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REVIEW ARTICLE

Impact of Various Influencing Factors on Female Reproductive Health: An Overview

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ABSTRACT

Most women in impoverished nations are anaemic, suffer from malnourishment, and are afflicted with parasitism. They are also frequently found to be in poor health and overworked. They experience iron deficiency and inadequate access to healthcare, particularly during pregnancy and childbirth. Different reproductive and sexual health issues affect older men and women differently, and these difficulties are frequently not effectively addressed. Women's health is primarily influenced by many biological, social, and cultural aspects that are interconnected and require complete treatment. Reproductive health is influenced by women's status in society and socio-economic development levels in addition to the standard and accessibility of healthcare. According to the Federation's 1994 World Report on Women's Health, women's health is frequently harmed not by a lack of medicalknowledge, but rather via infringements on women's human rights.

KEYWORDS

• Impact • Factors • Female Reproductive Health

INTRODUCTION

In undeveloped nations, women are frequently reported to be in poor health and to be overworked, the majority of them are anaemic and suffer from parasitism and malnourishment. They experience iron deficiency and inadequate health care services, particularly during pregnancy and childbirth. The unique reproductive and sexual health concerns that older men and women face are frequently not effectively addressed. Women's health status is primarily influenced by intricate biological, social, and cultural elements that are interconnected and require complete attention. Reproductive health is influenced by women's status in society and socio-economic development levels in addition to the standard and accessibility of medical care. The Federation notes in its 1994 World Report on Women's Health that violations of

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women's human rights frequently jeopardise women's health more than a lack of medical understanding.[1]

India is a nation that is developing. It has the world's highest population density. The majority of them lack literacy, are impoverished, and do not give their health any thought.Additionally, they receive a lot of neglect. Everyone in the household is aware that most people don't care about a female member's health unless she is in danger of dying. However, a key component of many of the cyclical linkages with development is women's health.Another key influencing factor is women's ability to make choices about matters related to their sexual and reproductive health and rights (SRHR).[2]

REVIEW OF LITERATURE

Factors Affecting Utilization of Youth Reproductive Health Services.

A randomizedthere are studies reported on utilization of reproductive health services by the youth. A study conducted in Awabel on utilization of reproductive health services by the youth revealed that in the past six months preceding the survey, (41.2%) of the study participants had utilized sexual and RH services. The RH services that were received were SRH information, education, and counselling(51.1%), contraception and or condom (25.4%), treatment for STI (17.3%), voluntary testing and counselling services (VCT) (10.4%) and abortion and post abortion care (2.6%).[3]

Socio-Demographic, Knowledge Factors.

A randomized a study conducted in Kenya, it showed that utilization of reproductive health services such as family planning and STI services was significantly associated with age of the individual where older youth aged 20-24 years utilized these services more than those aged 10-14 and 15-19 years respectively, whereas utilization of counselling services are more utilized by younger age group 10-14 years. In this particular study it is reported that sex has also significant association with utilization of family planning services where females utilize more than males. But STI services are more utilized by males than females. Whereas no significant relation was shown between sex and VCT services utilization.[4]

What is the female reproductive health?

Reproductive health refers to the processes, systems, and activities of reproduction throughout life within the framework of the World Health Organization's definition of health, which is a state of complete physical, mental, and social well-being and not just the absence of sickness or infirmity. Therefore, being in good reproductive health shows that a person may reproduce and has the freedom to decide whether, when, and how often to do so. It also shows that a person can have a responsible, happy, and safe sexual life.[5]

Women's Health

Without a broad definition of health that takes into account women's roles and status in societyparticularly within the institution of the familythe problem of women's health cannot be comprehended. When it comes to women's health concerns and difficulties, women in the Asia and Pacific Region who are actively involved in the field have taken a broad stance. It is acknowledged that the social and economic structures of our society are the primary causes of disease and health risks, and that women will continue to suffer until and unless these conditions change.In the region, women's health is in extremely poor condition.[6]

The true state of health differs between nations as well as within them based on factors like women's location, class, race, and occupation. For instance, there are significant variations in women's life expectancies as a general measure of health. Nowadays, the average Japanese woman lives to be 80 years old, which is nearly equal to the 79-year-old life expectancy of Australian women. However, women in Democratic Kampuchea, Bhutan, Bangladesh, and Nepal pass away before reaching their late forties. Pakistani women only live to be 50 years old, but Chinese women typically live to be 76 years old. (Healthy Asian and Pacific Women's Resource and Action Series, 1989).[7]

What are the factor influencing women's reproductive health?

An effort has been made in this study to identify the key variables influencing women's health. The elements include political, social, cultural, economic, and environmental aspects. All of these factors have an impact on health,

however women are disproportionately affected:

1. **Biological Factors:** Although human sexuality now serves a variety of purposes outside reproduction, the biological underpinning of sexuality still plays a crucial role in the sexual experience. In the sexual response, information is processed psychologically, which is impacted by learning, physiological reactions, and brain systems that connect the information processing to the physiological reaction. People differ greatly in their ability to respond physically and sexually, even though there is still much that is unknown about this intricate pattern. Cultural influences can only account for a portion of this heterogeneity.[8]
2. **Poverty:** Naturally, poverty has an impact on everyone's health, not just women. Particularly, individuals who reside in impoverished areas lack access to adequate food and the right sorts of food, as well as a nice home, clean water, and proper sanitation. Lack of access to healthcare when needed will work deadly well to make things really difficult for women. due to the fact that impoverished women devote more time and effort to preparing or cooking meals. Since they are typically ignorant and incompetent, they must take any job they can. Their families and health suffer greatly as a consequence.[9]
3. **Demographic Factors:** Women's health is impacted by demographics in two ways. The term "macro" level impact describes the effects on society as a whole, whereas "micro" level impact refers to the effects on a single person or family.

   Although the population is steadily growing, the environment is being stressed by the ongoing population growth, which makes life harder for us all. However, there is a stagnation in the availability of food, water, sanitary conditions, education, and jobs. Therefore, the impoverished women are feeling the effects of these. Each couple decides how big of a family to have on a micro level. And one of the major determinants of a woman's and her family's lifetime chances for good health is the options they have for education, work, and other things.[10]
4. **Community:** Members of a community that is defined by its culture and is also a minority may become the target of social or economic prejudice, which can be harmful to their sexual health. Access to and receipt of essential health education and care are obviously impacted by economic disparities, which manifest as diminished prospects for school and work as well as the poverty that frequently follows. Furthermore, in certain minority populations, certain cases resulted in mistrust and suspicion of public health initiatives (Tafoya, 1989; Thomas and Quinn, 1991; Wyatt, 1997).[11]
5. **Culture:** Another kind of community is one that is built on common customs and culture. The sexual health and behaviour of community members can be influenced by the norms and beliefs surrounding sexuality that are present in each of these cultures. For instance, strict laws banning having sex before marriage may be protective against teen pregnancy and STD/HIV infection.[12]
6. **Political Factors:** The contribution of women to development initiatives was long ignored. particularly their unpaid domestic labour, such as meal preparation and child watching. However, policymakers now understand that women's labour, whether paid or unpaid, greatly contributes to development. Different policies directly affect the health and status of women.[13]
7. **Environmental Factors:** Women's health is directly impacted by environmental influences. According to Patricia Smyke (2001), if PHC is implemented as planned, women's participation in the process can help them become more aware of their health requirements and boost their self-confidence. The lack of access to essential services for impoverished women has an indirect effect on their health. Their lack of facilities prevents them from cooking food correctly and frequently makes it impossible to boil water for drinking. As a result, women deal with a variety of health issues. Bad water and poor sanitation are the main causes of illness and disease in impoverished nations.[14]

   In addition, a lot of low-income women who work in factories and other industrial

settings run the serious risk of radiation or hazardous chemical exposure, which might have a negative impact on both their unborn children's health and their own. It has become evident that in poor nations, a number of the symbiotic links between women, health, and development depend critically on whether a person is malnourished or well-nourished. Women often help prepare meals for their families in rural communities by fetching the fuel and water needed for cooking.[14, 11]

What are the health care professionals and available reproductive health services?

Health care providers such as physicians, nurses, chemists, and others are frequently the initial point of contact for people with issues related to their sexual health and can have a significant impact on their patients' behaviour and sexual health. In Bangladesh, a diverse spectrum of healthcare providers offer contraception and reproductive health treatments to both men and women. Private practice offices, non-profit clinics, SHOUJAR HASHI clinics, government financed family planning, private clinics, Union-based health centres and private hospitals are just a few of the places where these services are provided. Counselling or education about sexual and reproductive health may be given in addition to medical care.[15]

What are the components of female reproductive health?

- Counselling, information, education, communication, and services for family planning.
- Education and services related to safe childbirth, prenatal care, including breast-feeding, and women's and infant health care.
- Prevention and appropriate management of infertility, abortion, sexually transmitted diseases and infections of the reproductive tract.
- Information, instruction, and counselling about human sexuality, reproductive health, and responsible parenthood, as required.
- Removing detrimental cultural customs.[16]

Who should follow-up rights and principles of female reproductive health?

- Receive the highest conceivable care for sustaining one's sexual and reproductive health.
- The freedom to choose the quantity and spacing of children one desires.
- The obligation to obtain all available information about family planning services, including resources for contraception.[17]

What are the importance offemale reproductive health in society?

- The ability to have children with higher survival rates and to stop the spread of numerous sexually transmitted diseases are two benefits of female reproductive health in society.
- It also aids in preventing unintended pregnancies and preserving the size of the population.[18]

The main objectives of increasing awareness of female reproductive health are:

- Every young person is helped to learn about sexual and reproductive health.
- It instructs teenagers about responsible sex behaviour.
- It aids in the prevention of HIV/AIDS and other sexually transmitted illnesses.
- It delivers a healthy baby and shields the mother and child from infectious infections.
- It offers comprehensive information on early pregnancy, infertility, contraceptive techniques, pregnancy, and postpartum care for the mother and child.[18]

CONCLUSION

Women are disproportionately impoverished, have a low social position, and have a reproductive function, which puts them at significant risk for illness and premature mortality. Relatively inexpensive advancements in reproductive healthcare may have prevented the deaths of a large number of women and girls who give birth each year, but significant rates of maternal mortality still exist. And if both men and women had access to safe, reasonably priced, and effective forms of contraception, a significant percentage of abortionssome of which result in death or serious injury would be prevented. Discrimination against women

exists in almost every society. The detrimental impacts of poverty and illiteracy on women's health are made worse by gender inequality, which makes it more difficult for women everywhere to get the finest medical care and maintain optimal health.

The recommendations that follow are as follows:

- Eliminate differences in sexual health status that result from a lack of access to knowledge and medical care due to social and economic disadvantage.
- It is recommended to focus interventions on the most socio-economically vulnerable communities, where residents have limited access to health services and education.
- Expand access to services related to health and reproductive health
- Promote the adoption of social and medical therapies that have been thoroughly tested and proven to be successful in enhancing sexual health.

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