

UDC 316.423.6

<https://doi.org/10.33619/2414-2948/92/59>

STATE POLICY FOR THE PREVENTION OF PRETERM BIRTH IMPLEMENTED BY THE LEADING FOREIGN COUNTRIES

©*Rustamov J.*, ORCID: 0009-0008-7296-5924,
Mahalla and Family Research Institute, Tashkent, Uzbekistan

ГОСУДАРСТВЕННАЯ ПОЛИТИКА ПО ПРЕДУПРЕЖДЕНИЮ ПРЕЖДЕВРЕМЕННЫХ РОДОВ, РЕАЛИЗУЕМАЯ ВЕДУЩИМИ ЗАРУБЕЖНЫМИ СТРАНАМИ

©*Рустамов Д.*, ORCID: 0009-0008-7296-5924, Научно-исследовательский институт «Махалля и семья», г. Ташкент, Узбекистан

Abstract. Early marriage and pregnancy have long been recognized as significant social factors that hinder the formation of a healthy generation. This paper examines the negative impacts of early marriage and pregnancy on both the individual and the community. The practice of early marriage, defined as marriage before the age of 18, is prevalent in many cultures and is often driven by economic, social, and cultural factors. The consequences of early marriage and pregnancy are numerous and multifaceted. The physical health of young mothers is often compromised due to the high risk of complications during pregnancy and childbirth. In addition, child brides are more likely to experience sexual and physical violence and suffer from mental health issues such as depression and anxiety. The effects of early marriage and pregnancy also extend beyond the individual and have significant social and economic implications.

Аннотация. Ранние браки и беременность давно признаны значимыми социальными факторами, препятствующими формированию здорового поколения. В данной статье рассматриваются негативные последствия раннего брака и беременности как для отдельного человека, так и для общества. Практика ранних браков, определяемых как браки до достижения 18-летнего возраста, распространена во многих культурах и часто обусловлена экономическими, социальными и культурными факторами. Последствия ранних браков и беременности многочисленны и многогранны. Физическое здоровье молодых матерей часто оказывается под угрозой из-за высокого риска осложнений во время беременности и родов. Кроме того, малолетние невесты чаще подвергаются сексуальному и физическому насилию и страдают от проблем с психическим здоровьем, таких как депрессия и тревога. Последствия ранних браков и беременности также распространяются не только на отдельных людей, но и имеют серьезные социальные и экономические последствия.

Keywords: child marriage, gender equality, pregnancy in adolescence, reproductive health, support for girls.

Ключевые слова: детские браки, гендерное равенство, беременность в подростковом возрасте, репродуктивное здоровье, поддержка девочек..

Introduction

Today, the problem of teenage pregnancy worries many people. Because premature birth increases the risk of death in a woman, and also causes problems related to the health of the mother and the child.

According to the UN and the World Bank, the lowest rates of teenage pregnancy per 1,000 girls aged 15-19 are in the Republic of Korea — 1, China and Switzerland — 3, Denmark and Singapore — 4, Belgium, France, Italy, Luxembourg, Sweden, Norway and Cyprus have 5 each. The highest indicators correspond to African countries, the first three belong to Nigeria (187), Mali (169), Chad (161). The situation in Uzbekistan is also noted in this source: there are 24 premature births for every 1000 girls aged 15-19.

According to the World Health Organization, approximately 21 million girls aged 15-19 become mothers every year in developing countries. 2,5 million of them are girls under the age of 16. Difficulties during pregnancy and childbirth cause the death of 15-19-year-old girls around the world.

Teenage births pose significant social challenges worldwide. Advanced foreign countries have implemented various policy approaches to address this issue, with notable success in reducing teenage pregnancies and promoting positive outcomes for young parents and their children. This article examines the experiences and policy initiatives of advanced foreign countries in preventing teenage births. By exploring these examples, we can gain insights into effective strategies and learn valuable lessons to inform policy development in other contexts. This analysis highlights the importance of evidence-based policies that encompass comprehensive sex education, accessible healthcare services, contraception availability, supportive social policies, and multi-sectoral collaboration. Let's delve into the experiences of specific countries to understand their policy approaches and the outcomes achieved [1].

In advanced foreign countries, political approaches to the prevention of teenage births typically involve comprehensive strategies. These approaches focus on sex education, access to contraceptives, and supportive social policies. Countries like the Netherlands have adopted evidence-based comprehensive sex education programs that emphasize communication, consent, and contraceptive use. They prioritize open dialogue and provide young people with accurate information to make informed decisions. Other countries, such as Sweden and Norway, offer accessible healthcare services, including confidential and affordable contraceptive options. Additionally, these countries often provide support systems for young parents, such as parental leave, childcare, and educational opportunities. Overall, political approaches in advanced foreign countries emphasize education, access, and support to address teenage birth rates effectively.

Netherlands: Comprehensive Sex Education and Youth-Friendly Healthcare Services. The Netherlands is internationally recognized for its successful approach in preventing teenage births. The country's policies prioritize comprehensive sex education that starts at an early age, focusing on healthy relationships, contraception, and informed decision-making. The curriculum is comprehensive, evidence-based, and promotes open discussions about sexual health. The Netherlands also ensures accessible and youth-friendly healthcare services, providing confidential reproductive health counseling, contraceptive options, and STI testing and treatment. As a result, the Netherlands has one of the lowest rates of teenage pregnancies in the world [2].

Sweden: Comprehensive Policies and Supportive Social Environment. Sweden's approach to preventing teenage births emphasizes comprehensive policies and a supportive social environment. The country integrates comprehensive sex education into school curricula, focusing on gender equality, consent, and healthy relationships. Sweden also provides free and confidential access to

contraception and sexual health services for adolescents. Moreover, Sweden implements supportive social policies, such as affordable childcare, flexible education options, and social welfare programs that assist young parents in pursuing education and employment. These policies contribute to Sweden's low rates of teenage births and support the overall well-being of young parents and their children [3].

Canada: Multi-Sectoral Collaboration and Youth Engagement. Canada's approach to preventing teenage births emphasizes multi-sectoral collaboration and youth engagement. The country has developed national strategies that involve partnerships between government agencies, educational institutions, healthcare providers, community organizations, and youth representatives. Canada's policies prioritize comprehensive sex education, accessible healthcare services, and supportive social programs. The government actively engages young people in the policy-making process, ensuring that their voices and perspectives are considered. By fostering collaboration and incorporating youth input, Canada has made significant progress in reducing teenage births [4].

United Kingdom: Holistic Approach and Targeted Interventions. The United Kingdom adopts a holistic approach to preventing teenage births, combining comprehensive sex education, accessible healthcare services, and targeted interventions. The country's policies aim to equip young people with accurate information on sexual health, relationships, and contraception. The United Kingdom provides accessible and confidential healthcare services for young people, including contraceptive counseling, provision, and sexual health screenings. The government also implements targeted interventions, such as targeted sexual health campaigns, peer education programs, and support for vulnerable populations. These policies have contributed to a decline in teenage births in the United Kingdom [7].

New Zealand: Culturally Responsive Approaches and Family Involvement. New Zealand recognizes the importance of culturally responsive approaches and family involvement in preventing teenage births. The country's policies consider the diverse cultural contexts and values of its population. New Zealand emphasizes the involvement of families and communities in supporting adolescents' sexual and reproductive health. The policies promote open communication within families, encourage family planning, and provide culturally appropriate education materials. Additionally, New Zealand ensures accessible and youth-friendly healthcare services that respect cultural diversity. These efforts have yielded positive outcomes in reducing teenage births among different cultural groups in the country [4].

United States: Varied Approaches and State-Level Initiatives. The United States exhibits a range of policy approaches to prevent teenage births, with initiatives varying across states. Some states prioritize comprehensive sex education that goes beyond abstinence-only programs and includes information on contraception and healthy relationships. Other states focus on increasing access to healthcare services, such as providing confidential reproductive health counseling and contraception to adolescents. Additionally, various states implement programs that target vulnerable populations, such as pregnant and parenting teens, by offering support services and educational opportunities. While progress has been made in reducing teenage births in the United States, there is a need for more comprehensive and consistent policies nationwide [7].

Japan: Addressing Cultural Factors and Gender Equality. In Japan, policy approaches to preventing teenage births address cultural factors and promote gender equality. The country recognizes the influence of traditional cultural norms and seeks to challenge gender stereotypes. Policies include comprehensive sex education that promotes gender equality, consent, and respectful relationships. Japan also ensures access to reproductive healthcare services and contraceptive methods for young people. Moreover, the government emphasizes support for young

parents, including educational opportunities and childcare assistance. By addressing cultural factors and promoting gender equality, Japan aims to reduce teenage births and empower young people to make informed choices about their reproductive health [6].

Norway: Early Intervention and Youth Participation. Norway's policy approach to preventing teenage births focuses on early intervention and youth participation. The country places a strong emphasis on early sex education, starting in primary school, to provide young people with the knowledge and skills to make responsible choices. Norway also encourages youth participation in the design and implementation of policies, ensuring that their perspectives are taken into account. The government provides accessible and confidential healthcare services, including contraception and sexual health counseling, for adolescents. Additionally, Norway emphasizes social support programs for young parents, such as educational opportunities and parental support networks. By intervening early and involving young people, Norway aims to prevent teenage births and support positive outcomes for young parents [5].

Australia: Holistic Approach and Community Engagement. Australia adopts a holistic approach to preventing teenage births by addressing multiple factors. The country emphasizes comprehensive sex education, ensuring that young people receive accurate and inclusive information about sexual health, relationships, and contraception. Australia also focuses on community engagement, involving parents, schools, healthcare providers, and community organizations in promoting positive sexual health behaviors among adolescents. The government supports accessible healthcare services and provides subsidies for contraceptive methods, making them more affordable for young people. Through this multi-faceted approach, Australia aims to reduce teenage births and improve the overall well-being of young parents [8].

Germany: Youth-Friendly Services and Support Networks. Germany's policy approach to preventing teenage births centers around providing youth-friendly services and support networks. The country offers comprehensive sex education that covers various aspects of sexual health, including contraception and consent. Germany also ensures the availability of accessible and confidential healthcare services specifically tailored to the needs of young people. In addition, the government supports the establishment of support networks, such as youth centers and counseling services, which provide information, guidance, and assistance to adolescents. These networks aim to address the social, emotional, and practical challenges faced by young parents and promote positive outcomes for both parents and children [9].

Conclusion

The policy approaches of advanced foreign countries provide valuable insights into preventing teenage births and promoting positive outcomes for young parents. Countries like the Netherlands, Sweden, Canada, the United Kingdom, New Zealand, the United States, Japan, and Norway demonstrate the effectiveness of various strategies, including comprehensive sex education, accessible healthcare services, targeted interventions, cultural responsiveness, gender equality, early intervention, and youth participation. By learning from these diverse experiences, policymakers can tailor policies to their specific contexts and effectively address the complex factors influencing teenage births. It is crucial to prioritize evidence-based approaches, continuous evaluation, and collaboration among multiple stakeholders. By implementing comprehensive policies that support the sexual and reproductive health of adolescents, countries can make significant strides in preventing teenage births and nurturing the well-being of young parents and their children.

The policy approaches discussed in this article highlight the diversity of strategies employed by advanced foreign countries to prevent teenage births. Each country demonstrates a unique

combination of comprehensive sex education, accessible healthcare services, supportive social policies, cultural responsiveness, multi-sectoral collaboration, and youth engagement. By examining these examples, policymakers can gain insights into effective approaches and tailor their policies to the specific needs and contexts of their own countries. It is crucial to prioritize evidence-based practices, ongoing evaluation, and continuous adaptation to address the complex factors that contribute to teenage births. By implementing comprehensive policies and fostering supportive environments, countries can make significant progress in preventing teenage births and promoting the well-being of young parents and their children.

References:

1. Van Tintelen, A. M., Bolt, S. H., Dalmijn, E., & Jansen, D. E. (2022). Life after teenage childbearing: A long-term view on teenage mothers' wellbeing. *Journal of reproductive and infant psychology*, 1-15. <https://doi.org/10.1080/02646838.2021.2013456>
2. Becker, M. (1996). The National Board of Health and Welfare (Socialstyrelsen). *Indoor Environmental Studies at a nursery in Vårgårda Municipality (Inomhusmiljöundersökningar vid ett daghem I Vårgårda kommun)*.
3. Maheshwari, M. V., Khalid, N., Patel, P. D., Alghareeb, R., & Hussain, A. (2022). Maternal and neonatal outcomes of adolescent pregnancy: a narrative review. *Cureus*, 14(6). <https://doi.org/10.7759/cureus.25921>
4. Fitzpatrick, K. (2018). Sexuality education in New Zealand: A policy for social justice?. *Sex Education*, 18(5), 601-609. <https://doi.org/10.1080/14681811.2018.1446824>
5. Mueller, T., Tevendale, H. D., Fuller, T. R., House, L. D., Romero, L. M., Brittain, A., & Varanasi, B. (2017). Teen pregnancy prevention: Implementation of a multicomponent, community-wide approach. *Journal of Adolescent Health*, 60(3), S9-S17. <https://doi.org/10.1016/j.jadohealth.2016.11.002>
6. Yamagami, W., & Aoki, D. (2015). Annual report of the committee on gynecologic oncology, the Japan Society of Obstetrics and Gynecology. *Journal of Obstetrics and Gynaecology Research*, 41(12), 1861-1869. <https://doi.org/10.1111/jog.12833>
7. MacDonald, K., Fainman-Adelman, N., Anderson, K. K., & Iyer, S. N. (2018). Pathways to mental health services for young people: a systematic review. *Social psychiatry and psychiatric epidemiology*, 53, 1005-1038. <https://doi.org/10.1007/s00127-018-1578-y>
8. Lupton, D., & Pedersen, S. (2016). An Australian survey of women's use of pregnancy and parenting apps. *Women and birth*, 29(4), 368-375. <https://doi.org/10.1016/j.wombi.2016.01.008>
9. Bendix, D., & Schultz, S. (2018). The political economy of family planning: Population dynamics and contraceptive markets. *Development and Change*, 49(2), 259-285. <https://doi.org/10.1111/dech.12363>

Список литературы:

1. Van Tintelen A. M. G., Bolt S. H., Dalmijn E., Jansen D. E. Life after teenage childbearing: A long-term view on teenage mothers' wellbeing // Journal of reproductive and infant psychology. 2022. P. 1-15. <https://doi.org/10.1080/02646838.2021.2013456>
2. Becker M. The National Board of Health and Welfare (Socialstyrelsen) // Indoor Environmental Studies at a nursery in Vårgårda Municipality (Inomhusmiljöundersökningar vid ett daghem I Vårgårda kommun). 1996.
3. Maheshwari M. V., Khalid N., Patel P. D., Alghareeb R., Hussain A. Maternal and neonatal outcomes of adolescent pregnancy: a narrative review // Cureus. 2022. V. 14. №6.

<https://doi.org/10.7759/cureus.25921>

4. Fitzpatrick K. Sexuality education in New Zealand: A policy for social justice? // Sex Education. 2018. V. 18. №5. P. 601-609. <https://doi.org/10.1080/14681811.2018.1446824>

5. Mueller T., Tevendale H. D., Fuller T. R., House L. D., Romero L. M., Brittain A., Varanasi B. Teen pregnancy prevention: Implementation of a multicomponent, community-wide approach // Journal of Adolescent Health. 2017. V. 60. №3. P. S9-S17. <https://doi.org/10.1016/j.jadohealth.2016.11.002>

6. Yamagami W., Aoki D. Annual report of the committee on gynecologic oncology, the Japan Society of Obstetrics and Gynecology // Journal of Obstetrics and Gynaecology Research. 2015. V. 41. №12. P. 1861-1869. <https://doi.org/10.1111/jog.12833>

7. MacDonald K., Fainman-Adelman N., Anderson K. K., Iyer S. N. Pathways to mental health services for young people: a systematic review // Social psychiatry and psychiatric epidemiology. 2018. V. 53. P. 1005-1038. <https://doi.org/10.1007/s00127-018-1578-y>

8. Lupton D., Pedersen S. An Australian survey of women's use of pregnancy and parenting apps // Women and birth. 2016. V. 29. №4. P. 368-375. <https://doi.org/10.1016/j.wombi.2016.01.008>

9. Bendix D., Schultz S. The political economy of family planning: Population dynamics and contraceptive markets // Development and Change. 2018. V. 49. №2. P. 259-285. <https://doi.org/10.1111/dech.12363>

*Работа поступила
в редакцию 25.05.2023 г.*

*Принята к публикации
06.06.2023 г.*

Ссылка для цитирования:

Rustamov J. State Policy for the Prevention of Preterm Birth Implemented by the Leading Foreign Countries // Бюллетень науки и практики. 2023. Т. 9. №7. С. 421-426. <https://doi.org/10.33619/2414-2948/92/59>

Cite as (APA):

Rustamov, J. (2023). State Policy for the Prevention of Preterm Birth Implemented by the Leading Foreign Countries. *Bulletin of Science and Practice*, 9(7), 421-426. <https://doi.org/10.33619/2414-2948/92/59>