REPRODUKTIV YOSHDAGI AYOLLARDA ANEMIYANING HAYOT SIFATI VA ISH QOBILIYATIGA TA'SIRI

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Annotatsiya. Reproduktiv yoshdagi ayollarda anemiya keng tarqalgan bo'lib, u nafaqat somatik salomatlikka, balki hayot sifati va ish qobiliyatiga ham salbiy ta'sir ko'rsatadi. Ushbu maqolada anemiyaning ayollarning jismoniy faolligi, aqliy faoliyati va ijtimoiy moslashuviga ta'siri tahlil qilinadi. Temir tanqisligi anemiyasi fonida charchoq, ish unumdorligining pasayishi va kognitiv funksiyalarning buzilishi kuzatiladi. O'z vaqtida tashxis va samarali davolash ushbu ko'rsatkichlarni yaxshilashga yordam beradi.

Kalit so'zlar: anemiya; reproduktiv yoshdagi ayollar; hayot sifati; ish qobiliyati; temir tanqisligi; charchoq; kognitiv funksiya

IMPACT OF ANEMIA ON QUALITY OF LIFE AND WORK CAPACITY IN WOMEN OF REPRODUCTIVE AGE

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Abstract. Anemia is a widespread condition among women of reproductive age and has a significant impact not only on physical health but also on quality of life and work capacity. This article analyzes the effects of anemia on physical activity, cognitive function, and social adaptation in women. Iron deficiency anemia is associated with fatigue, decreased work productivity, and impaired cognitive performance. Early diagnosis and effective treatment contribute to significant improvements in these indicators and overall well-being.

Keywords: anemia; women of reproductive age; quality of life; work capacity; iron deficiency; fatigue; cognitive function

Kirish. Anemiya reproduktiv yoshdagi ayollar orasida keng tarqalgan kasallik bo‘lib, organizmda gemoglobin darajasining pasayishi bilan tavsiflanadi [1]. Ushbu holat to‘qimalarga kislorod yetkazib berilishining buzilishiga olib keladi va umumiy salomatlikka salbiy ta’sir qiladi. Anemiya nafaqat klinik simptomlar bilan namoyon bo‘ladi, balki ayollarning kundalik faoliyati, mehnat unumdorligi va ijtimoiy hayotiga ham ta’sir ko‘rsatadi [2].

Asosiy qism. Anemiyaning hayot sifatiga ta’siri**.** Hayot sifati insonning jismoniy, ruhiy va ijtimoiy farovonligini o‘z ichiga oladi. Anemiya ushbu barcha komponentlarga salbiy ta’sir ko‘rsatadi. Temir tanqisligi anemiyasida bemorlarda quyidagi belgilar kuzatiladi: doimiy charchoq**,** umumiy holsizlik**,** bosh aylanishi**,** uyqu buzilishlari**.** Bu simptomlar hayot sifatining pasayishiga olib keladi [3]. Jismoniy faollikning pasayishi**.** Gemoglobin darajasining

pasayishi mushaklarga kislorod yetkazib berilishini kamaytiradi. Natijada jismoniy chidamlilik pasayadi va tez charchash kuzatiladi [4].

Kognitiv funksiyalar va psixologik holat**.** Anemiya markaziy asab tizimiga ta’sir ko‘rsatib, diqqat va xotira buzilishiga olib keladi. Shuningdek, psixologik holatga ham salbiy ta’sir qiladi [5].

Ish qobiliyatiga ta’siri. Anemiya mehnat unumdorligining pasayishiga sabab bo‘ladi. Bemorlar tez charchaydi va ish samaradorligi kamayadi [6,9].

Ijtimoiy va iqtisodiy oqibatlar. Anemiya ijtimoiy va iqtisodiy muammolarni ham keltirib chiqaradi, chunki ish qobiliyatining pasayishi umumiy samaradorlikka ta’sir qiladi [7].

Davolashning hayot sifatiga ta’siri. Anemiyani o‘z vaqtida davolash hayot sifatini yaxshilaydi. Temir terapiyasi klinik simptomlarni kamaytiradi va ish qobiliyatini tiklaydi [8,10,11].

Xulosa. Reproduktiv yoshdagi ayollarda anemiya hayot sifati va ish qobiliyatiga sezilarli ta’sir ko‘rsatadi. O‘z vaqtida tashxis va samarali davolash ushbu ta’sirlarni kamaytiradi va bemorlarning umumiy holatini yaxshilaydi.

Foydalanilgan adabiyotlar:

1. World Health Organization. Iron deficiency anaemia: assessment, prevention and control. – Geneva: WHO, 2001. – 114 p.

2. Kassebaum N.J. The global burden of anemia // Hematology/Oncology Clinics of North America. – 2016. – Vol. 30, № 2. – P. 247–308.

3. Camaschella C. Iron-deficiency anemia // New England Journal of Medicine. – 2015. – Vol. 372, № 19. – P. 1832–1843.

4. McLean E., Cogswell M., Egli I. Et al. Worldwide prevalence of anemia // Public Health Nutrition. – 2009. – Vol. 12, № 4. – P. 444–454.

5. Haas J.D., Brownlie T. Iron deficiency and reduced work capacity // Journal of Nutrition. – 2001. – Vol. 131. – P. 676S–690S.

6. Beard J.L. Iron deficiency and neural development // Journal of Nutrition. – 2003. – Vol. 133. – P. 1468S–1472S.

7. Делькашева Ш. Д. РАЗВИТИЕ ЖЕЛЕЗОДЕФИЦИТНЫХ АНЕМИЙ У ДЕВОЧЕК ПОДРОСТКОВ // Экономика и социум. 2021. №4-1 (83). URL: https://cyberleninka.ru/article/n/razvitie-zhelezodefitsitnyh-anemiy-u-devochek-podrostkov (дата обращения: 20.03.2026).

8. Milman N. Anemia in pregnancy and postpartum // Annals of Hematology. – 2011. – Vol. 90. – P. 1247–1253.

9. Делькашева Ш. Д. ФАКТОРЫ РИСКА РАЗВИТИЯ ЖЕЛЕЗОДЕФИЦИТНЫХ СОСТОЯНИЙ У ЖЕНЩИН ФЕРТИЛНОГО ВОЗРАСТА // Экономика и социум. 2021. №3-1 (82). URL: https://cyberleninka.ru/article/n/faktory-riska-razvitiya-zhelezodefitsitnyh-sostoyaniy-u-zhenschin-fertilnogo-vozrasta (дата обращения: 20.03.2026).

Balarajan Y., Ramakrishnan U., Ozaltin E. Et al. Anaemia in low-income countries // Lancet. – 2011. – Vol. 378. – P. 2123–2135.

10.Allen L.H. Anemia and iron deficiency: effects on pregnancy outcome // American Journal of Clinical Nutrition. – 2000. – Vol. 71. – P. 1280S–1284S.

11. Balarajan Y., Ramakrishnan U., Ozaltin E. Et al. Anaemia in low-income countries // Lancet. – 2011. – Vol. 378. – P. 2123–2135.

12. Pasricha S.R., Drakesmith H., Black J. Et al. Control of iron deficiency anemia // Lancet. – 2013. – Vol. 381. – P. 1907–1916.