



## IMPROVING THE PREVENTION OF CARDIOVASCULAR DISEASES IN WORKING-AGE WOMEN OF REPRODUCTIVE AGE

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**Abstract:** *Cardiovascular diseases (CVDs) are a leading cause of morbidity and mortality among women of reproductive age, yet prevention strategies often focus primarily on men or older populations. This review highlights the unique cardiovascular risk factors in working-age women, including hormonal influences, lifestyle factors, and psychosocial stressors. It also explores current challenges in early detection and outlines evidence-based approaches to improving CVD prevention among this specific population group.*

**Keywords:** *cardiovascular disease, women's health, reproductive age, prevention, risk factors, public health, lifestyle*

### 1. Introduction

Cardiovascular diseases remain a global health concern, increasingly affecting younger populations, including women of reproductive age (15–49 years). Traditionally perceived as a male-dominated disease category, CVDs in women are underdiagnosed, undertreated, and under-researched. Given the unique physiological, hormonal, and sociocultural factors in women, especially those of working age, targeted prevention is necessary to reduce the disease burden and enhance long-term health outcomes.

### 2. Cardiovascular Risk in Women of Reproductive Age

#### 2.1 Hormonal and Reproductive Factors



Fluctuations in estrogen levels play a protective role in cardiovascular health. However, conditions such as polycystic ovary syndrome (PCOS), preeclampsia, gestational diabetes, and early menopause can increase CVD risk. Oral contraceptive use and hormone replacement therapy may also contribute, especially when combined with smoking or hypertension.

## 2.2 Lifestyle and Occupational Stress

Modern working-age women often face dual roles — professionally and domestically — contributing to chronic stress, sleep disorders, and reduced physical activity. These, along with poor diet, smoking, and alcohol use, significantly elevate cardiovascular risk.

## 2.3 Psychosocial Determinants

Depression and anxiety, more prevalent among women, are independently associated with CVD. Social determinants of health — such as access to care, education, income level, and societal norms — also influence disease risk and prevention efforts.

## 3. Challenges in Cardiovascular Disease Prevention in Women

- **Underrecognition of Symptoms:** Women often experience atypical symptoms (e.g., fatigue, nausea, jaw pain), leading to delayed diagnosis.
- **Lack of Gender-Specific Guidelines:** Existing guidelines are often based on male-centric data, leading to inadequate risk stratification in women.
- **Healthcare Access and Utilization:** Cultural and economic barriers may prevent women from accessing timely preventive care or engaging in regular screening.

## 4. Strategies to Improve Prevention

### 4.1 Public Health Education

Community-based programs should raise awareness of CVD symptoms in women and promote early screening. Tailored campaigns targeting reproductive-age women through workplaces, clinics, and digital platforms can improve outreach.

### 4.2 Lifestyle Intervention Programs



Encouraging physical activity, smoking cessation, stress management, and balanced nutrition is essential. Workplace wellness initiatives and accessible fitness programs can particularly support employed women.

#### **4.3 Screening and Risk Assessment**

Routine cardiovascular risk assessment should be integrated into reproductive health services, especially for women with a history of pregnancy complications or metabolic disorders.

#### **4.4 Policy and System-Level Interventions**

Health systems must ensure gender-sensitive care, train professionals in women's cardiology, and prioritize research funding for female-specific cardiovascular health issues.

### **5. Conclusion**

Cardiovascular disease prevention in working-age women of reproductive age requires a multifaceted, gender-sensitive approach. Improved awareness, early screening, lifestyle interventions, and healthcare system reforms are critical to reducing the burden of CVD in this vulnerable population. Empowering women with the knowledge and tools to manage their cardiovascular health can lead to healthier families and societies.

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