



Asian Journal of Medicine and Health

19(9): 1-8, 2021; Article no.AJMAH.72344
ISSN: 2456-8414

Reproductive Health: Need of the Hour

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/AJMAH/2021/v19i930361

Editor(s):

(1) Dr. Nicolas Padilla-Raygoza, Institute of Public Health, Mexico.

Reviewers:

(1) Paolo Campioni, Università di Ferrara, Italy.

(2) Gizaw Tesfaye Yifru, Dire-Dawa University, Ethiopia.

Complete Peer review History: <https://www.sdiarticle4.com/review-history/72344>

Review Article

Received 06 June 2021
Accepted 12 August 2021
Published 18 August 2021

ABSTRACT

Reproductive health of women remains a major development task in any country. Reproductive health is a state of complete physical, mental and social well-being and not simply the absence of any disease, in all matters relating to the reproductive system and to its functions and processes. The Review Article outlines the current literature on women's reproductive health which consist abortion, sexually transmitted disease, child and forced marriage, contraceptive methods etc. current statistics related to women reproductive health also discussed in this paper. Reproductive health of women is maintained by reducing fertility rate and spacing among births. The use of various contraceptives is best known alternative. Health status of women has ramification and impact on the human well-being, economic growth and on their families also. Woman with poor health are likely to give birth to low weight infants and less care to their children. Moreover, Indian women have high mortality rates, particularly during childhood and in their reproductive years. Other problems in women in India are low level of education, son preference, pressure of dowry, lack of independence and decision making. All these factors also have impact on the health of women (Reproductive Health Strategy, 2010). In this review paper, the efforts are made to discuss reproductive health and related issues of Indian women. Review article concluded that reproductive system of females comprises of the ovaries, fallopian tubes, vagina uterus, mammary glands, breasts, and vulva. All of these female genital organs play significant roles in the production and transportation of gametes and also production of sex hormones. There are different life stages accompanying with sexual subsists and reproductive health issues that include fertility,

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contraception, menstruation, menopause, sexually transmissible infections and chronic health problems like PCOS or PCOD etc. Taking care of reproductive systems in the female body requires attention to one's health and regular check-ups.

Keywords: Reproductive health; Indian women; contraceptive method; sexually transmitted disease, fertility; health issue; wellbeing.

1. INTRODUCTION

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of any disease, in all matters relating to the reproductive system and to its functions and processes. Reproductive health indicates that people are able to have a nourishing and harmless sex life and those they have the capability to reproduce and the lack of restrictions to decide if, when and how often to do so [1]. The reproductive health is a part of sexual and reproductive health and rights. The WHO assessed in 2008 that reproductive and sexual ill-health account for 20% of the global burden of ill health for women and 14% for men.

Out of eight goals of Millennium Development Goals (MDG), "Improving Maternal Health" is a Goal number five with two targets

To reduce the maternal mortality ratio by 75 percent

To achieve the universal access to reproductive health

The indicators were as follows:

Contraceptive prevalence rate
Adolescent birth rate
Antenatal care coverage
Unmet need for family planning

According to MDG progress report, regional statistics on all the four indicators have either improved or remained stable between the year 2000 and 2005. However, the progress has been slow in most developing countries (UN Millennium Development Goals, 2008) [2]. WHO estimated in 2005, about 55% of women do not have sufficient antenatal care and 24% have no access to family planning services [1].

According to World Health Organization, sexual and reproductive health issues accounts for more than one third of the global burden of diseases in women. In women, 36% of healthy life lost is due to reproductive health problems like maternal

mortality, maternal morbidity and sexually transmitted diseases [1].

Women of reproductive age refer to all women aged 15–49 years. In some estimates from censuses and surveys, the upper age is taken as 44 years and the last age group is thus 40–44 years. More recently, it has been recommended that total fertility rates be shown both by age 15–44 and by age 15–49 years, especially when survey data are used. It is common to add births to girls under 15 years of age to the 15–19 year age group and those to women over 49 years to the 45–49 year age group (WHO). A recent study found that unsafe sex (5%) and lack of contraception (2%) were the second and third most important contributions to disability-adjusted life-years (DALYs) in the 15 to 24 year age group globally, with alcohol use (8%) being the major contributor [3].

The effectiveness of health education in improving the knowledge of and attitudes toward RH of adolescent girls in Saudi Arabia. Significant positive changes were observed in both facets. Significant improvements were identified in terms of the knowledge of participants related to puberty, the menstrual cycle, pregnancy, and STDs [4].

2. REPRODUCTIVE HEALTH

Majority of women in Saudi Arabia are now receiving good prenatal and postnatal physical care and that maternal mortality rates are quite low, due to the good maternal care and attended birth. However, it should also be stated that the data and statistics for the population who live in certain remote or rural areas is not always accessible and accurate. Evidence-based sexual and reproductive education is crucial to promoting healthy sexual and reproductive life [5].

A study among higher secondary school going adolescents in Kerala, most of them were poorly informed about reproductive and sexual health matters, particularly about contraceptives.⁹ Young adults were more expected to report early

age of beginning of sexual activity and their awareness on STD was low. The present study was deliberate to assess the awareness of college going graduate students in northern Kerala on reproductive and sexual health [6].

Nearly 20 million adolescent girls aged 15-19 have an unmet need for modern contraceptive methods. Furthermore, nearly 85 per cent of those are stated as not using any contraception, while 15 per cent used less effective traditional methods like 53 per cent withdrawal or periodic abstinence. Therefore, these adolescents are at high risk of unplanned pregnancy. Further, about half (49 per cent) of adolescent pregnancies are unintentional, and half of those are unsafely terminated. India has made significant improvements in the reproductive health and sexual of women and young people. These improvements comprise the increase of the contraceptive method mix under the National Family Planning Programme, efforts to reinforce the contraceptive supply chain, and the 2014 launch of the Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme), which prioritizes healthy development during adolescence [7].

Sex and sexuality is a very sensitive topic in many developing countries' societies and the result of incomplete sex education at home and school is poor knowledge of HIV transmission, prevention and also many other sexually transmission disease. Low use of contraceptive during sex among adolescents leads to lack of knowledge about HIV and STD's [8].

A cross sectional study on menstrual problems and practices among girls of Mahila college. The study was conducted among representative group of 68 adolescents belong to the age group of 15-20 years from Bhavnagar city. The results revealed that 85.3% girls were aware about menstruation before they achieved the menarche [9].

A study on knowledge and attitude of school going adolescent girls towards HIV/STDs. Totally 350 girls were from urban school and 350 girls from rural area belonging to fifth to tenth standard were selected randomly. The results revealed that knowledge about HIV and STDs was seen in 34.28% girls. About 26.57% girls know the routes of HIV and STDs transmission and only 10.85% girls were aware about prevention of HIV transmission. Knowledge about HIV/STD was seen in 36.57% urban and

32.00% rural girls. Knowledge about routes of HIV and STDs transmission was seen in 28.00% urban and 25.14% rural girls. Awareness regarding prevention of HIV transmission was present in 22.28% urban and 17.14% rural girls. Awareness regarding prevention of STDs was seen in only 10.85% girls. When premarital testing of blood for prevention of HIV was asked more than half (55.42%) did not reply the question while 21.71% replied that premarital testing of HIV should be done. About 22.85% girls think that there is no need to do premarital testing of HIV [10].

Study on age at menarche and menstrual problems among school going adolescent girls of a north Indian district. A total of 847 girls (593 urban and 254 rural) of Luck now district were interviewed and examined. The results showed that 3.2% of the girls in urban schools had reproductive tract illnesses and 3.9% girls in rural schools had vaginal discharge. There was no association and no significant difference between reproductive tract illnesses and place of schools [2].

2.1 Abortion

The abortion scenario in India has gone through a significant move over the course of the 21st century with the availability of medication abortion. There has been a radical shift from surgical methods of abortion to medication abortion. Estimates from 2015 recommend that the irresistible majority of abortions (81% or almost 13 million) are accomplished using medication abortion, compared to 14% through surgical intervention, and 5% using other methods [11]. Risk factors for abortion-related deaths encompassed abortion in adolescence, rural residence, and belonging to socially accepted scheduled tribes [12].

Abortion-related complication data are not commonly available. Findings from the national study found that, as of 2015, the number of post-abortion complications due to persuaded abortion ranged from 51,000 in Assam to 1,100,000 in Uttar Pradesh, and the induced abortion complication treatment rate per 1,000 women aged 15–49 ranged from 4–7 in Assam, Gujarat, and Tamil Nadu, to 21 in Uttar Pradesh and 26 in Madhya Pradesh. That abortion has become much safer is marked from findings that the majority of women who required care may have misguided signals of the normal process of medication abortion, such as inadequate abortion

from medication abortion or bleeding. Severe complications, many overlapping, are also estimated among treated patients: 4–16% for infection; 2–9% for physical injuries; 3–7% for sepsis; and 1–4% for shock [13].

2.2 Sexually Transmitted Disease

Percentages reporting an Sexually Transmitted Disease, genital discharge, or a sore or ulcer ranged from a low 5% or less in Andhra Pradesh, Telangana, Sikkim, and Dadra & Nagar Haveli, to over 20% in states such as Haryana, Jammu and Kashmir, Meghalaya, and Mizoram [14].

Disclosed that, even after adjustment for potentially confounding factors, females diagnosed with these two infections were more probable than others to report underprivileged menstrual management practices such as use of infrequent personal washing, reusable absorbent material, and unhygienic drying [13]. Researcher cross-examined 520 randomly selected females in the slums of Guntur and found that the occurrence of infection using the syndromic approach was 33%, with the majority reporting vaginal discharge. Clinical confirmation noted that of those reporting a symptom, almost three in five (58%) were diagnosed with bacterial vaginosis, that adolescent girls were over-represented, as were the poor, the poorly educated, and the socially excluded [15].

2.2.1 Child and forced marriage

State-wise dissimilarity in child marriage among females is significant. In 2015–2016, child marriage occurrence ranged from 8–10% in Goa, Himachal Pradesh, Kerala, Punjab, and Jammu and Kashmir to 35–44% in Bihar, Jharkhand, Rajasthan, and West Bengal. Variation by socio-demographic characteristics was also observed, with urban and better educated young women, and those from economically well-off families far less likely to marry in childhood than other women [16].

2.3 Contraceptive Methods

There is a clear divide in terms of public and private sector facility of contraceptive services. Sterilization services are mostly provided in the public sector that is 82 percent and 90 percent, respectively, of females who stated that they had go through tubal ligation or that their husband had go through vasectomy stated that the procedure had been conducted in the public

sector. In contrast, the private or commercial sector played a much larger role in the providing of reversible contraceptive methods, such as condoms and oral pills that were 83 percent and 72 percent, respectively [14].

2.4 Reproductive Health Statistics

As of 2019, about half (52 percent) of India's 353 million women of reproductive age want to avoid pregnancy. Of these 183 million women, 49 million (27 percent) do not use a modern contraceptive method and are thus considered to have an unmet need for modern contraception. An estimated 47 million pregnancies occur each year in India, and 45 percent of them are unintended (meaning that they have occurred too soon or are not wanted at all). Women with an unmet need for modern contraception account for nearly nine out of every 10 unintended pregnancies. Fewer than half of current contraceptive users (47 percent) receive information on their method's possible side effects, and only 39 percent receive information on what to do if they experience them. In rural Rajasthan nearly 5,000 females in their first week postpartum and dignified morbidity using a structured checklist and found that 7 percent underwent from severe anemia, 5 percent from perineal conditions and 4 percent with fever. Overall, 7.6 percent were considered with a life-threatening condition (severe anemia, puerperal sepsis, and secondary postpartum hemorrhage) [17].

2.5 UNFPA Report 2020

The UN report said that every year, millions of girls globally are subjected to practices that harm them physically and emotionally, with the full knowledge and consent of their families, friends and communities. At least 19 harmful practices, ranging from breast ironing to virginity testing, are considered human rights violations, according to the UNFPA report, which focuses on the three most prevalent ones: female genital mutilation, child marriage, and extreme bias against daughters. This year, an estimated 4.1 million girls will be subjected to female genital mutilation. Today, 33,000 girls under age 18 will be forced into marriages, usually too much older men and an extreme preference for sons over daughters in some countries has fuelled gender-biased sex selection or extreme neglect that leads to their death as children, resulting in the 140 million "missing females." The report said that ending child marriage and female genital

Table 1. Indicators of child health of the state of Haryana

Key Health Indicators	India (SRS 2015)	Haryana (SRS 2015)	India (SRS 2017)	Haryana (SRS 2017)
Infant Mortality Rate (IMR)	37	36	34	33
Neonatal Mortality Rate (NMR)	25	24	22	22
Early Neonatal Mortality Rate (ENMR)	19	16	18	16
Under 5 Mortality	43	43	39	37
Sex Ratio at Birth	900	831	898	832
Perinatal Mortality Rate	23	24	23	21
Still Birth Rate (SBR)	4	8	4	5

Table 2. Current use of family planning methods (currently married women age 15–49 years)

S. No.	States/UTs	Any method* (%)	Any modern method* (%)	Female sterilization (%)	Male sterilization (%)	Pill (%)	Condom (%)
1	Andhra Pradesh	69.5	69.4	68.3	5.7	2.7	12.0
2	Manipur	23.6	12.7	3.1	0.1	4.2	1.3
3	Haryana	63.7	59.4	38.1	0.6	0.2	0.2
4	India	53.5	47.8	36.0	1.5	4.1	5.6

Source: National Family Health Survey 2015-16 (NFHS-4)

mutilation worldwide is possible within 10 years by scaling up efforts to keep girls in school longer and teach them life skills and to engage men and boys in social change [18].

A recent analysis which were done globally, revealed that if services and programme remain shuttered for six months due to the COVID-19 pandemic, an additional 13 million girls may be forced into marriage and 2 million more girls may be subjected to female genital mutilation between now and 2030 [18].

2.6 SRS Bulletin 2016 Report

Approximately 134 million women in India use modern contraceptives. The majority of them (77 percent) rely on female sterilization, and relatively few use reversible methods: Eleven percent rely on the male condom, 8 percent on the pill and 3 percent on long-acting reversible methods. Only 1 percent of women rely on their male partner's vasectomy. The NHM Haryana is focusing on improving the child health & immunization services to reduce the Infant Mortality Rate (IMR), which is 33 per thousand live births (source: RGI SRS Bulletin 2016). Under 5 Mortality Rate (U5MR) of the state is 43, Neonatal Mortality Rate (NMR) 24 and Early Neonatal Mortality Rate (ENMR) is 16 per thousand live births (source: RGI SRS Bulletin 2015, published in December 2016) [19].

2.7 National Family Health Survey (NFHS) 2020

The National Family Health Survey -5 was conducted in around 6.1 lakh sample households to provide disaggregated data up to district levels. It is still successfully going on in certain states. Total Fertility Rate (TFR) has dropped since NFHS-4 in almost every Phase-1 State and UT. The replacement level of fertility was 2.1 in 19 out of the 22 States/UTs. Only 3 states beat the mark, namely Meghalaya at 2.9, Manipur at 2.2, and Bihar at 3.0. Complete Contraceptive Prevalence Rate, CPR saw a substantial boost in most States/UTs and it has been the highest in Himachal Pradesh and West Bengal at 74 percent [20].

Unmet needs of family planning's trend dropped in utmost of the Phase-1 States/UTs. Full immunization initiative among children between ages 12-23 months, recorded a considerable improvement. In 75 percent of the districts surveyed, 70 percent of children between 12-23

months are fully immunized against childhood diseases. An growth in the percent of females receiving the recommended four or more ANC visits by health providers in many States/UTs has also been observed. Institutional births have increased in a good amount with more than four-fifths of the women delivering in institutions in 19 States and UTs [20].

3. CONCLUSION

Reproductive health ensures that people can have a nourishing and harmless sex life, they are proficient of reproducing and have freedom to take decision regarding when and how frequently to perform it. Reproductive system of females comprises of the ovaries, fallopian tubes, vagina uterus, mammary glands, breasts, and vulva. All of these female genital organs play significant roles in the production and transportation of gametes and also production of sex hormones. There are different life stages accompanying with sexual subsists and reproductive health issues that include fertility, contraception, menstruation, menopause, sexually transmissible infections and chronic health problems like PCOS or PCOD etc. Taking care of reproductive systems in the female body requires attention to one's health and regular check-ups.

4. RECOMMENDATIONS

1. Counselling and Education to women's on sexuality and sexual health at the right age.
2. Adolescent and Youth health care.
3. Prevention of sexual violence against women and children.
4. Treatment of infertility and sexual dysfunction.
5. Appropriate use of contraceptive methods by the sexual partner.
6. Managing stress in a healthy manner with various activities like meditation and yoga.
7. Regular consultation with healthcare providers to discuss one's issues and get a proper diagnosis and treatment on time.
8. Expand access to and promotion of the use of condoms and other contraceptives.
9. Offer age-appropriate comprehensive sex education.

ACKNOWLEDGEMENT

I express my deep sense of gratitude to my academic prudent and honourable guide Dr. C. K. Singh, Professor, I.C. College of Home

Science, Chaudhary Charan Singh Haryana Agricultural University, Hisar for her valuable and remarkable guidance, keen interest and consistent source of motivation during the entire course of review study.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Peer-review history:
The peer review history for this paper can be accessed here:
<https://www.sdiarticle4.com/review-history/72344>