

## QUALITY OF LIFE AND HEALTH FACTORS AMONG WOMEN OF REPRODUCTIVE AGE IN UKRAINE

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**Resume:** *At the article there are aspects of medical and Gallup poll of childbearing age women of the biggest region of Eastern Ukraine. Authors elucidated a risk factors have influenced on 379 women reproductive health due to the questioning. The evaluation of medical care quality to pregnancy women was performed in Kharkiv region. The health activities of medical staff and increasing of motivation to improving proper health of women are considering it necessary for prophylactics of pregnancy losing and neonatal diseases.*

**Key words:** *childbearing age women, Gallup poll, adverse factors for fetus and newborn*

Quality of life (QoL) relates to an individual's perceived understanding of his or her place in life in the context of culture and environmental systems. It is a complex, multidimensional construct affected by physical, mental, social, emotional, sexual, and spiritual parameters (BJOG, HCWI). Given the range and depth of its measures quality of life can be a powerful health indicator, and quality of life assessments are increasingly being utilized to inform descriptions of population health.

Numerous reports from eastern Europe suggest that preventable health problems of women in this region may be endemic. Few data exist, however, that describe women's health in Ukraine, particularly those of reproductive age. Information gaps in Ukraine may be a consequence, at least in part, of poor routine antenatal care for pregnant women; the national Order of the Ministry of Medicine currently makes no provision for this service.

Improved understanding of the current state of women of reproductive age in Ukraine is crucial to maximizing their health antepartum, at the time of childbirth, and postpartum. In addition, there is strong evidence that maternal health has vital implications for the health of unborn fetuses and newborns, and, through developmental ‘programming’ even plays a potential contributing role to risk of adult-onset chronic disease.

The aim of this survey study was to (a) comprehensively describe, for the first time, the QoL and principal health factors of women of reproductive age in Ukraine; (b) analyze the results in the context of currently available health services, and (c) if necessary, develop recommendations for health system enhancements that could contribute to optimization of women’s health care and improved maternal outcomes.

**Methods.** The investigation took place in Kharkiv, the largest administrative region of Ukraine with a general population of nearly 1.5 million. All women aged 15-41 from Kharkiv who presented to the maternity clinic at Kharkiv National Medical Hospital during 2009 were eligible for the study. The size of the sampling of population was calculated based on prior childbirth rates in Kharkiv region; in 2008, there were 24,001 live births.

A total of 379 women were randomly selected to participate. All women that were approached to participate in the survey agreed to do so and were consented. The questionnaire form used in the study was modified from validated tools used by AIHA and USAID. [4] Statistical analyses were performed with a commercial statistics package (STATISTICA 7). The study design was approved by the Kharkiv National Medical University.

**Results.** Respondents were mostly Ukrainians (85%). Seventy-percent of women were married, 29% were divorced, and 1% were single. The majority of women were between 21 and 30 years of age (59%).

The 67% of respondents were satisfied with their health, 18% - were not satisfied, at that 11 % have difficulties in fulfilling different kinds of activities, 12% - were not satisfied their income. Only 19% of women who are satisfied with the level of health think that their physical condition corresponds to their age or even better

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than other women's condition of their age. The last three months before the women were questioned, 45% of them had had moderate pains caused by different reasons. When comparing their physical condition with the physical condition of other women of their age 74% respondents consider, that it does not differ from the latest. 5% of women consider it to be worse comparing with other women of their age.

The breach of work conditions of women and especially of pregnant women is often underestimated as a factor for their and future babies' health. Most of questioned women in Kharkiv region are employed. Moreover 63% of them like their work. But still 28% women considered stress at work the main reason of their bad mood, 33% of women were not afraid to lose their job, 33% of respondents had fears to lose their jobs.

55 respondents out of 333 have chronic diseases. It is interesting to notice that the most of these diseases are chronic urogenital system diseases. 27% of the women had chronic otorhinolaryngologic diseases, 16% - pathology of gastrointestinal tract, 15% - respiratory system diseases and allergy, 6% of women had diseases of cardio-vascular system.

We received quite different results when we characterized the diseases during the pregnancy. No doubt, that the information can't be considered full, but we keep to the point that the women are more careful about their health during pregnancy. 84% of them had acute respiratory infections, and 15% of them specific pregnancy disease.

It is extremely dangerous for a pregnant to smoke or drink alcohol; it leads to a complex of syndromes of neonates, i.e. prematurely, congenital abnormalities, intrauterine growth retardation and psychic development. Unfortunately it is common for the Ukrainian society to smoke tobacco and drink alcohol. 10% of women said that they were smoking and 25% of them were drinking alcohol being pregnant. If to extrapolate this data into general sampling we get impressive figures – 2400 women who are in pregnancy smoke and 6000 women drink. Despite this fact, the physicians in their practice underestimate it, because they are not reflected properly in medical documents. The mentioned above facts are important because they are violent from

the maternal side to her fetus [6]. The questioning showed, that the half of the women who had not been smoking or drinking alcohol, had husband these bad habits.

Further we studied the conditions of women's medical care and their quality judged by the respondents. 353 women answered the question about received health care during their pregnancy. So out of all asked women 75% were examined by an obstetrician and gynecologist, 11% - by a midwife, 3% - by a family doctor, but 11% were not examined at all. The average distance to a hospital where the women were examined was 5 km (min - 0.2 km; max - 100 km). We did not receive any difference when we compared the distance from the medical office and the medical staff qualification. Every third woman in Kharkiv region uses public transport or taxi to get to the medical office, every fourth woman used her own car. When learning the conditions of received medical care we knew that every third woman had to queue for a long time to be examined at the medical office. As a rule, the medical staff respectful to the women (it was marked by 62% of women) but 32% of women said that the proper norms of ethics and deontology had not been used.

We should mention that in the time of computer technologies 14% of women did not know about the places where they could receive medical care. The authors of this article pay mark that there is an operating institute of Family Planning in Kharkiv region: 63% of women are not acquainted with the methods of family planning. No doubt that just this institution lets force and prevent giving birth to children with congenital malformations and inherited pathology and then influence the infant's death and increasing of children's disability.

## **Discussion**

Besides nowadays the main approaches in the investigation of the QoL in medicine are the following: studying the influence of diseases on physical, psychological and social functioning of a person, studying the influence functioning of treatment on the parameters of quality of a patient's life; the estimation of effectiveness of medical supplies; prognostic determination of the parameters of quality of life; QoL as a criteria of a patient's remission or recovering; individual monitoring of QoL and carrying out population social-medical investigations.

### Conclusions:

1. The carried out social-medical research of the population let find out “hidden” factors which influence not only reproductive health of a woman, but also her offspring.
2. In modern society more attention should be paid to labor hygiene of a working woman, because there is close connection between woman’s health condition and her labor conditions and atmosphere at work.
3. The factors analysis the reveals the necessity of active actions of medical staff to prevent these factors.
4. It is necessary to active the word of the Family planning institute in the region.
5. It is evident that to prevent pregnancy loss it is necessary to raise the motivation of women to take better care of their health.

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**Резюме.** В статті відображені аспекти медико-соціологічного опитування жінок одного з крупніших регіонів Східної України. Опитування 379 жінок репродуктивного віку дозволило авторам виділити фактори, які впливають на репродуктивне здоров’я жінок. Виявлена питома вага шкідливих звичок, випадків загроз та насилля в сім’ї, соціологічний портрет сучасної жінки. Проведена оцінка якості надання медичної допомоги вагітним жінкам в

Харківській області. Для профілактики втрат вагітності, захворювань у немовлят необхідні заходи щодо підвищення мотивації жінки більш відповідально ставитися до власного здоров'я; існує необхідність активного втручання щодо їх попередження з боку медичних працівників.

Ключові слова: жінка репродуктивного віку, медико-соціологічне дослідження, несприятливі фактори для плоду та новонародженого.

**Резюме.** В статті отражені аспекти медико-соціологічного опроса жінок одного из крупнейших регионов Восточной Украины. Опрос 379 жінок репродуктивного віку позволил авторам выделить факторы, которые влияют на репродуктивное здоровье. Установлен удельный вес вредных привычек, случаев угроз и насилия в семье, составлен социологический портрет современной женщины. Проведена оценка качества оказания медицинской помощи беременным женщинам в Харьковской области. Для профилактики потерь беременности, заболеваний у новорожденных необходимы меры по повышению мотивации женщины ответственно относиться к собственному здоровью; существует необходимость активного вмешательства со стороны медицинских работников.

**Ключевые слова:** женщина репродуктивного віку, медико-соціологічне дослідження, неблагоприятные факторы для плода и новорожденного.

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