

# THE REPRODUCTIVE HEALTH OF WOMEN WORKING IN INDUSTRIAL ENTERPRISES AND WAYS TO IMPROVE IT

Rayimova Dilnavoz Olim qizi

Bobirjon Abdurahimov Abdunabi o'g'li

Tashkent Medical Academy School of Public Health

## Abstract

Reproductive health refers to the sexual system of men and women at all stages of life. In women, the ovaries, and in men, the testes, are sexual organs or glands that maintain the health of their respective systems.

Women working in the sewing industry face a number of production factors that negatively affect their health and functions. These factors include noise, vibration, increased levels of electromagnetic radiation, unfavorable lighting conditions, and forced working postures. As a result, employees in this field often develop diseases of the circulatory, respiratory, endocrine, and musculoskeletal systems. There is also information about frequent gynecological pathologies, pregnancy and childbirth complications, malignant tumors, and premature aging of the body among women working in the textile industry.

**Keywords:** Reproductive system, sexual organs, gynecological diseases, industrial enterprises, workers' health, medical examinations, the influence of negative factors, preventive measures.

## Introduction

Reproductive health refers to the sexual systems of both males and females at all stages of life. These systems include organs and hormone-producing glands, including the pituitary gland in the brain. In women, the ovaries, and in men, the testes, are sexual organs or sexual glands that maintain the health of the respective systems [14].

The external organs of the female reproductive system include the mons pubis, large and small labia, and clitoris. The internal organs of the female reproductive system include the vagina, cervix, uterus, ovaries, and fallopian tubes.

The main hormones regulating the female reproductive system are: Estrogen, progesterone, follicle-stimulating hormone, and luteinizing hormone. These hormones form part of the monthly reproductive cycle, which begins with the first menstruation and ends with menopause.

Below are potential conditions that can affect the reproductive system:

- **Endometriosis**, where tissue similar to the uterine lining grows outside the uterus.
- **Uterine fibroids**, benign tumors that grow within or around the walls of the uterus.
- **Interstitial cystitis**, a chronic condition affecting the bladder.
- **Polycystic ovary syndrome**, a hormonal and metabolic condition associated with cysts in the ovaries.





- **Gynecological cancers**, such as cancers affecting reproductive organs.
- **Sexually transmitted infections (STIs)**, infections spread through sexual contact.

The reproductive system is responsible for regulating hormones, sexual function, and reproduction. [11]

The widespread use of female labor in modern industries, under unfavorable conditions, leads to an increase in overall morbidity and the development of occupational diseases. Numerous studies by local and foreign authors have proven that women are significantly more sensitive to production factors than men.

Analysis of scientific literature shows that women working in the garment industry face a range of production factors that negatively affect their health and functions. These factors include noise, vibration, increased levels of electromagnetic radiation, as well as uncomfortable lighting conditions and compulsory labor, which often lead to the development of circulatory, respiratory, endocrine, and musculoskeletal diseases among workers in this sector.

Shift work, particularly night shifts, has a special impact on women's health. According to studies examining the effects of night shifts on general and reproductive health disturbances, women working night shifts have a higher risk of developing uterine fibroids, autoimmune thyroiditis, type 2 diabetes, obesity, sleep disorders, hypertension, hypotension, gastric ulcers, chronic gastritis, benign breast dysplasia, endometriosis, non-inflammatory ovarian disease, ectopic pregnancy, and spontaneous abortions. Based on many studies, unfavorable working conditions persist in various modern industrial sectors, contributing to an increase in overall morbidity and the development of occupational diseases in female workers [13].

The methodological basis of labor protection involves the scientific analysis of working conditions, technological processes, equipment design, and the products used and produced, from the perspective of identifying potential risks and harms during the exploitation of production processes. In this work, hazardous production areas are identified, potential dangerous situations are determined, and measures for their prevention are developed.

The impact of electromagnetic fields generated by sewing machine motors is also of significant concern. A link has been established between the employment of women of reproductive age at the "Aliya" atelier and the negative impact on reproductive function. Additionally, several specific processes and operations used in the garment industry, such as vulcanization and lead-based garment production, pose a serious environmental pollution risk. Addressing the issues related to providing safe working conditions for workers in the garment industry has led to the creation of a "green" industry. In this case, clothing and other ready-made textile products are made not from synthetic materials, but only from natural fibers. Furthermore, they are made from natural raw materials [5].

Various efforts have been made globally to improve women's reproductive health. Among these, the International Conference on Population and Development (ICPD) held in Cairo in 1994 and the Fourth World Conference on Women (FWCW) held in Beijing in 1995 revisited and discussed reproductive health. The Action Platforms of the conferences and the Beijing Declaration (documents) created a favorable national and international political environment for reproductive health. They transformed the language of population and family planning issues by incorporating human rights and increased the interest and participation of non-governmental organizations





(NGOs), governments, and institutions in reproductive health issues worldwide (First World Conference on Women, 1995) [1].

There are several complex pathways linking reproductive policies to birth outcomes, including proximate factors (i.e., the reduction of unintended pregnancies leading to birth) and more distant factors (i.e., the status of women). First, policies, especially those targeting underserved populations (such as immigrants and low-income women), influence the ability to access reproductive health services, which may result in delays in receiving help or an inability to use the necessary services at all. Policies such as comprehensive sex education, expanded access to contraceptive methods, and Medicaid family planning programs increase the effective use of contraception [7,15].

Difficulties in the use of contraceptive methods lead to higher rates of unintended pregnancies [12, 17]. Using data up to the year 2000, it was found that limitations on Medicaid funding and laws regarding parental involvement led to a decrease in the number of abortions, with no negative impact on birth rates [4,9]. However, recent studies show that restrictive policies lead to an increase in birth rates and a decrease in abortions [6, 8]. For example, a study conducted using data from 2000-2005 showed that Medicaid funding restrictions were associated with higher rates of unintended births, particularly among African American teenagers. In contrast, policies that improved access to family planning services were linked to a reduction in the risk of preterm birth (PTB) [3]. Potential mechanisms linking unintended pregnancies and negative birth outcomes include risky behaviors before pregnancy (such as smoking), increased stress, reduced social support, and lower socioeconomic status (SES).

Reproductive rights policy plays a crucial role in improving maternal and child health. Future research should focus on evaluating evidence-based policies, particularly highlighting women's experiences with policy exclusion or inclusion, as well as their impact on the health of women and newborns [10].

## Conclusion

The reproductive health of women working in industrial enterprises is crucial not only for their personal well-being but also for the overall health of society and economic development. This article analyzed the factors affecting women's reproductive health. It was found that harmful factors in production processes, working conditions, stress, and lifestyle can negatively impact reproductive health.

To improve reproductive health, the following measures were proposed:

- Making production processes environmentally safe and reducing the impact of harmful substances;
- Optimizing women's working hours and creating favorable working conditions for them;
- Strengthening regular health monitoring, diagnostics, and preventive measures;
- Implementing programs to support women's mental and physical health.

At the same time, improving the healthcare system and labor legislation is also of significant importance in addressing this issue. Protecting and improving women's reproductive health serves not only their well-being but also ensures a healthy future for the entire society.





## REFERENCES

1. Chukwudi Onwuachi-Saunders, Que P Dang, Jedidah Murray. Reproductive Rights, Reproductive Justice: Redefining Challenges to Create Optimal Health for All Women 2019 Summer Journal of Healthcare, Science and the Humanities.
2. Coles MS, Makino KK, Stanwood NL. Contraceptive experiences among adolescents who experience unintended birth. *Contraception*. 2011;84(6):578–584. 10.1016/j.contraception.2011.03.008.
3. Goldthwaite LM, Duca L, Johnson RK, Ostendorf D, Sheeder J. Adverse birth outcomes in Colorado: assessing the impact of a statewide initiative to prevent unintended pregnancy. *Am J Public Health*. 2015;105(9):e60–e66. 10.2105/ajph.2015.302711.
4. Haas-Wilson D Women's reproductive choices: the impact of Medicaid funding restrictions. *Fam Plann Perspect*. 1997;29(5):228–233. 10.2307/2953400.
5. Исаева Р. А. и др. Вредные и опасные факторы швейного производства // Известия высших учебных заведений. Технология текстильной промышленности. – 2019. – №. 1. – С. 308-312.
6. Joyce T, Kaestner R, Colman S. Changes in abortions and births and the Texas parental notification law. *N Engl J Med*. 2006;354(10):1031–1038. 10.1056/nejmsa054047. 14. Koenen KC, Lincoln A, Appleton A. Women's status and child well-being: a state-level analysis. *Soc Sci Med*. 2006;63(12):2999–3012. 10.1016/j.socscimed.2006.07.013.
7. Kirby DB. The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sex Res Soc Policy*. 2008;5(3):18 10.1525/srsp.2008.5.3.18.
8. Koenen KC, Lincoln A, Appleton A. Women's status and child well-being: a state-level analysis. *Soc Sci Med*. 2006;63(12):2999–3012. 10.1016/j.socscimed.2006.07.013.
9. Levine PB, Trainor AB, Zimmerman DJ. The effect of Medicaid abortion funding restrictions on abortions, pregnancies and births. *J Health Econ*. 1996;15(5):555–578. 10.1016/s0167-6296(96)00495-x.
10. May Sudhinaraset , Dovile Vilda , Jessica Gipson , Marta Bornstein , Maeve Wallace. Women's Reproductive Rights Policies and Adverse Birth Outcomes: A State-Level Analysis to Assess the Role of Race and Nativity Status 2021.
11. Medically reviewed by Valinda Riggins Nwadike, MD, MPH, OB/GYN, — Written by Beth Sissons on May 23, 2024
12. Orr ST, Miller CA, James SA, Babones S. Unintended pregnancy and preterm birth. *Paediatr Perinat Epidemiol*. 2000;14(4):309–313. 10.1046/j.1365-3016.2000.00289.x.
13. Пичугина Н.Н. ФГБОУ ВО Саратовский ГМУ им. В.И. Разумовского Минздрава России, кафедра общей гигиены и экологии, Научный руководитель: доцент, к.м.н.
14. Reproductive Health „National Institute of Environmental Health Sciences”
15. Thompson KMJ, Speidel JJ, Saporta V, Waxman NJ, Harper CC. Contraceptive policies affect post-abortion provision of long-acting reversible contraception. *Contraception*. 2011;83(1):41–47. 10.1016/j.contraception.2010.06.008.





16. Trussell J, Henry N, Hassan F, Prezioso A, Law A, Filonenko A. Burden of unintended pregnancy in the United States: potential savings with increased use of long-acting reversible contraception. *Contraception*. 2013;87(2):154–161. 10.1016/j.contraception.2012.07.016.
17. Shah PS, Balkhair T, Ohlsson A, Beyene J, Scott F, Frick C. Intention to become pregnant and low birth weight and preterm birth: a systematic review. *Matern Child Health J*. 2011;15(2):205–216. 10.1007/s10995-009-0546-2.

