
Reproductive Health Status of Indian Women: A Critical Appraisal

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Abstract: Reproductive health is fundamental to social and economic development of a family, community as well as nation, and a key component of an equitable society. Reproductive health is important for gender equality and women empowerment. Women's reproductive health status is poor, and their sexual and reproductive rights are not fully raised in many countries, maternal mortality rates are higher, and women's, chances of dying of pregnancy-related complications are almost 50 times higher in developing countries than in developed countries. Women are particularly vulnerable and also have a lack of knowledge regarding reproductive health in India. Reproductive health is a concept of human rights. Important areas of concern for reproductive health programmes in India are poor quality of reproductive health services especially in an urgent situation; lack of focus of adolescent's knowledge on reproductive health and lack of education. Women in India and particularly the economically disadvantaged women suffer the highest rates of complications due to pregnancy such as sexually transmitted diseases, and reproductive cancers. Lack of access to comprehensive reproductive care is the main reason, and many women suffer and die. Women are deprived of access to reproductive health care services and are influenced by the socio-economic cultural factors. Which include low social status in family and community, lack of access to economic resource and education, inability to make a decision about their health, nutrition and so on? Reproductive health facilities at the community level are poorly equipped to deal with gynecological and obstetric. Reproductive health is defined as a 'state of complete physical, mental and social well-being and not merely the absences of disease or infirmity, in all matters relating to the reproductive systems and to its functions and processes' (United States: 1994). Reproductive health addresses the human sexuality and reproductive processes, functions and system at all stages of life and implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide, when and how often to do so. The main objectives of this study are; to study the reproductive health situation in an Indian context, to know the problems of women in respective of their reproductive system, the study aims at assessing the reproductive health status of Indian women, and to understand the relationship between reproductive health and gender rights.

Keywords: Reproductive Rights, Human Rights, Equality, Social Status, Indian Women

1. Introduction

Reproductive health of girls has recently become the focus of attention due to its implications on women's health, health of their kids, family members, and socio-economic development of society and population programmes. The generative health standing of girls, particularly within the developing world together with Bharat, needs pressing attention. Reproductive health encompasses a spread of

health issues, rising from the 1994 International Conference on Population and Development (ICPD) at Cairo, Egypt. A programme of action shifts the main focus for away from demography and targets towards reproductive health, empowering women, and education. It should be viewed as 3 interconnected domains that embody universal rights, women's management and health service provision. These 3 ideas should add unison so as to attain healthy reproductive and sexual lives [1]. In this, Reproductive health is a "state of complete physical, mental and social well-being and not

merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore 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. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases" [2]. WHO said that "Sexual and reproductive health problems are responsible for one third of health issues for women between the ages of 15 and 44 years? Unsafe sex is a major risk factor –particularly among women and girls in developing countries. This is why it is so important to get services to the 222 million women who aren't getting the contraception services they need" [3]. Implicit in this last condition are the rights of men and women to be informed (about) and to own access to safe, effective, reasonable and acceptable ways of birth control of their alternative, additionally as different methods of contraception that aren't against the law and also the right of access to acceptable health-care services which will change ladies to travel safely through physiological condition and giving birth and supply couples with the simplest chance of getting a healthy baby.

Hence, reproductive health suggests a complete well-being of all above aspects of reproduction, i.e., physical, emotional, behavioral and social. A society with individuals having physically and functionally traditional generative organs and traditional emotional and behavioral interactions among themselves are told sex-related aspects could be known as reproductively healthy. The WHO's definition of generative health specifically highlights the importance of individual's right to keep up their own sexual health status. Sexual and Reproductive Health (SRH) is that the idea of human rights that is applied to sexuality and reproduction. It's a mix of four fields that in some contexts are additional or less distinct from every other, however less thus or not the least bit in different contexts. These four fields are: sexual health, sexual rights, reproductive health and reproductive rights.

Reproductive health could be a state of complete physical, mental and social well-being and not just the absence of illness, altogether matters regarding the system and to its functions and processes. Fruitful health implies that individuals are able to have a satisfying sex activity life and they have the aptitude to reproduction and also the freedom to make the mind up. Reproductive health refers back to the issues and situations that

affect the functioning of the male and female reproductive systems for the duration of all degrees of life. Disorders of reproduction encompass birth defects, developmental disorders, low birth weight, preterm birth, reduced fertility, impotence, and menstrual issues. Men and women need to be knowledgeable to have safe, effective, affordable, and acceptable methods of own family making plans in their choice, and the right to suitable health-care services that enable girls to safely go through being pregnant and delivery. Reproductive health is a concept raised by global community, which is described as follows: for the duration of the entire reproduction process, human beings should realise sound physical, mental fitness and social adaptability as opposed to merely having no ailment or discomfort. It includes six areas: satisfactory and safe sex, healthy fertility, successful and planned childbearing in one's own wish, having access to safe, effective and affordable contraceptive measures, having access to reproductive health services, safe pregnancy and delivery.

2. Review of Literature

Guang-Zhen Wang attempts to develop measurement scales for women's reproductive health and reproductive rights by using data from 125 developing countries[4]. Women's reproductive rights are expected to be composed of two underlying sub-dimensions: legal abortion right and personal marriage and divorce rights. From the social policy point of view, the findings from this study contribute to some pertinent concerns with respect to women's reproductive health and reproductive rights necessary for policy formulation. The presence of the two dimensions of women's reproductive rights indicates that some countries may have liberal abortion laws, but may grant only restricted personal marriage and divorce rights, and vice versa. The second concerns the distinct need to formulate social policies to address and improve legal abortion right and personal marriage and divorce rights respectively.

Alex Georgesuggested that woman's perceptions on quality of care. Regarding the services used for normal delivery, availability of doctors and nurses round the clock in order to ensure their presence in emergencies was the main concern[5]. Doctors' behaviour and the ability to treat delivery cases were stressed. Doctors were expected to conduct all necessary tests and examinations. In the case of caesarean section deliveries, a well equipped operation theatre was one of the main expectations. Availability and ability of doctors to conduct caesarean was the next important concern. As regards gynaecological problems there was a general preference to consult lady doctors for reproductive health problems. Menstrual problems, bleeding in vagina, white discharge, and white discharge with foul smell, abdominal pain and back pain were, among others, the common gynaecological problems, perceived by women. Though abortions by traditional healers/birth attendants, etc, may be still practiced, it seemed that a substantial number of abortions were taking place in the private hospitals. This calls for developing adequate standards for the Medical

Termination of Pregnancy (MTP) procedures.

Jejeebhoy, Shireen J [6], The objective of this paper is to summarize the contribution of the recently concluded National Family Health Surveys (NFHS) for enhancing what is known about reproductive health and choice in India; and to highlight the considerable data and information gaps that remain. Whatever the dimension, underlying women's poor reproductive health behavioural concerns, including lack of autonomy and inequalitarian gender relations. Few studies, including the National Family Health Survey (NFHS), provide insight into these issues. Data is pertaining to the constraints women face in attaining good reproductive health terms of lack of decision-making authority, freedom of movement and control of economic resources, poor information and education, and socio-cultural barriers to recognise, articulating and seeking care for health problems - are critical in order to understand the correlates of every dimension of reproductive health. These need to be incorporated into all data gathering exercises in reproductive health, irrespective of design. In short, reproductive health data needs in India to be considered. The absence of rigorous data -both quantitative and qualitative - on most aspects of the reproductive health situation in India remains an important stumbling block in convincing policy-makers of the need for a broader orientation for current family welfare programmes. The challenge is to strengthen the data base.

SundariRavindranT. K. described the reproductive health needs of women in India [7]. Sterilization is often the first and only method of contraception taken up and only after a series of wanted, mistimed and unwanted pregnancies, miscarriages, induced abortions and neonatal and infant deaths. Women who wanted to have more children than they were able to be also found. Given the paradigm policy shift in India from promoting fertility reduction only to meet women's reproductive and sexual health needs, a more useful concept for measuring 'unmet need' for services in programme planning is required, one such as the HARI index, that would capture the extent to which individual women are achieving their reproductive intentions in good health. Without this, the same problems will only recur in younger women.

A national survey by NHRC, in this study critically examine Status of Human Rights in the context of Sexual health and Reproductive health Rights in India [8]. The focused of the study has been on mapping key or priority concerns in relation to sexual health in the context of India. The study also discussed on four key components of sexual health and human rights are as follows: 1. Non-discrimination and equality in access to sexual health services, 2. Information, knowledge to enable exercise of informed choice to exercise satisfying safe sexual relations, 3. HIV/ AIDS and STI prevention, and 4. Protection from sexual violence and regulation of sexual autonomy.

Maria Jessy Jose andFarahNaazFathimadiscussed a cross sectional study on Knowledge Regarding Reproductive Health Among Women Of Reproductive Age Group In Three Sub-Centre Areas Of A Primary Health Center, Sarjapur, Bengaluru, Karnataka [9]. It study found that only 19% had

adequate knowledge on reproductive health. The proportion of women who had adequate knowledge in each domain was marriage and pregnancy (47.5%), menstruation (29.9%), contraception (17.4%) and least being reproductive tract infections (15%).

Muttreja, P., & Singh, S studied on family planning in India [10]. The study pointed out that there is a need for greater male participation both as enablers and beneficiaries and also address the sexual and reproductive needs of the youth. It is imperative for the government to ensure the prioritization of family planning in the national development agenda.

Shikha Bhasinet. Alin their study on Services for women's sexual and reproductive health in India [11]. This paper examines women's treatment patterns for reproductive tract infections in India, based on data collected in the National Family Health Survey, a cross-sectional, nationally representative household survey conducted between 2015 and 2016.

2.1. Historical Background of Reproductive Health

It is useful to know the conception and to look at its origins. The term reproductive health was initially adopted at the ICPD in 1994 and heralded a serious shift in thinking and approach to population problems from population control through birth control. It not solely encompassed the fertility management however additionally the sexual activity and pregnancy free from coercion, discrimination and violence. The conception of reproductive health arose within 1980s with a growing movement removed from social control and demographic targets towards a more holistic approach to women's health. It slowly gained international acceptance throughout 1990s. The International Conference on Population and Development (ICPD) at Cairo in Sep 1994 and therefore the 4th World Conference on Women (FWCW) in 1995 has been marked because the key event in the history procreative health. It absolutely publicized as a turning purpose for women's health and additionally for international population and development initiatives.

1. Before 1978 Alma-Ata Conference
 - i. Basic health services in clinics and health centers
2. Primary health care declaration 1978
 - ii. MCH services started with more emphasis on child survival
 - iii. Family planning was the main focus for mothers
3. Safe motherhood initiative in 1987
 - iv. Emphasis on maternal health
 - v. Emphasis on maternal mortality
4. Reproductive health, ICPD in 1994
 - vi. Emphasis on quality of services
 - vii. Emphasis on availability and accessibility
 - viii. Emphasis on social injustice
 - ix. Emphasis on individual woman's needs and rights
5. Millennium development goals and reproductive health in 2000
 - x. MDG¹ 4, 5 and 6 are directly related to health,

¹ The Eight Millennium Development Goals are: to eradicate extreme poverty and

while MDG 1, 2, 3, and 7 are indirectly related to healthWorld Summit 2005, declared universal access to reproductive health.

2.2. Statement of the Problem

In the present study, an effort has been made to find out common factors responsible for female infertility. The prevalence of female infertility was 45.67 percent in Kanyakumari 44.24 percent in Thirunelveli and 41.91 percent in Thiruvananthapuram[12]. Primary infertility is a common distressing problem in India as in other parts of the world. Zargar et al reported that the magnitude of primary infertility in India was 50 percent. The present study clearly indicates that primary infertility was more dominating than secondary infertility in South India. A woman reaches her maximum fertility potential at the age of 30. We observed the maximum number of infertile females in the age group of 25-30 years indicating a shift in the fertility potential age. Maximum women had 1-5 years of infertility duration but Sumita and Ranjit reported that 57.5 percent were infertile for 2-5 years. In India, women with high school education and above have markedly higher infertility rates than the less educated. Kerala had set an example by having high female literacy and lower infertility. Interestingly the infertility percentage of unemployed females was more in all three study areas than the employed suggesting lifestyle stress. The incidence of infertility among women with a positive infertility family history among mothers and sisters was 24 percent and 32 percent respectively. Infertility has been recognized as a potentially serious, costly and burdensome problem for affected families. It is a medical circumstance that not only has health implications for those involved but is also a condition linked to individual human rights.

2.3. Objectives of the Study

To realize the above interest, the following objectives were formulated:

- 1) To gain insight into the psychological, social consequences of childlessness among women in family and society level.
- 2) To analyze the economic consequences of treatment for infertility
- 3) To explore health seeking behavior and coping mechanism adopted by childless women.

2.4. Research Methodology

The study based on the secondary data with feminist theoretical analysis.

2.5. Reproductive Health Situation in India

Government of India is celebrating Sexual and

Reproductive Health Awareness Day in 12th of every February. The idea of reproductive health has emerged in recent years as family planning programme [13]. In the Alma Ata Conference held in Bucharest 1978. It was recognized that maternal and child care services together with birth prevention were important part of primary health care services to the people particularly girls. In 1988 the director of WHO proposed that at national level human reproduction should be approached in a more holistic way. The current target on reproductive health marks a worldwide recognition that reproductive health desires are for the most part neglected which the results of this neglect have been profound, notably for girls. Ancient population programmes are too narrowly targeted on reducing population through the availability of birth prevention services, on achieving demographic targets by increasing contraceptive prevalence and notable feminine sterilization and as a result, are unresponsive to different reproductive health desires [14].

The present target reproductive health marks the necessity to reorient programme priorities to focus holistically on reproductive health desires and on girls on primarily based services, that is, services that answer women's health desires it means that are sensitive to the socio-culture constraint that women and adolescent girls face and expressing health needs. This section highlights the reproductive health situation as assessed by the available information and following information is available to examine on reproductive health situation in India [15].

- 1) Safe childbearing: access to appropriate health care service
- 2) Care of reproductive health problems, both gynaecological and obstetric
- 3) Access to safe and affordable abortion services
- 4) The capability to reproduce: infertility
- 5) A safe sex life free from the fear of disease
- 6) Special attention to adolescents, especially girls
- 7) Sexual behaviour and sexual health
- 8) Elements of an integrated reproductive health programme

2.6. Reproductive Health Care

In line with the ICPD at Cairo definition of generative health, the reproductive health care is outlined as "the constellation of methods, techniques and services that contribute to reproductive health and wellbeing by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations and not merely counseling and care related to reproduction and sexually transmitted diseases" [16].

Reproductive health care is that the comprehensive reproductive health programme enclosed as a part of primary health care (with the acceptable referrals). It'll not be potential to make sure generative health for all without functioning primary health care system. Hence, the construct of generative health are often understood, maintained and achieved through the correct generative health care techniques or ways which might embrace bound elementary and basic components. The table outlines the elements of

hunger; to achieve universal primary education; to promote gender equality and empower women; to reduce child mortality; to improve maternal health; to combat HIV/AIDS, malaria, and other diseases; to ensure environmental sustainability; and to develop a global partnership for development.

reproductive Health Care. Basic Components of Programmes/Schemes/Policies in Health Sector in India.
 Reproductive Health Care Various

Sl. No.	Basic Components of Reproductive Health Care	Contents
1	Safe Motherhood	Antenatal, Natal and Postnatal Care, Infant & Child care, Family planning, Referral system
2	Family Planning & Contraceptive Methods	Family planning information & services, including counseling and follow-up, aimed at all couples and individuals
3	Safe Abortion Facilities	Prevention & management of abortion, Unsafe abortion, Legal Abortion and family planning
4	Male Participation & Responsible Behaviour	Participation and Responsibility of good reproductive and sexual health activities and Promotion of Safe motherhood
5	Adolescence Reproductive & Sexual Health (ARSH)	Complete information, its Care & Prevention of issues
6	Women' Reproductive Health Issues & their Prevention	Menstrual Disorders, RTIs-STDs, HIV/ AIDS, Breast Problems, Infertility & Cancers Care and Prevention
7	Protection from Sexual and Gender-Based Violence (SGBV)	Freedom from unwanted sexual relations and harmful or unwanted sexual practices, including violence & coercion within sexual relationships

- 1) Ayushman Bharat - National Health Protection Mission (AB-NHPM) (2018)
- 2) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) (2016)
- 3) National Health Mission
- 4) National Rural Health Mission (NRHM) (2005)
- 5) National Urban Health Mission (NUHM) (2013)
- 6) National Programme for Prevention & Management of Burn Injuries (NPPMBI) (2014)
- 7) The National Mental Health Policy (2014)
- 8) Rashtriya Kishor Swasthya Karyakram (RKSK) (2014)
- 9) WHO on 24th February 2012 removed India from the list of "endemic countries with active polio virus transmission" (2012)
- 10) Janani Shishu Suraksha Karyakaram (JSSK) (2011)
- 11) Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) (2010)
- 12) National Programme for the Health Care of Elderly" (NPHCE) (2010)
- 13) The National Programme for Prevention and Control of Fluorosis (NPPCF) (2008)
- 14) Rashtriya Swasthya Bima Yojana (RSBY) (2008)
- 15) National Programme for Prevention and Control of Deafness (NPPCD) (2007)
- 16) The National Tobacco Control Programme (NTCP) (2007)
- 17) The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) (2003)
- 18) Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS).
- 19) Integrated Disease Surveillance Project (IDSP) (2004)
- 20) National Vector Borne Disease Control Programme (NVBDCP) (2003)
- 21) National AIDS Control Programme (1992)
- 22) Revised National TB Control Programme (RNTCP) (1997)
- 23) National Iodine Deficiency Disorders Control Programme (NIDDCP) (1992)
- 24) National Leprosy Eradication Programme (NLEP) (1983)
- 25) National Mental Health Program (NMHP) (1982)
- 26) National Programme for Control of Blindness and

Visual Impairment (NPCB) (1976)
 27) The above programmes are directly or indirectly cover reproductive health of women in India.

3. Summary

Women are being targeted for infertility and face social, emotional, psychological, financial and physical hardships more than men. There are no special government interventions or programmes to treat infertility in India. The subject of infertility is generally neglected in research studies to generate pieces of evidence of the sufferings and hence in resource allocation as well. Preventive and curative services for infertility have not been a priority in India despite the importance of motherhood.

A recent survey on infertility patterns in Indian cities has indicated that 46 percent of couples in the age group of 31-40 years were found to be infertile, and 49 percent of the couples in the same age group from South India were infertile. These are the results of the 'Helping Families' survey that was conducted in nine cities: Mumbai, Delhi, Ahmedabad, Kolkata, Chennai, Bangalore, Hyderabad, Agra and Kochi, among 2,562 respondents. The survey was undertaken with the aim of providing India-specific data with a large sample size, and information on attitudes and behaviors of Indian couples trying to start a family.

Whereas 75.91 percent of infertile men have discussed the matter with their friends or relatives and 73.29 percent were ever visited any type of health facility and their presence during their partner's visit was only 59.68 percent. Though the overall atmosphere is friendly, even then the utilization of health care facilities by male counterparts is less. Regarding the utilization of health care facilities, 21.47 percent of women and men have visited Govt. Primary facility, 54.45 percent women and 48.17 percent men have visited private allopath facilities. The usage rate of quack is 17.28 percent and 7.85 percent in the case of women and men respectively. It has reflected that the attendance at Government secondary and tertiary level is significantly less, due to many reasons like unawareness about continuous follow-up as well as prolonged waiting time and delay in service delivery in these set-ups.

The prevalence of infertility largely varies across the states and districts in India. In the selected districts, the problem of

infertility is more common among women from the disadvantaged socioeconomic background. The state authority can take an appropriate strategy to target the districts which are performing below the state level, to spread awareness and to provide reproductive health care services, especially to its underprivileged population. Moreover, proper monitoring, evaluation, and improvement of the existing maternal and reproductive health services at the district level should be prioritized to reduce the prevalence of secondary infertility. It has been accepted that food customs are closely associated with the quality of life in both men and women's reproductive life. Food customs are speculated to not only influence the present lifestyle but also to induce gynecological disorders such as dysmenorrhoea, spermatogenesis and irregular menstruation. Though there is no consistent definition of regular or normal menstruation, epidemiologic evaluation of the menstrual cycle has been becoming an important issue. In addition, latent development of organic diseases such as endometriosis, which are accompanied by dysmenorrhoea, is a concern under the current nutritional environment. Thus, it is an important issue to evaluate the present situation of eating habits in couples and estimate the influence of these habits on the quality of reproductive functions. A multi-faceted therapeutic approach to improve fertility involves identifying harmful environmental and occupational risk factors while correcting underlying nutritional imbalances to encourage optimal reproduction and its function.

4. Conclusion

Having children are the indicators of happy and healthy family. Children are one of the basic needs of all human beings. Unfortunately, among 15 percent of the couple's conception does not occur. Infertility is not merely a physical condition; it is an emotional and social condition as well. Carrying with it the intense feelings of anger, frustration, isolation depression and grief. Biological and social factors including stress due to economic status, religious attitudes, age of marriage, urbanization leading to modernization, higher literacy, contraceptive usage and nuclear families play a significant role in lowering fertility. Parenthood is considered one of the most important life achievements in Indian society. The value of fertility and the ignorance about infertility is such that it is not uncommon to find a male with multiple wives, simply because he has been unable to obtain a child or male child from the previous wife. The importance of infertility is as a public health problem affecting the individual and the family's mental and social wellbeing and resulted its inclusion in the national program for reproductive and child health. According to WHO, the national prevalence of primary and secondary infertility in India is 3 percent and 8 percent respectively? NFHS-II estimates that 3.8 percent of women between the ages of 40 and 44 years have not had any children. According to NFHS-III 2 percent of currently married women age 45-49 have never given birth. This suggests that primary infertility is low in India.

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