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TO THE QUESTION OF THE PROBLEMS OF WOMEN'S SPORTS

К ВОПРОСУ О ПРОБЛЕМАХ ЖЕНСКОГО СПОРТА

TO THE QUESTION OF THE PROBLEMS OF WOMEN'S SPORTS

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Annotatsiya

Ishda mashg'ulotlarga bo'lgan talablarning ko'payishi va sportchilar tanasiga haddan tashqari raqobatbardosh yuklar muammosi batafsil bayon etilgan. Shu munosabat bilan muallif ayollar sporti muammolariga, xususan, jismoniy faollikning ayol tanasiga ta'siri va shunga mos ravishda sportchilarni tiklash va rehabilitatsiya qilishga kompleks, muvozanatli yondashuv masalalariga katta e'tibor berishni tavsiya qiladi.

Kalit so'zlar: ortib borayotgan talablar, mashg'ulotlar, raqobatbardosh yuk, ayol sportchilarning tanasi, ayollar sporti, tiklanish, rehabilitatsiya.

Аннотация:

В работе подробно изложена проблема повышенных требований к тренировкам и, чрезмерным соревновательным нагрузкам предъявляемых организму спортсменок. В связи с этим, автор рекомендует уделять достаточно большое внимание проблемам женского спорта, в частности влиянию возрастающей физической нагрузки на женский организм и, соответственно, вопросам комплексного, сбалансированного подхода к восстановлению и реабилитации спортсменок.

Ключевые слова: повышенные требования, тренировка, соревновательная нагрузка, организм спортсменок, женский спорт, восстановление, реабилитация.

Abstract

The paper describes in detail the problem of increased training requirements and excessive competitive loads imposed on the body of athletes. In this regard, the author recommends paying quite a lot of attention to the problems of women's sports, in particular the impact of increasing physical activity on the female body and, accordingly, the issues of a comprehensive, balanced approach to the recovery and rehabilitation of athletes.



Keywords: increased requirements, training, competitive load, the body of female athletes, women's sports, recovery, rehabilitation.

Today, sport actively attracts women to its ranks, starting, sometimes, from early childhood. They are actively mastering previously considered unshakably "male" sports. This has led to the fact that new sports disciplines are being introduced into the program of the Olympic Games, world championships and various levels of competitions (many types of wrestling, martial arts, weightlifting, wrestling, etc.). There is, in my opinion, an unhealthy "emancipation" of sports, often unjustified, and sometimes harmful, unnecessary for women's health. Increased training requirements and, often, excessive competitive loads impose "excessive" demands on the athletes' body. In this regard, leading domestic and foreign scientists specializing in sports medicine pay quite a lot of attention to the problems of women's sports, in particular the impact of increasing, sometimes inadequate physical activity on the female body and, accordingly, the issues of a comprehensive, balanced approach to the recovery and rehabilitation of female athletes.

Since the mass and active participation of women in professional sports, in the coaching and academic environment, especially among sports medicine specialists, there has been talk about such a phenomenon as the "triad of female athletes". A number of domestic and foreign studies have reliably traced the prevalence of this triad among professional athletes, although there are various manifestations of it among "active" non-professional female athletes.

The first information and results of observations devoted to the triad of female athletes appeared in foreign research circles and among sports medicine specialists at the end of the last century. During these studies, the phenomena of changes in eating behavior, amenorrhea and manifestations of osteoporosis were quite often recorded, which led to the appearance in 1992 among specialists (American Association of Sports Medicine) of the term, called "the triad of female athletes" (the female athlete triad).

In practice, it can be quite difficult to establish the true number of cases of this pathology, since there are many athletes who, for various objective and subjective reasons, are already at the initial stages of the development of this pathology. They hide their problems from coaches and sports doctors in every possible way. This contributes to the fact that it is not possible to establish this formidable and prognostically unfavorable diagnosis in time. Unfortunately, it is often established already with a vivid clinical manifestation of this triad, when pathological changes in the body of a female athlete have already gone far enough. Therefore, to establish this diagnosis - a "triad", a situation is allowed when there may not be all 3 components. It may be enough to clinically record 1 or 2 manifestations of the "triad" in order to take such a female athlete to the dispensary, monitor her health and carry out her rehabilitation. As for menstrual cycle disorders, they, especially at the initial stages of the formation of a triad (tetrad) of female athletes, can range from an episodic decrease in the level of female sex hormones (estrogens) and / or gonadotropins (FSH, LH, prolactin), with the preservation of menstrual function, and to the phenomena of persistent amenorrhea, with the absence of menstruation from 3 to 6 months.



Currently, it has been established that a decrease in the synthesis of estrogens is one of the main causes of the occurrence and development of osteoporosis [2,6]. According to generally accepted data, the highest bone mass is observed in women aged between 20 and 30 years of their life. At the same time, athletes with a normal menstrual cycle can add from 2 to 4% of bone mass every year, while athletes with menstrual disorders can lose up to 2% of their bone mass annually due to the progressive phenomena of osteoporosis. Thus, professional athletes with manifestations of one of the components of the triad will have a higher percentage of the risk of fractures, which is confirmed in practice. In addition, the risk of multiple fractures in different parts of the pelvis, thoracic and lumbar spine increases significantly.

As practical experience and data from numerous domestic and foreign studies have shown, the bones of the lower extremities, pelvis and spine are the most affected in female athletes, where fractures occur most often. There is research evidence that in the course of rehabilitation and adaptation after the termination of a sports career, the condition of bone tissue may improve somewhat in many former professional athletes.

This complex chain of pathological changes leads to disruption of complex circadian regulation mechanisms in the body, such as the hypothalamic - pituitary-ovarian axis, which leads to disturbances in the synthesis of such important hormones as gonadotropin-releasing hormone, LH and FSH. These hormones control the synthesis of estrogens, in which a malfunction occurs and, consequently, menstrual cycle disorders are caused. The latter, in turn, affects the resorption of calcium from bones, a decrease in bone mass.

Therefore, especially frequent manifestations of the sports triad are observed in such aesthetic sports as figure skating, gymnastics, or in those sports in which the athlete is tied to a certain weight category: for example, boxing, weightlifting, wrestling, various types of martial arts.

List of Literature:

1. Джемлиханова, Л.Х. Регуляция репродуктивного здоровья женщины-спортсменки
2. / Л.Х. Джемлиханова, Э.Н. Попов // Материалы 2-го международного конгресса «Спорт и здоровье» 21-23.04. 2005 г. СПб., 2005.- С. 86-87.А.
3. Литисевич, Л.В. Репродуктивное здоровье актуальная проблема в современном спорте высших достижений/ Журнал Российской ассоциации по спортивной медицине и реабилитации больных и инвалидов. 2005.- №3.- С.27.
4. Трушкевич, А.А. Особенности обменно-эндокринных нарушений в репродуктивном периоде у женщин с патологическим течением пубертатного периода. // Репродуктивное здоровье женщин. 2005 - 2 (22) с. 89-91.
5. Шахлина, Л.Г. О некоторых аспектах адаптации организма женщин к нагрузкам в современном спорте высших достижений // Wychowanie fizyczne i sport. 2002. - Т.XLVI. - № 1-2. - С. 192-193.
6. Ch.F. Sanborn, J. Sundgot-Borgen, M.P. Warren: American College of Sports Medicine position stand. The Female Athlete Triad; Medicine & Science in Sports & Exercise, 2007, nr 39(10), s. 1867-1882

7. Nattiv, A.B. Loucks, M.M. Manore, Beals, K.A. The prevalence of disordered eating, menstrual dysfunction, and low bone mineral density among US collegiate athletes. / K.A. Beals, A.K. Hill //Int J Sport Nutr Exerc Metab 2006; 16:1-23.