

Expert Perspectives on Reproductive Health Awareness, Comprehensive Analysis of Reproductive Health Components Among Women in Diverse Employment Settings in Georgia

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doi: 10.51505/ijmshr.2024.8102

URL: <http://dx.doi.org/10.51505/ijmshr.2024.8102>

Received: Dec 15, 2023

Accepted: Dec 22, 2023

Online Published: Jan 22, 2024

Abstract

Reproductive health encompasses a wide range of issues, such as maternal and child health, pregnancy, prevention of sexually transmitted diseases, family planning, access to modern methods of contraception, safe sex and safe abortion, prevention of oncological diseases of the reproductive system, screening, and more.

As the literature data shows, globally women do three times as much housework as men. women undertake three-quarters of the world's unpaid work, which is often categorized as low-value labor in economic considerations, thus neglecting the significant contribution of women to the overall economy. Unpaid care and domestic work is associated with burden of mental health disorders and negative impact on the quality of life.

The aim of study was to explore the opinions/attitude of public health experts regarding the reproductive health issues in employed and unemployed women in Georgia. The study encompassed 12 experts, with an average age of 51 ± 7.05 years and an average work experience of 20 ± 4.12 years. Qualitative research, incorporating in-depth face-to-face interviews. The study results revealed that Awareness of reproductive health indicators, as well as reproductive health components among the women of reproductive age in the country is low. There is a notable prevalence of high unpaid labor activity among women, leading to a significant burden of health problems. The employment status is of great significance and has a direct impact on the reproductive health status.

Keywords: Reproductive age, reproductive health indicators, reproductive health components, employment status, unpaid work/labor.

Introduction

Reproductive health encompasses a wide range of issues, such as maternal and child health, pregnancy, prevention of sexually transmitted diseases, family planning, access to modern methods of contraception, safe sex and safe abortion, prevention of oncological diseases of the reproductive system, screening, and more.

From the aforementioned, it is evident that reproduction holds a pivotal place in human life, however, it is worth noting that reproduction involves not only health-related, but legal aspects as well. Every person has the inherent right to make autonomous decisions concerning their sexual and reproductive behavior free of coercion, violence or discrimination. A woman has the right to make an informed choice and decide for herself about when and how many children she desires to have, as well as to avoid unplanned and unwanted pregnancy. She should have access to services that will help her in getting pregnancy, ensuring a safe childbirth, and fostering the delivery of a healthy baby. It is this free choice, independent and thoughtful decision that constitutes a human reproductive right. This ability to make free choice, independent, and thoughtful decision embodies a fundamental human reproductive right. (1,3,6,7)

At the UN Millennium Summit held in September 2000, UN Member States reaffirmed their commitment to creating a world in which sustainable development and eradication of extreme poverty stand as top priorities. (1,7,10)

This initiative, known as the **Millennium Project**, sets out the Millennium Development Goals elaborated relying on the outcomes and resolutions of various international conferences, including the International Conference on Population and Development (ICPD) held in Cairo in 1994. At the conference, the main aspects and issues of reproductive health, as well as further strategies and action plans were identified. (2,4,5)

Following the International Conference on Population and Development, international agencies reached a consensus on a concise set of 17 reproductive health monitoring indicators (Table 1). These indicators were selected through a comprehensive review process, and this document incorporates a brief description and rationale for each indicator.

Table 1. Key Indicators of Reproductive Health among Women

1 Total fertility rate
2 Contraceptive prevalence
3 Maternal mortality ratio
4 Antenatal care coverage
5 Births attended by skilled health personnel
6 Availability of basic essential obstetric care
7 Availability of comprehensive essential obstetric care
8 Perinatal mortality rate
9 Prevalence of low birth weight
10 Prevalence of positive syphilis serology in pregnant women
11 Prevalence of anemia in women
12 Percentage of obstetric and gynecological admissions owing to abortion
13 Reported prevalence of women with genital mutilation
14 Prevalence of infertility in women
15 Reported incidence of urethritis in men
16 Prevalence of HIV infection in pregnant women
17 Knowledge of HIV-related preventive practice

The set of 17 population-based indicators provide an overview of the state of reproductive health (RH) at the global and national levels and have been approved by the WHO and UN Inter-Agency Working Group. The primary reproductive health issues are largely related to the health and well-being of women of reproductive age (14–49).

At the same time, it should be noted that social well-being intricately to employment, education and current material well-being constitutes an integral part of overall health. As the literature data shows, women undertake three-quarters of the world's unpaid work -amounting to nearly 11 billion hours per day, considered as a disproportionate investment of time and labor. Globally, women do three times as much housework as men. (12, 2)

In addition, women in low- and middle-income countries perform more unpaid work compared to the women in high-income countries. However, the overall income in these countries varies as well. This type of unpaid work is often categorized as low-value labor of ten overlooked in economic considerations, thus neglecting the significant contribution of women to the overall economy, deeming it unimportant. (8,9,11)

Unpaid care and domestic work is associated with burden of mental health disorders and negative impact on the quality of life. However, most of the evidence is derived from high-income countries.

After acquaintance with the above literature review, investigation of the characteristics of reproductive health in professional groups of women was scheduled. The research was conducted in two directions:

1. Quantitative study;
2. Qualitative study.

The results of a qualitative study, the aim of which was:

Exploring the attitude of public health experts regarding the reproductive health issues in employed and unemployed women.

Material and Methods of the Study:

The presented qualitative study was preceded by a multi-fragmental quantitative study, where awareness of reproductive health indicators among women of reproductive age was investigated, after which we studied the state of reproductive health components in women of the same reproductive ages, which were divided into groups based on employment status. Before the current qualitative study, a multi-fragmental quantitative investigation was carried out. The initial phase involved an exploration of awareness regarding reproductive health indicators among women of reproductive age, succeeded by an analysis of reproductive health components in women within the same age groups, categorized by their employment status.

The obtained results showed that the awareness of reproductive health indicators among women with reproductive age in Georgia is low; as for the reproductive health components in women of different employment statuses, the research findings clarified that the health status of woman is completely different among different employment statuses.

The research revealed that the number of employed women among the respondents was small, however, among the unemployed women, proportion of non-remunerated work in daily life was large, not only radically changing their overall health condition, having a profound impact on their psycho-emotional well-being but also significantly restricting their chances for employment. The study was carried out in the capital of Georgia and one of the densely populated Adjara region. In Tbilisi, research was carried out in different districts, namely: Isani-Samgori, Vake-Saburtalo and Gldani-Nadzaladevi. 625 women of reproductive age were interviewed. Subsequent to the completion of the quantitative research and the analysis of obtained results, the investigation into the viewpoints of public health specialists regarding the study issue, has been set on the agenda. Consequently, a qualitative study has been conducted and according to the obtained results, an analysis of the opinions of public health experts has been presented.

Qualitative research, incorporating in-depth face-to-face interviews, was carried out in adherence to the fundamental principles of qualitative research. The research purpose and objectives were shared with the individuals involved and confidentiality was ensured. The interviews were recorded in accordance with prior agreements with the experts, interview location was pre-

selected and mutually agreed upon with the research participants. The interview-duration timing was predetermined by the researchers and confirmed by prior agreement with the experts. The interview lasted for 1.5 hours - 90 minutes. A prior agreement was made to allow the researcher to take notes during the interviews. A survey-questionnaire, compiled taking into account international practice and Georgian reality, was used as a research tool.

The questionnaire comprised both general and specific components. The general section presented information about the experts, their work experience and employment status, while the specific section consisted of three blocks of questions:

Block I

- Experts' perspectives on informing the population and especially the target group about reproductive health;

Block II

- Experts' perspectives on assessing the reproductive health condition according to employment status

Block III

- Experts' perspectives on the impact of employment status on women's reproductive health.

Study Results and Discussions

The qualitative research unveiled the following results:

The study encompassed 12 experts, with an average age of 51 ± 7.05 years and an average work experience of 20 ± 4.12 years. 5 women and 7 men were involved in the study.

The experts were provided with comfortable environment to share their opinions, agreed interview-location was determined and interview-timing was strictly adhered to. In accordance with prior agreement, audio recordings were conducted as well. After processing the obtained results a comprehensive analysis has been performed. The experts completed the survey-questionnaire, where the questions were divided into blocks, in terms of content. The experts answered to the questions posed:

The questions of the first block, pertaining to content, can be consolidated into a single question.

- **What is your attitude on the importance of acquainting women of reproductive age with reproductive health issues?**

According to the full majority of experts reproductive health is one of the main problems of public health. Its impact on the health status of both individuals and society at large is of great importance. The experts' opinion on most of the questions of the first group was uniform indicating that informing the population about reproductive health issues is of great importance. The experts' opinion regarding the most of the first block questions was consistent, underscoring the significance of educating the population about reproductive health issues.

The questions of this block also touched upon the pivotal role of community engagement in promoting reproductive health, here, experts' opinion was unanimous as well - experts unanimously agreed that community mobilization on reproductive health issues is crucial - on the one hand, leading to an increase in the awareness of the population, and on the other hand, mobilizing target population (risk groups), strategically justified for both the healthcare sector and the country as a whole.

However, on the question of whose involvement is essential in informing the population and target groups on reproductive health issues, experts held divergent opinions:

-Some of them noted that: reproductive health is a curative field of public health and providing unwavering support of the field representatives in promotion of these issues is of great importance;

- Some experts suggested that it would be imperative to involve representatives from primary health care, women's counseling, and the hospital sector in this process;

- The third faction of experts emphasized the importance of engaging not only representatives from all health sectors (including rehabilitation specialists and psychotherapists), but also incorporating the education sector and employers in efforts to inform the population about reproductive health.

Indeed, a substantial number of experts believed that the issue was of great significance requiring not just the engagement of public health but also the active involvement of various services, with a focus on ensuring their comprehensive support.

The second block questions -pertained to the experts' viewpoints on assessing the reproductive health conditions according to employment status.

A total of two questions were fixed in this group: one focused on the impact of employment status on the health of both the general population and women in particular, while the other delved into whether reproductive health should be examined in the context of employment status. The experts' responses to the questions of this group can be described as uniform.

The experts highlighted the significance of identifying employment status and emphasized that reproductive health should be considered in this context.

The experts' opinions in this section were very specific and concise, creating an expectation among researchers that the subsequent block would seamlessly delve into further details and expand upon the specifics characteristic of the questions presented in the second block.

Here, the experts' opinions were very specific and concise, which gave the researchers the feeling that this block would smoothly continue with the third block, where the specifics, characteristic for the second block questions would be expanded and displayed.

As anticipated, the responses to the third block questions fully explained the current situation and filled in all the gaps left due to the brief and specific answers provided in the previous block of questions.

The third block questions: pertained to the experts' viewpoints regarding the impact of employment status on reproductive health in women.

This section encompassed several questions:

1. Whether employment status has an impact on reproductive health among women of reproductive age;
2. What is this impact reflected in(if any);
3. Highlighting the significance of investigating the reproductive health status among both employed and unemployed women in this specific context.

The responses to this set of questions were unequivocal and provided in the following cohesive context - the employment status has an impact on women's health; as for the argumentation and its implications as well as the importance of investigating the current situation in terms of reproductive health among both employed and unemployed women were also studied within this particular context.

Experts' opinions were divided in two directions as regards:

The first group of experts believed that employment status has an impact on access to health services. According to their assessment, the specified issue, unlike other aspects of sexual and reproductive health, is notably sensitive and susceptible to a multitude of influences.

Illustrating this point of view, experts highlighted that despite a certain number of visits as well as a list of essential medicines covered by the basic antenatal care package, the service package is basic, addressing only the primary needs of pregnant women. Consequently, crucial laboratory tests essential for the effective monitoring of pregnancy are not included in the antenatal package.

Each such study is associated with additional financial burdens for pregnant women, and there are numerous instances that underscore this reality. Psychological services (both at prenatal and postnatal care stages) should also be incorporated into the service package.

The demand for such services was substantiated by the analysis of maternal mortality cases in recent years. Despite the steps taken to improve maternal health services, the rate of maternal mortality and morbidity still remains high. Experts also highlighted the absence of a systematic approach to postnatal services, which has a detrimental impact on the overall quality of maternal health services. According to experts, in order to uphold women's health and prevent maternal mortality, it is crucial to address both the mental and physical well-being of women, which may involve potential additional costs and pose challenges for unemployed women to access the necessary interventions.

The same can be said about the screening programs operating in the country, which are an important lever in the prevention of cancers for women, however, obstacles, including financial and non-financial barriers, impede access to these services, presenting a more significant challenge for unemployed women without income.

The second group of experts believed that employment status is an important factor in terms of increasing women's awareness. According to this perspective, being employed enhances awareness of reproductive health issues, thereby contributing to an improvement in their overall health status. The challenge is especially pertinent for representatives of ethnic minority women, as the language barrier remains a significant obstacle in accessing maternal health services. The absence of a professional interpreter in medical units operating in regions settled by ethnic minorities poses a significant barrier for these communities in terms of accessing quality and confidential medical services, especially for unemployed women, while for employed ones these problems are less relevant.

Experts also pointed out that lack of financial and informational access to contraceptives is a serious problem, leading to rare use of contraceptives and, as a result, unwanted pregnancy, artificial termination of pregnancy and a range of associated health problems.

The third group of experts also discuss matters of gender equality.

Article 11 of the Constitution of Georgia (amendments approved by the Parliament of Georgia in 2017) and the Law on Gender Equality (approved by the Parliament of Georgia in 2010) guarantee equal rights and opportunities for both women and men, and recognize special needs to take measures to achieve substantive equality between women and men and to eliminate gender inequalities.

Over the past decade the statistical indicator of the labor force participation rate was about 62-67 % for men and 40-46% for women, indicating a significant gender biases in the labor market. The traditionally low level of unemployment among women in Georgia, compared to men, might appear to be confusing, however, the explanation is simple - the unemployed are individuals actively seeking employment and being ready to start working immediately. Due to the women are less active in the labor market, the share of unemployed women is low. The gender-based wage disparity remains highly significant, as women earning less than two-thirds of men's

average monthly wages. In 2021, the ratio of the gender-based wages amounted to 68.6%, which is 1.0 percentage points more than in 2020.

Experts argue that the provided statistics bolster the assertion that in Georgia, the specific share of unpaid work among women is high, leading to an elevated burden of various diseases in women of this group; Of particular concern is the current state of reproductive health, encompassing prevention and treatment of sexually transmitted diseases, cancer prevention, family planning and proper pregnancy monitoring. Experts noted that despite certain positive changes in gender-related issues in Georgia, unequal attitudes regarding women's participation in public life or assuming leadership roles continue to persist. Experts shared excerpts from several population surveys conducted in Georgia, highlighting that approximately four out of ten men disagree with the notion that a women with the same qualification as a man can perform a job with equal quality.

Furthermore, they misguidedly believe that men are more competent political leaders than women. Regarding employment opportunities, some experts argue that both men and women encounter similar obstacles, however, women encounter greater challenges, particularly when it comes to career advancement. Additionally, when women actively engage in public life, one of the foremost impediments that persist is their own family duties. The mentioned perspective suggests that, on the one hand, women encounter specific resistance in terms of employment, directly associated with their marital status and unpaid family duties, and on the other hand, unemployed women face challenges such as limited awareness of reproductive health issues, restricted access to diverse information and due to little or no income of their own, they also face problems in accessing health services.

Conclusion:

In light of the aforementioned, it should be noted that according to public health experts:

1. Awareness of reproductive health indicators, as well as reproductive health components among the women of reproductive age in the country is low;
2. In Georgia, among women, unpaid labor activity and the burden of health problems caused by it are high;
3. In Georgia, there is a notable prevalence of high unpaid labor activity among women, leading to a significant burden of health problems.
4. Unpaid labor activity among women in Georgia as well as the burden of health problems it causes is high;
5. The employment status is of great significance and has a direct impact on the reproductive health status.

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