectious diseases.

9. The problems of sex education are discussed in the family very seldom. It is associated with the mentality. It is necessary to strengthen the work with parents in order to make them one of the most important sources of information about sexual and reproductive health for their children.

10. Informative work on prevention of sexually transmitted infections is decreased. Earlier we had booklets, flyers and posters with comprehensive information on the subject. It is necessary to increase this informative work: the youth usually reads posters more than papers.

11. It should be noted that newspapers such as “Shifo info” are a valuable source of information about prevention of various diseases. These newspapers are actively read by men, and these newspapers should pay more attention to educational work among men.

12. As far as the Internet concerns it is required to increase the information resources associated with male reproductive health aimed to prevent diseases, as well as information on family relations, the importance of family planning.

13. It is necessary to increase the informative work in the sphere of reproductive health with the population, with organization of lectures and involvement of experts and specialists, psychologists, visiting mahallas, organizations, industrial enterprises and factories. This is a very effective method for maintaining male health. It is necessary to ensure the systematic nature of such work - at least once every 6 months.

**In the sphere of health strengthening**

14. Men should themselves take care of their health. Every 6 months it is necessary to pass compulsory medical examination in the clinics. This will allow them to take care of themselves, make timely decisions and treatment.

15. It is necessary to create the anonymous cabinets for men, preferably not in the family health clinics, where men and young people could undergo medical examination and obtain advice and treatment in case of sexually transmitted infections.

16. Mutual respect strengthens the marriage, so it is necessary to carry out many educational programs and explanatory work in mahallas and in all mass media.
17. It is necessary to increase the interest of youth in sports, which will improve the health status of men in the future.

18. It would be nice if all men knew that it would be correct for men and women to undergo a treatment course before planning and conceiving a child. Such a measure would allow to have healthy children in the future and to prevent subsequent problems. Such informative and explanatory work should be carried out in local clinics.

In the sphere of strengthening the institution of the family

19. Parents of girls before marriage should prepare daughters to married live in order to preserve the future family.

20. It is necessary to carry out informative work about the importance of joint educational work in families especially, about sexual life with children; the boys have to talk to fathers, the girls – to mothers.

21. It is necessary to strengthen control over the serials and movies that have explicit sex scenes, including those with unconventional sexual orientation. It is necessary to prohibit serial, which show unconventional mindset, freedom of sex relations, ease of divorce, which corrode the social climate in families.

22. It is necessary to conduct educational work with women in society, mahallas about the importance of the role of father and husband in the family, respect to him who as the head of the family is responsible for the welfare of future children. It necessary to foster in girls diligence, honesty, hard working, modesty, respect for everybody, regardless of age, then their future life will find its basis and there will not be any conflicts in family relations.

23. The national programs should be focused on improving the spiritual climate and family cohesion. In this sense, it is required an assistance of religious leaders who can bring the true traditions to the people.

24. Mahalla committees should actively participate in preventing divorces and family breakdown, especially among the youth.