SOCIO-ORGANIZATIONAL FACTORS OF REPRODUCTIVE HEALTH AND ACCESS TO OBSTETRIC CARE

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Abstract. *Reproductive health outcomes are strongly influenced by social context and the organization of health services, particularly in settings with marked rural–urban differences.To assess women's awareness of reproductive health, reproductive attitudes, and socio-organizational barriers affecting access to and quality of obstetric care in Uzbekistan. A cross-sectional survey using a standardized questionnaire was conducted in 2025 among 5,000 women aged 15–49 years residing in different regions of the Republic of Uzbekistan. Data covered socio-demographic characteristics, fertility intentions, pregnancy planning practices, antenatal follow-up, and patient–provider communication. Most respondents were aged 20–34 years, reflecting peak reproductive age. A substantial proportion lived in rural areas (62.1%), highlighting potential geographic inequities in service access. While 62.5% reported current or future fertility intentions, only 39.2% discussed pregnancy planning with healthcare professionals. Antenatal follow-up was most commonly received in polyclinics (72.3%), with 12.4% using private clinics. Counseling on pregnancy danger signs was reported by 48.3%, whereas 32.1% stated it was not provided. Patient experience indicators suggested gaps in communication: 41.2% reported clear explanations, 61.8% reported respectful treatment, and only 35.4% were able to ask questions and receive detailed answers; 42.6% confirmed confidentiality of medical information. The findings indicate persistent information deficits and service-quality gaps, particularly in counseling, patient engagement, and confidentiality, with rural residence potentially exacerbating barriers. Strengthening patient-centered communication, standardized counseling protocols, and targeted reproductive health education—especially in rural areas—may improve access and quality of obstetric care.*

Keywords. *Reproductive health; obstetric care access; antenatal care; rural–urban disparities; health literacy; patient–provider communication; Uzbekistan*

A standardized questionnaire was used for the study, covering 5,000 women aged 15–49 years living in different regions of the Republic of Uzbekistan. The survey was conducted in 2025 to assess women's awareness of reproductive health, their reproductive attitudes, and factors affecting the accessibility and quality of medical care.

The largest proportion of respondents belonged to the 20–34-year age group, reflecting the period of highest reproductive activity.

According to the study results, a substantial proportion of women participating in the survey lived in rural areas (62.1%), reflecting the typical population distribution in Uzbekistan. This is important for analyzing access to medical services, as rural areas generally face more limited access to specialized care and fewer opportunities for prevention of reproductive disorders.

The data in Figure 2 show that most respondents had secondary specialized or higher education, indicating a substantial proportion of women with an adequate educational level. However, 10.6% of women had incomplete secondary education, suggesting a need for additional educational support for this subgroup.

When we analyzed women's reproductive attitudes, we found that approximately 62.5% of respondents expressed a desire to have children in the future or allowed the possibility of pregnancy. At the same time, only 39.2% reported actively discussing pregnancy planning with healthcare professionals, indicating a low level of interaction with medical specialists on this issue and the need to improve awareness.

In addition, 41.7% of women stated that decisions about the number of children are made jointly with their husband, while 28.9% noted that such decisions are mainly made together with the husband's relatives, particularly the mother-in-law. Regarding birth spacing, 34.6% considered 18–24 months to be the optimal interval between births, which generally corresponds to World Health Organization recommendations. However, it should be noted that in Uzbekistan and other high-fertility countries—especially in rural settings—women often do not fully recognize the risks associated with short interpregnancy intervals, and such intervals may be perceived as normal or natural due to social and cultural traditions.

A further 28.5% preferred an interval of 25–36 months, which also aligns with WHO recommendations and reflects some awareness of the need for maternal recovery between pregnancies and the duration of breastfeeding. This may indicate increasing attention to health and improved awareness; however, it is important to note that even this interval may be too short for some women, depending on medical and physiological factors. Finally, 13.4% of respondents reported that they had not considered the importance of birth spacing, confirming an information deficit—particularly among women with lower educational levels and limited access to medical counseling. This highlights the need for active health education and improved access to reproductive health information, especially in rural regions where traditions play a more significant role in reproductive decision-making.

Most women (72.3%) received antenatal follow-up in polyclinics, confirming their accessibility in larger settlements. Another 12.4% were followed in private clinics, indicating a high level of trust in private healthcare, especially among more educated population groups. The remaining 15.3% received follow-up in other medical facilities.

Overall, 48.3% of women confirmed that danger signs were explained to them during consultations, whereas 32.1% stated that such signs were not explained, and 19.6% did not remember whether this information was provided. This underscores the need to strengthen education about pregnancy danger signs—such as bleeding, abdominal pain or headache, fever, and absence of perceived fetal movements—to increase awareness and reduce delays in seeking care.

The survey results indicate that communication with healthcare staff during consultations often has room for improvement despite generally positive feedback. Specifically, 41.2% of women noted that physicians explained everything clearly, suggesting the need to improve communication and counseling quality in medical facilities. In addition, 61.8% reported respectful treatment by medical staff, reflecting a high level of politeness and professionalism in most cases, while still leaving room for improvement. Only 35.4% stated that they were allowed to ask questions and receive detailed answers, indicating shortcomings in feedback and attention to patients' concerns. Furthermore, 42.6% reported that their medical information remained confidential, emphasizing the need to further strengthen personal data protection in healthcare settings. These findings show that, despite generally positive evaluations, there are notable weaknesses—particularly limited awareness and insufficient attention to confidentiality—that require additional efforts to improve the quality of care.

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