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FACTORS NEGATIVELY AFFECTING REPRODUCTIVE HEALTH IN GIRLS

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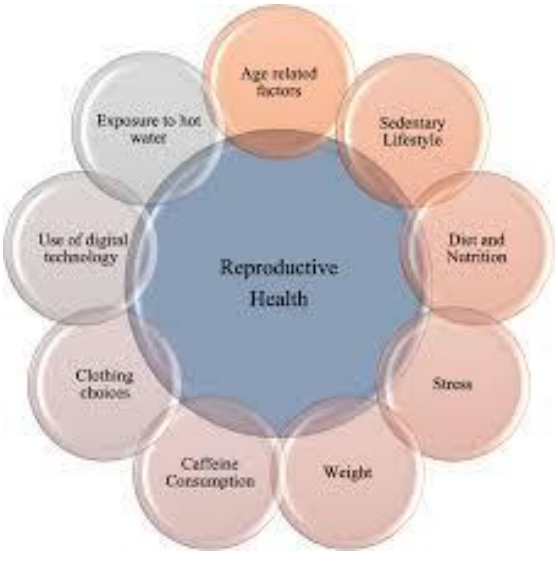
Abstract. Reproductive health is a crucial component of overall health and well-being of women and girls. Adolescence and early reproductive age represent particularly vulnerable periods, during which biological, psychological, social, and environmental factors can significantly influence future fertility and maternal outcomes. This article analyzes the major negative factors affecting reproductive health in girls, including hormonal disorders, infectious diseases, nutritional deficiencies, psychosocial stress, harmful habits, and environmental influences. Preventive strategies and public health interventions are also discussed based on international research and global health guidelines.

Keywords: reproductive health, adolescent girls, hormonal imbalance, sexually transmitted infections, nutrition, stress, prevention.

Introduction

According to the World Health Organization (WHO), reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Adolescent girls represent a particularly sensitive group, as their reproductive system is still developing and highly susceptible to negative internal and external influences.

Globally, reproductive health problems among girls contribute significantly to infertility, maternal morbidity, and adverse pregnancy outcomes. Understanding the factors that negatively affect reproductive health is essential for developing effective preventive and therapeutic strategies.



1. Biological and Hormonal Factors

Hormonal regulation plays a fundamental role in the development and function of the female reproductive system. Disruptions in the hypothalamic–pituitary–ovarian axis can result in: menstrual irregularities (amenorrhea, oligomenorrhea);
Eumenorrheic or regular cycles are defined as regular flow occurring every 21 to 45 days, with 10 to 13 cycles per year. Oligomenorrhea refers to the occurrence of three to six cycles per year. Primary and secondary amenorrhea can occur in the context of eating disorders or intense athletics. Primary amenorrhea is defined as no menstrual periods by the age of 16 years. Secondary amenorrhea has been variably defined as the absence of periods for 3 months or the occurrence of one period or less per year. In an attempt to standardize reporting, the international Olympic committee defined athletic amenorrhea as the occurrence of one or fewer periods per year . The term *athletic amenorrhea* has been used to refer to a wide spectrum of reproductive system abnormalities, including altered pubertal progression, primary and secondary amenorrhea, abnormal luteal phase, anovulatory cycles, and oligomenorrhea . The prevalence of these abnormalities ranges from 6% to 79% depending on the definitions of oligomenorrhea and amenorrhea used and the population surveyed with respect to age, nutritional status, years after menarche (postmenarchal age), sport, and level of activity . The expected incidence of amenorrhea in adults is 2% to 5%; in contrast, the incidence of athletic amenorrhea has been reported to range from 3% to 66%, with disordered eating occurring in 15% to 62% of young female athletes. Prolonged menstrual irregularities are not normal in teenagers, might be associated with health risks, and should be explained to postpubertal women. Fifty percent of adolescents with oligomenorrhea establish regular cycles within 2 years, although for teens who manifest this pattern at the time of menarche, nearly two-thirds will still be oligomenorrheic at 2 years, and approximately one-third will remain so at 10 years. Indeed, ovulatory dysfunction accounts for up to 40% of infertility in women, and 16-year-old girls with irregular menses are approximately 2 times more likely to report infertility at age 26.

The differential diagnosis of oligomenorrhea and amenorrhea is wide in adolescents. Although we will highlight some specific pathology in detail, for any adolescent with irregular periods, we suggest discussing the fertility effect alongside their continued risk for unintended pregnancy. If the effect is unclear to the primary clinician, we suggest referral for additional counseling.
-delayed or precocious puberty;
-polycystic ovary syndrome (PCOS);
-ovulatory dysfunction.
Genetic predisposition and congenital anomalies of reproductive organs may further complicate reproductive health outcomes. Studies show that untreated hormonal disorders during adolescence increase the risk of infertility and metabolic diseases later in life.
2. Infectious Diseases

Sexually transmitted infections (STIs) are among the most significant threats to reproductive health worldwide. According to the Centers for Disease Control and Prevention (CDC), adolescents and young women have the highest rates of STIs.
Common infections include:
Chlamydia trachomatis;

Neisseria gonorrhoeae;
Trichomonas vaginalis;
human papillomavirus (HPV).
Untreated infections may lead to pelvic inflammatory disease (PID), tubal infertility, chronic pelvic pain, and ectopic pregnancy.

3. Nutritional Factors

Adequate nutrition is essential for normal pubertal development and reproductive function. Nutritional deficiencies commonly observed in adolescent girls include:
iron deficiency anemia;
insufficient intake of calcium and vitamin D;
protein-energy malnutrition;
excessive dieting and eating disorders.
Both undernutrition and obesity negatively affect ovulation, hormonal balance, and menstrual regularity. The WHO emphasizes nutrition as a cornerstone of adolescent reproductive health.

4. Psychosocial Stress and Mental Health

Psychological well-being is closely linked to reproductive health. Chronic stress, anxiety, and depression can disrupt gonadotropin secretion and lead to menstrual disorders.
Major psychosocial risk factors include:
academic pressure;
family conflicts;
early marriage and early pregnancy;
exposure to violence or abuse.
Research indicates that stress-related hormonal changes significantly impact fertility and pregnancy outcomes.

5. Harmful Habits and Risk Behaviors

The use of tobacco, alcohol, and psychoactive substances among adolescent girls remains a global concern. These substances exert toxic effects on ovarian tissue and endocrine regulation.
Smoking is associated with decreased ovarian reserve;
Alcohol consumption increases the risk of menstrual disorders;
Drug use is linked to infertility and pregnancy complications.
Early sexual activity without adequate knowledge and protection further increases reproductive risks.

6. Environmental Factors

Environmental pollution poses a growing threat to reproductive health. Exposure to endocrine-disrupting chemicals such as pesticides, heavy metals, and industrial pollutants can alter hormonal function.
Studies demonstrate associations between environmental toxins and:
delayed puberty;
menstrual irregularities;
reduced fertility.
Urbanization and industrialization have intensified these risks, particularly in developing regions.

7. Prevention and Public Health Strategies

Effective prevention of reproductive health problems requires a multidisciplinary approach, including:
reproductive health education;
regular medical screenings;
vaccination programs (e.g., HPV vaccination);
promotion of healthy lifestyles;
psychosocial support services.

International organizations such as WHO and UNFPA emphasize early intervention and adolescent-focused healthcare services.

Conclusion

Reproductive health in girls is influenced by a complex interaction of biological, social, psychological, and environmental factors. Early identification and management of negative influences are critical to ensuring healthy reproductive outcomes in adulthood. Comprehensive prevention strategies, education, and access to quality healthcare services play a vital role in safeguarding the reproductive health of future generations.

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