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Impact of Social and Demographic Factors on Reproductive Health

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ABSTRACT *Developing countries account for 99% of global maternal deaths. (NDSmith,2015). 78% home deliveries reported complications in half of the cases with low percentage (37%)of safe deliveries.With the goal of improving maternal and neonatal health outcomes, many countries have worked to increase the number of women delivering in facilities,in the past few decades, (NDSmith,2015).This paper reviews different studies concerning with social as well as demographic factors along with reproductive health. A discuss is also made in the beneath.*

Discussion

The reported studies may lead to have a discussion thatthere exist a high percentage of maternal deaths and home deliveries. This percentage may be decreased through making women more educate and more aware about their health. This approach is needed more, especially in low socio-economic sectors.

Introduction

Developmental disparities are related to socio-economic differences (Adinma JI, 2011). Women's low social status has reported a negative impact on their health status(F Ansari etal,2012). Different studies also revealed low utilization of the health care services by different segments of the society for varying reasons. (Rudramma Javali,2014)

This paper involves various socio-demographic variables viz. age, weight, height, work status, literacy status, occupation, religion/caste, hemoglobin measurement, blood pressure, abdominal examination, mistimed birth, practicing contraception, use of maternal health services and knowledge about prevention of sexual transmission of HIV, utilization of antenatal care, abdominal pain and intercourse-related complications, respondents' and partners' approval of family planning, family planning discussion with partner, number of living children, , visit to a health centre, , type of family, presence of indebtedness, per capita income, income and capital investments, savings, tax policy, type of housing and accesses to safe drinking water and toilet etc.

In one of the studies considered, it was described that how industrialists, urban workers, and big farmers get benefited from urban bias, different disparities between urban and rural areas in terms of income and capital investments were also evidenced. In this study savings, rural skills drain, tax policy toward the rural sector, and agriculture price policies were also analyzed with an outline of increasing flow of resources of labor movements, business, politicians, planners, and donor organizations to the rural areas. Study concluded that mass poverty functions were as a barrier to growth, development, and industrialization. (Lipton M,1977)

We came across a study that assessed socioeconomic differentials in reproductive health outcomes and service utilization among young women utilizing Demographic and Health Survey data for 12 developing countries. It was resulted that young women from the poorest households were more likely to be married by age 18 than those from the richest households and by that age had at least one child; they were reported less likely to report a mistimed birth, practicing contraception, use maternal health services and knowledge about prevention of sexual transmission of HIV. Among poor adolescents economic autonomy, school enrollment and regular exposure to mass media were observed less common than among rich adolescents in the study. Overlook of poor adolescents on mass media, clinics or schools by current service delivery modes was concluded in this study (M.Rani,2004).

In another study data was considered from 136 developing countries considering economic and political development as background factors to access the impact of gender equality on women's reproductive health. Study found that gender equality plays a pivotal role in the promotion of women's reproductive health and in its prediction economic development has its importance. Study encountered a positive and statistically significant relationship between economic development and gender equality(GuangZ. Wang,2007).

In one of the studies effects of socio-economic, demographic and cultural factors on the prevalence and treatment-seeking behaviour for reproductive morbidity in India was observed on the basis of reproductive health problems elicited from 84,862 currently married women aged 15–49 in the second National Family Health Survey, 1998–1999 (NFHS-2). 34,034 women were found suffering from reproductive tract infections. Study reported that its prevalence is quite high (40 per cent) in India and the treatment-seeking is extremely low (33 per cent).Study revealed that usage of female sterilization and Intra-Uterine Device significantly compounds the reproductive morbidity in India. It was also outcome that women suffering from abdominal pain or intercourse-related complications have a higher likelihood of seeking treatment for reproductive tract infections (S.C. Gulati etal,2009)

One of the studies considered, described that socio-economic standing of any nation regarding literacy status and life expectancy is represented by human development. This study reported that reproductive health is a panacea towards reversing the stalled socio-economic growth of Nigeria (AdinmaJI,2011).

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In one of his studies, Martin reported that Malawi has one of the highest contraceptive prevalence rates in Sub-Saharan Africa. In this study data was considered from the 2000 and 2004 Demographic and Health Surveys and correlates of contraceptive use among currently married women were examined in Malawi. Major determinants of contraceptive use, reported , were age, respondents' and partners' approval of family planning, family planning discussion with partner, number of living children, work status, education and visit to a health centre etc. (Martin E. Palamuleni,2013).

One of the studies accessed the impact of socio demographic factors on reproductive health of married women of reproductive age group. In this study data was collected for a sample of 220 women of urban and 132 women of rural setting, considering different variables viz. age, literacy status, occupation, religion/caste, type of family, per capita income, presence of indebtedness, type of housing and accesses to safe drinking water and toilet etc. It was observed that in urban area, 59.2% women in age group of 15–24 years, 69.8% illiterate women, 84%working women and 66.1% women with joint families were found with reproductive tract infection /sexually transmitted infection, while in rural area these were found 79.5% in age group of 15–24 years, 87% in illiterate women, 71.9% in working women and 74.5% in women with joint families (Hiwarkar etal, 2013)

We came across another study that accessed correlates of knowledge and practices regarding reproductive health among high school adolescents in Ethiopia. Study resulted that only 25.3% have heard of reproductive health and have knowledge about reproductive health matters (Salih Mohammed etal, 2013).

One of the studies considered data from 28 states from India's National Family Health Survey (NFHS-3), 2005–2006, and analyzes the relationships between economic development, women's social and economic empowerment and reproductive health in rural India using both state- and micro-level data. This study showed that both social and economic empowerment are key intervening factors between economic development and reproductive health (Shobha Rao etal,2014).

Enock etal considered data from the 2010/11 Zimbabwe Demographic Health Survey (ZDHS), A sample of 457 non-pregnant adolescent women aged 15 to 19 years having their last sex within 12 months preceding the 2010/11 ZDHS was analyzed. It was reported that contraceptive use was higher for adolescent women with one or more children ever born (Odds Ratio=13.6) Contradiction at community level was also reported that modern contraceptive use decreased with an increase in the mean number of children ever borne per woman (OR= 0.071).This study concluded that individual and community characteristics both were important predictors of adolescent contraceptive use in Zimbabwe (Enock etal, 2014)

In one of the cross sectional studies conducted at Handignur, Primary health centre, Belgaum, 497 mothers who delivered during one year period were interviewed. Study outcome that 62.6% mothers utilized full antenatal care. Weight, height, blood pressure, hemoglobin measurement and abdominal examination were found performed in more than 95% of mothers. Different socio- demographic factors viz. literacy status, occupation, socioeconomic status and parity were found to influence the pattern of utilization (Rudramma Javali, 2014).

Nadia etal collected data from 43 countries in Africa and Asia Demographic and Health Survey. Different patterns by region, urban and rural status were observed by monitoring relationships between individual, household and community-level factors and the odds of a woman delivering in a facility. This study also observed correlates of delivery with a trained provider, in a public facility, in a private facility, with a doctor and in a hospital. The results revealed that 20% of deliveries were with no one or a friend/relative or alone. Rates of facility delivery were observed lower in Asia, and a greater proportion of deliveries was reported in private facilities in Asia compared to Africa (Nadia D.Smith, 2015).

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REFERENCE
1. Adinma JI, Adinma ED. Impact of reproductive health on socio-economic development: a case study of Nigeria. Afr J Reprod Health2011,15(1),pp.7-12. | 2. F Ansari and A.K.Dixit.Reproductive Health Care in Rajasthan:A Situational Analysis.AmericanJournal of Mathematics and Mathematical Sciences2012,1(1),pp.1-7 | 3. RudrammaJavali, AppasahebWantamutte, M. D. Mallapur. Socio-Demographic Factors Influencing Utilization of Antenatal Health Care Services in a Rural Area - A Cross Sectional Study. Int J Med Sci Public Health2014, 3(3),pp. 308-312 | | 4. Lipton M. Why poor people stay poor: urban bias in world development.Cambridge, Massachusetts, Harvard University Press, 1977. 467 p. | 5. M.Rani and E.Lule. Exploring the Socioeconomic Dimension of Adolescent Reproductive Health: A Multicountry Analysis. International Family Planning Perspectives2004.30(3),pp.110-117 | 6. Guang-zhen Wang. Testing the impact of gender equality on reproductive health: An analysis of developing countries. The Social Science Journal 2007,44, pp. 507–524 | 7. S. C. Gulati, Alok R. Chaurasia&Raghubansh M. Singh. Women's Reproductive morbidity and Treatment- Seeking Behaviour in India. Asian Population Studies2009,5(1),pp.61-84 | 8. Martin E. Palamuleni. Socio-Economic and Demographic Factors Affecting Contraceptive use in Malawi. Afr J Reprod Health 2013,17,3,pp. 91-104 | 9. HiwarkarYogita Amit, Rathi H.B. Impact of Socio Demographic Factors on Reproductive Health of Married Women in Reproductive Age Group. Research Journal of Pharmacology and Pharmacodynamics2013, 5(3),pp.197-201 | 10. Salih Mohammed, SathiyaSusuman. Factors Associated with Level of Reproductive Health Information in Ethiopia.Asia Pacific Journal of Research 2013,2(1)pp.206-217 | 11. Shobha Rao, Carol Vlassoff &JayshreeSarode.Economic Development, Women's Social and Economic Empowerment and Reproductive Health in Rural India.Asian Population Studies2014,10(1),pp.4-22 | 12. EnockNgome and Clifford Odimegwu. The social context of adolescent women's use of modern contraceptives in Zimbabwe: a multilevel analysis.Reproductive Health 2014, 11(64) | 13. Nadia Diamond-Smith and MaySudhinaraset. Drivers of Facility Deliveries in Africa and Asia: Regional Analyses Using the Demographic and Health Surveys. Reproductive Health 2015, 12, 6 ,pp.1-14