

# THE REPRODUCTIVE HEALTH PROBLEMS OF WOMEN OF CHILD BEARING AGE

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**Abstract:** This Thesis aimed to assess the reproductive health problems of women of child bearing age. Women's reproductive health problems of women of child bearing age and its associated factors, explore how this affects quality of life, and describe health care seeking practices. The objective of the study were; to investigate the reproductive health problems of women of child bearing age, to find the reproductive health problems of women of child bearing age. To identify the factors that affect reproductive health problems of women of child bearing age. The population of the study were all women in Jhang city. A well-managed self-contractor questionnaire distributed to 120 women in Jhang City. Descriptive statistics and using suitable statistical techniques used by data analyzed. After the collection of data, the researcher analyzed the data by T Test. Primary information was also collected in this regard and compared to assess the probability and significance of this study.

**Keywords:** Teenage Pregnancies, Trimester Abortion.

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## 1. INTRODUCTION

A woman's reproductive system is a delicate and complex system in the body. It is important to take steps to protect it from infections and injury, and prevent problems including some long-term health problems. Taking care of yourself and making healthy choices can help protect you and your loved ones. Protecting your reproductive system also means having control of your health, if and when, you become pregnant.

Women determine population trends by deciding how many children to have and when to have them. Currently, a majority of married women of reproductive age (55%) have the capacity to plan their pregnancies by using modern contraception. Yet there are still 210 million women who would like to postpone their next pregnancy or stop childbearing altogether but are not using modern contraception. Most of these women either live in lowincome countries or belong to the poorer segments of middleincome or high-income countries, and often live in rural areas where their access to services is poor. Providing family planning is a cost-effective means of improving the lives of women and children, especially in poorer countries. Use of contraception to lengthen the interval between births is an effective strategy to reduce maternal mortality and increase child survival. Having children too early in life, particularly before age 18, is detrimental to both mother and child, not only because of the higher risks associated with adolescent pregnancies but also because early childbearing usually deprives young women of the opportunity to pursue other activities, such as schooling or employment, which are strong determinants of their empowerment.

Early childbearing is particularly common in Pakistan, and is often the result of early marriage. In some societies, early childbearing occurs before marriage largely because adolescents who are sexually active face considerable barriers in obtaining information, guidance and services related to contraception. Reducing adolescent fertility is a target in the Millennium Development Goals that will likely not be met by 2015 in several regions. Normally, girls have higher chances of surviving childhood than boys, yet excess female child mortality has historically been common in societies that value boys more than girls. These disparities have disappeared in most countries with development but they are still present in the population giants, Pakistan. In addition, the availability of methods to detect the sex of a child in utero has

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made sex selection possible for important segments of the population of countries where son preference is widespread. As a result, particularly in low-fertility countries where son preference is strong, the ratio of male to female births has increased beyond the biological norm and is leading to major sex imbalances in the population.

### Statement of the Problems:

Preconception health refers to the health of women during their reproductive years, which are the years they can have a child. It focuses on taking steps now to protect the health of a baby they might have sometime in the future, and staying healthy throughout life.

### Objectives of the Study:

The objectives of the study were to:

1. To investigate the reproductive health problems of women of child bearing age
2. To find the reproductive health problems of women of child bearing age.
3. To identify the factors that affect reproductive health problems of women of child bearing age.

### Research Questions:

Following research questions have been formed to achieve the objectives of the study.

- 1) What is the association between reproductive health problems of women and child bearing age
- 2) What is the women deserve to have control over their reproductive lives
- 3) What is the perception of women about reproductive health problems of women and child bearing age

### Significance of the study:

This is the first research of its kind being conducted on this topic no such research has been done before. The study will elaborate the reproductive health problems of women of child bearing age.

### Delimitation of the study:

The researcher having limited time and available sources for the study. So, the study was delimited in following areas;

The sample was delimited only to 120 women with reproductive health problems

The sample was delimited to Jhang City.

## 2. REVIEW OF RELATED LITERATURE

Early childbearing, particularly that occurring before age 18, is detrimental to both mother and child, not only because of the higher risks associated with reproductive health problems but also because early childbearing usually deprives young women from the opportunity of pursuing other activities, such as schooling or employment. Early childbearing is particularly common in Asia. Reducing adolescent fertility is one of the targets set by the Millennium Development Goals but progress towards reaching it has been uneven, partly because early marriage continues to be condoned in many societies and because social barriers prevent adolescents from getting access to effective contraception, especially if they are female and unmarried.

Early marriage is closely linked to higher levels of adolescent fertility. Although most countries have laws establishing a minimum age at marriage, which is usually 18 for women, these laws also generally allow marriage at an earlier age with parental consent. In countries where no minimum age is stipulated for women marrying with parental consent, the percentage of young women married before age 15 varies markedly. This evidence suggests that legislative action is not sufficient to reduce the prevalence of early marriage among women. When parents allow or even promote the early marriage of their young daughters, delaying marriage hinges on changing the views of parents about the acceptability of early marriage and addressing the real or perceived benefits associated with it. Globally, women are increasingly delaying marriage in part because more of them are staying in school longer. Demand for contraceptives is high among unmarried, sexually active women aged 15-19. Yet, in 30 countries, including 22 in Africa, fewer than half of the sexually active unmarried women aged 15-19 are using contraception.

To enable women and men to make informed choices, a government's family planning strategy must include access to information in a form that can be understood by contraceptive users and access to a full array of effective contraceptive methods. Unnecessary medical barriers to this access should be eliminated. The strategy should also include explicit plans for reaching the underserved, including young people, low-income women and men, and those living in rural areas. Noting that existing contraceptive methods are still not as user-friendly as they could be, particularly for women in low-income settings, philanthropic ventures are supporting the development of better forms of contraception. Family planning strategies should incorporate procedures for the introduction of new contraceptives when they become available. To reduce childbearing at young ages in the countries where the adolescent birth rate is still high, a multi-pronged strategy is necessary. At least three intermediate goals require attention: (a) to prevent early marriage; (b) to provide young people with the information and the tools they need to make responsible choices regarding their sexual lives, and (c) to ensure that the adolescents and young people who need contraception can access the information and services to get it.

Mental health as a component of reproductive health has generally been - and still is - inconspicuous, peripheral and marginal. The lack of attention it has received is unfortunate, given the significant contributions of both mental health and reproductive health to the global burden of disease and disability. Of the ten leading causes of disability worldwide, five are neuropsychiatric disorders. Of these, depression is the most common, accounting for more than one in ten disability-adjusted life-years (DALYs) lost (Murray & Lopez, 1996). Depression occurs approximately twice as often in women as in men, and commonly presents with unexplained physical symptoms, such as tiredness, aches and pains, dizziness, palpitations and sleep problems (Katon & Walker, 1998; Hotopf et al., 1998).

It is the most frequently encountered women's mental health problem and the leading women's health problem overall. Rates of depression in women of reproductive age are expected to increase in developing countries, and it is predicted that, by 2020, unipolar major depression will be the leading cause of DALYs lost by women (Murray & Lopez, 1996). More than 150 million people experience depression each year worldwide. Reproductive health programmes need to acknowledge the importance of mental health problems for women, and incorporate activities to address them in their services. Reproductive health conditions also make a major contribution to the global burden of disability, particularly for women, accounting for 21.9% of DALYs lost for women annually compared with only 3.1% for men (Murray & Lopez, 1998).

An estimated 40% of pregnant women (50 million per year) experience health problems directly related to the pregnancy, with 15% suffering serious or long-term complications. As a consequence, at any given time, 300 million women are suffering from pregnancy-related health problems and disabilities, including anaemia, uterine prolapse, fistulae (holes in the birth canal that allow leakage from the bladder or rectum into the vagina), pelvic inflammatory disease, and infertility (Family Care International, 1998). Further, more than 529 000 women die of pregnancy-related causes each year (WHO, 2006).

### 3. METHODOLOGY

#### **Research design and setting:**

A cross sectional descriptive study was conducted on the women reproductive health problems of DHQ Hospital Jhang. This study was approved by our respected principal mam Safqat Inyat sahiba and mam Sumbal Sahiba.

#### **Sample selection:**

A sample of n= 60 omen reproductive health problems were selected through convenient sampling.

Inclusion criteria were age 18-25.

#### **Research purpose:**

Purpose of this study is to identify the reproductive health problems of women of child bearing age.

**Data collection process:**

Data was collected by self-administered questionnaire especially design for this study. The questionnaire consisted of factors identify the reproductive health problems of women of child bearing age. By Likert scale 2. Dichotomous questions.

**Hypothesis** Factors effect on absenteeism in registered nurses.

**Null hypothesis** Factors do not effect on absenteeism in registered nurses.

**4. RESULTS**

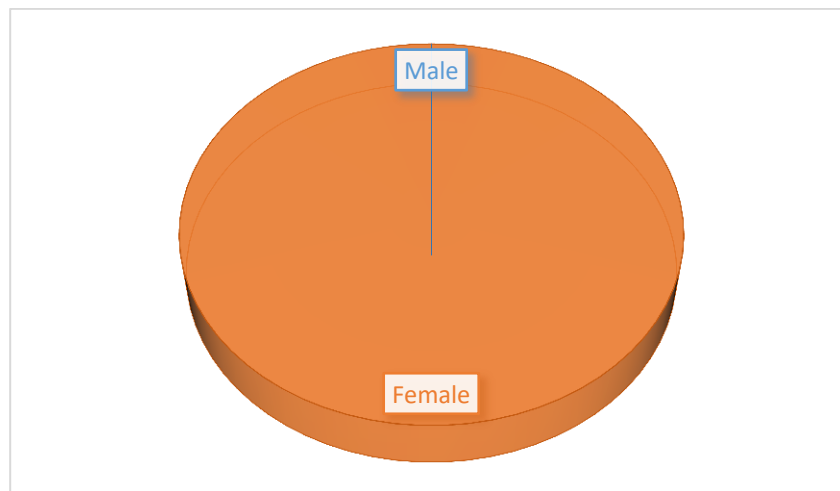
The purpose of this chapter is to present analysis and interpretation of data. The data obtained from teachers randomly and analyzed statistically by applying Descriptive statistics and t- test. The data was collected from the reproductive health problems of women of child bearing age who belong to Jhang City.

**Demographic Variable:**

**Table: 4.1 Classification of Respondents according to gender**

Gender	Frequency	Percent
Male	0	0
Female	120	100.0
Total	200	100

The table 4.1 indicates that percentage according to sample of the study 100.0% were female from gender.



**Fig: 4.1 Classification of Respondents according to gender**

**Table: 4.2 Classification of Respondents according to Age**

Age	Frequency	Percent
21-22	24	20.0
23-25	46	38.5
26-28	35	29.0
29-30	15	12.5
Total	120	100.0

The table 4.2 shows that age of teachers between 21-22, 23-25, 26-28 and 29-30 years was 24(12 %), 46(23 %), 35(29.0 %) and 15(12.5 %) respectively.

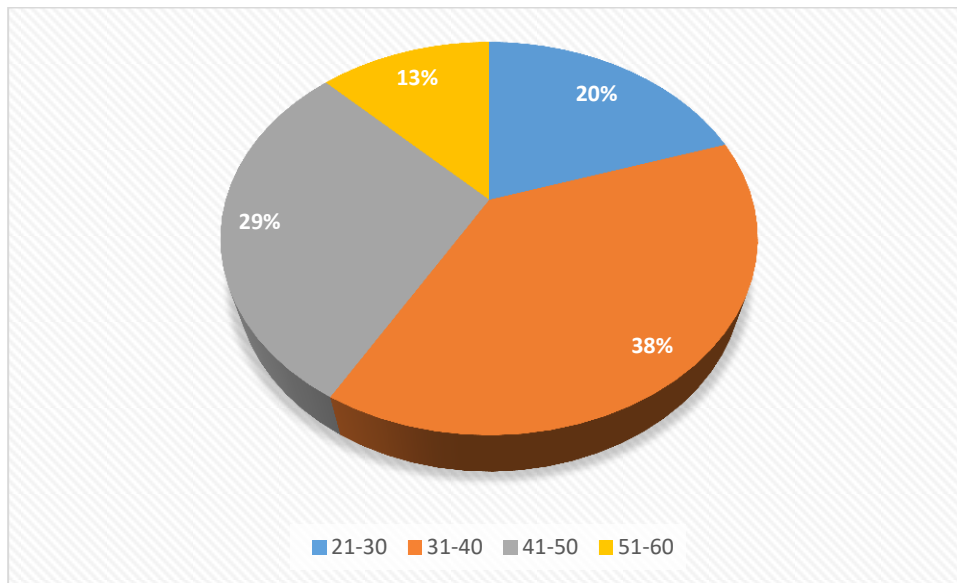


Fig: 4.2 Classification of Respondents according to Age

**RQ 1) What is the association between reproductive health problems of women and child bearing age**

Table: 4.3 Relationship about reproductive health problems of women and child bearing age (N=120).

Variable	Women and child bearing age
reproductive health problems	0.632*

= Highly significant (P<0.01)\*

The above table shows that highly significant (P<0.05)\* difference was found between association of teenage pregnancies with first trimester abortion in obstetric ward.

**RQ 2 What is the women deserve to have control over their reproductive lives**

Table 4.4 Score range of old age and young age n women deserve to have control over their reproductive lives (N = 120).

Variable	Group	Mean	SD	t-value	p
reproductive health problems	Early Young age	143.03	11.04	0.00	0.01
	Young age	151.12	12.39		

df = 118, = Significant (P<0.05)

The above table shows that significant (P<0.05) difference was found between early young age would have low level of awareness women deserve to have control over their reproductive lives.

**5. CONCLUSIONS AND RECOMMENDATIONS**

Being a women of child bearing age has implications for health. Health needs of women can be broadly classified under four categories. First, women have specific health needs related to the sexual and reproductive function. Second, women have an elaborate reproductive system that is vulnerable to dysfunction or disease, even before it is put to function or after it has been put out of function. Third, women are subject to the same diseases of other body systems that can affect men. The disease patterns often differ from those of men because of genetic constitution, hormonal environment or gender-evolved lifestyle behavior. Diseases of other body systems or their treatments may interact with conditions of the reproductive system or function. The reproductive system, in function, dysfunction and disease, plays a central role in women's health. This is different from the case with men. A major burden of the disease in females is related to their reproductive function and reproductive system, and the way society treats or mistreats them because of their gender. While more men die because of what one may call their "vices", women often suffer because of their nature-assigned physiological duty for the survival of the species, and the tasks related to it.

**Recommendations:**

Based on the study findings, this study recommends;

- i. Ministry of Health should come up with the reproductive health problems of women of child bearing age
- ii. A woman visits a family planning clinic asking for an intra-uterine device (IUD). She has a reproductive tract infection.
- iii. In clinic 1, the infection is missed or ignored and the device is inserted. This is a poor quality family planning service.
- iv. In clinic 2, the infection is diagnosed. The woman is informed that she cannot have the IUD, and is given another contraceptive method. This may be considered a good quality family planning service, but is it.
- v. In clinic 3, the woman is provided with an alternative method of contraception but she is also provided with treatment for the reproductive tract infection or referred if treatment was not available. In addition, she is asked whether her last child has received the vaccinations on schedule. This is a reproductive health- oriented service.
- vi. Family planning services are not demographic posts. Family planning is a component of reproductive health care. Women are not "targets" for contraception, for which policymakers and administrators set "quota" for services to accomplish.

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