

# Reproductive Health of Women: Implications and attributes

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## ABSTRACT

Unrestricted access to sexual and reproductive health is a basic human right. Women and girls around the world, particularly those living in poverty, have little or no access to information and services on reproductive health and rights. Discrimination, shame, restrictive laws and regulations, and long-established traditions are just a few of the existing barriers to sexual and reproductive health. Despite evidence that these rights can affect not only individual women but also families, communities and economies, progress has been slow. Women's lifestyles have evolved throughout history. In the past, most women's lives were challenging. Many women have had unwanted pregnancies. Birth used to be dangerous and often ended in the death of the mother. Because they haven't lived long enough, most women have not had to deal with menopause or old age in the past. Reproductive health is an important aspect of a person's overall development and well-being. It could be the result of positive parenting, which is vital during adolescence and sets the tone for excellent health in adulthood and beyond the reproductive years for both men and women. A woman's reproductive lifespan does not begin at puberty and does not end at menopause, and a man's reproductive lifespan does not end when he is unlikely to bear any more children. It is present and vital in all stages of human development and maturation. Reproductive health needs can vary by age and stage of life. However, there is a long-term effect throughout life, and each stage has a significant impact on future well-being. Keywords: women's health, adulthood, fertility, sexual health, menstruation.

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## INTRODUCTION

Reproductive health is a critical feature of good human growth and general health. It can be a healthy education that is critical in adolescents and lays the groundwork for both men and women to be healthy in adulthood and beyond the reproductive years. Reproduction does not start with puberty and end with menopause for a woman or if a man can no longer produce children. It rather follows the entire life cycle of an individual and remains vital at various stages of development as well as maturation. Individual reproductive health needs may differ at each stage of life. There is also a cumulative influence throughout life, and each stage has significant consequences for future well-being. Inability to address reproductive health concerns at any point in life can set the stage for

future health issues. This is called the prospect of the life cycle for reproductive health. Safe reproductive systems, processes, and functions are critical elements of appropriate overall health. However, many circumstances, both internal and external, might threaten the ability of an individual to maintain reproductive health. Keep in mind that incidents and exposures from prenatal development to the final phases of life can determine the reproductive health status. Many factors directly affect an individual's reproductive health condition [1-3]. In addition, the environment in which an individual life, both natural and physical, can pose significant risks that directly affect reproductive health. For example, exposures to some vocations (e.g., labour with harmful chemicals) have adverse impacts on one's reproductive life. The World Health Organization (WHO) defines reproductive

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health as a state of complete physical, mental, and social well-being, not merely the absence of a reproductive illness or disease. Reproductive health involves all reproductive processes, functions, and systems at all phases of human life. This concept says that people have satisfactory, safe sexual lives and can copy and be flexible to select when and how often. Men and women have a right to be informed about and have access, without conflicting with the law, to safe, efficient, economical, and acceptable family planning options of their choosing. Men and women should be well cared for to ensure that women go through pregnancy and childbirth safely and provide couples with the best opportunity to produce a healthy kid. Reproductive health is a global problem but is critical for women during their reproductive years in particular. However, in certain areas of reproductive health, men have separate expectations for reproductive health and have particular obligations for women's reproductive health, given their decision-making authority. Reproductive health is an integral component of an individual's overall health and a basic predictor of the quality of life. The WHO definition of reproductive health particularly highlights the importance of a person's right to maintain their own sexual health status. Sexual health is a synthesis of the emotions, intellectual, and social aspects of sexuality in order to provide a constructive contribution to personality, communication, relations, and love [4, 5]. The three basic principles of sexual health are: 1) the ability to enjoy and manage sexual and reproductive behaviour; 2) the ability to avoid organic disorder or disease that affects sexual and reproductive functions; and 3) the ability to avoid shame, guilt, fear, and other psychological factors that may harm sexual relations. People with reproductive health also have a responsible, safe, and satisfying sexual life, with the freedom to reproduce according to their own needs and wishes, as well as the right of men and women to know their options and have access to safe, effective, affordable, and acceptable fertility-control methods, as well as the right to appropriate health care services. Reproductive health should be addressed within the context of good relationships, with the balance between fulfilment and dangers understood. People's bodily and mental comfort and proximity are substantially enhanced by reproductive health. Illness, abuse, exploitation, unwanted pregnancy, and maternal death are all linked to poor reproductive health [6–9].

### **Reproductive Health: Issues, Development and Definition**

As the world becomes more economically, politically, geographically, and culturally technologically integrated, population health discourse is shifting from a local to a global context. The International Conference on Population and Development (ICPD) established an era of high awareness of population growth

issues in 1994, and it was “an important milestone in broadening population debate and national and international population policies beyond demographic focus to include broader questions relating to reproductive health and human rights.” 179 countries participated in the ICPD. Since then, significant progress has been made in achieving the ICDP goal of universal access to reproductive health services. As a result, the international community has shifted from the concept of state-controlled “population control” to the concept of individual decisions with majority access to reproductive health care [10-12]. However, gaps in reproductive and sexual health comprise over one-fifth of the world's disease and premature death burden, and a third of women of reproductive age suffer from illness and death. Over time, the move to a global environment also affected the meaning of reproductive health and related problems. It can be simply referred to as the mother's physical and mental well-being from pregnancy until lactation. The International Conference on Population and Development's (1994) definition of reproductive health includes significant characteristics that distinguish reproductive and sexual health from other aspects of health. Reproductive health has been linked to socio-cultural variables, gender roles, and respect for and protection of human rights, including but not limited to sexuality and personal interactions, before and beyond the reproductive years. The International Conference on Population and Development (ICPD) defines reproductive health as “a state of complete physical, mental, and social well-being in all aspects of the reproductive system and its activities and processes, rather than simply the absence of disease or illness.” “People with reproductive health can have a satisfying and secure sexual life, as well as the ability to procreate and the freedom to choose if, when, and how frequently they do so.” [13–15]. The International Commission on Population and Development defines reproductive health as “a constellation of tactics, procedures, and services that contribute to reproductive health and well-being through reproductive health problem prevention and resolution.” “Not only reproductive and sexually transmitted illness counselling and care, but also sexual health aimed at improving life and relationships.” Also discussed were men's and women's rights to be informed about and have access to safe, effective, affordable, and acceptable methods of family planning, as well as other methods of their choice to regulate fertility that do not violate the law, as well as women's right to adequate healthcare services that allow them to safely undergo pregnancy and childbirth. In the context of what was said above, a number of human rights have already been recognized in national laws, international human rights declarations, and other agreements. “The rights are founded on the recognition of all couples' and individuals' fundamental right to choose the number, spacing, and timing of their children freely and

responsibly, as well as to have the necessary information and resources to reach the greatest quality of sexual or reproductive health.” It also includes their right to choose whether or not to reproduce without discrimination, coercion, or violence, as recognized in human rights documents. [11, 16].

### **Concept of Reproductive Health**

Women require health care in order to conduct their sexual practices safely and effectively. In the second half of the twentieth century, women’s reproductive health services were added to the list of health technology services, women’s reproductive health services were added to the list of health technology services. The services, however, were not without flaws. Apart from insufficient resource allocation, the fundamental flaw with these services was their ideology. Women were viewed as a source of reproduction as well as a target for fertility management. Women were not given services as a means to an end. This process has benefited women, but they have not been at the Centre of it. Traditionally, women’s needs have been met through the concept of maternity and child health (MCH) [17-23]. The woman’s desires were entwined with the mother’s requirements. MCH programmes and services have played a critical role in the preventative and curative health of mothers and children. The success of a healthy child is often the focus of MCH services. While mothers are very concerned about the success of their investment in the reproductive process, the emphasis on the health risks to which mothers are exposed during pregnancy and childbirth has been reduced, and essential obstetric functions and facilities have been established to address these risks. As a result, the tragedy of maternal mortality has grown to such proportions that it can no longer be overlooked. Despite their many benefits to women’s quality of life, family planning programmes have left women with both genuine and unmet concerns [24-27]. Contraceptives are intended for women to use to empower themselves by increasing their options and controlling their fertility, sexuality, health, and hence their lives. On the other hand, governments and others might use family planning to control rather than empower women. Demographics were a major driving force behind the pro-family planning movement. Women were frequently treated as objects rather than subjects by policymakers. Some governments were blinkered, unable to recognize that if women are given a true choice and are given the information and resources they need to implement their choices, they will make the best decision for themselves, their communities, and eventually the entire planet. Important health needs in the reproductive process have not been satisfied because women are treated as means rather than ends. Infertility may not pose a serious physical risk, but it can be a significant source of mental and social distress.

It is not fair for society to focus on reproducing women while ignoring the pain of those who are unable to conceive. Women are exposed to the possibility of an unwanted pregnancy during sexual intercourse. It also exposes many women to another serious threat: that of sexually transmitted illnesses, which includes HIV infection. Family planning programmes that focus just on demographics are unable to comprehend the importance of this critical need for women. MCH focuses on women and when and how they reproduce to ensure that society has a healthy child, but it frequently overlooks other health needs of women that are not related to reproduction. Women’s reproductive health requirements are not limited to their reproductive years. For their reproductive role in the future or in the past, the girl, the young girl, the mature adult, and the old woman have a health need. The social attitude of viewing women as means rather than ends is far more pervasive. Women’s services are frequently of a veterinary nature. Proponents of girls’ education emphasize the advantages of such education for children’s survival and health, as well as its impact on lowering birth rates. Due to the needs of the foetus and newborn nursing, women’s nutrition is essential. Even in the face of the tragedy of maternal mortality, it is justified to invest in keeping women alive because their existence is critical to the survival of their children. In response to the fragmentation and orientation of present services, the concept of reproductive health has recently emerged [28–30]. The broader idea of “reproductive health” gives a holistic and integrated approach to the requirements of reproductive health. As subjects and not as objects, women are focused on goals and not methods [31].

### **Reproductive Health Problems of Women**

Women’s health needs can be broadly divided into four groups. First, women have distinct sexual and reproductive health demands. Secondly, women have a sophisticated reproductive system that is subject to failure or disease even before or after it is put into operation. Third, women are prone to the same ailments that affect men in other body systems. The patterns of the disease are often different from the patterns of men because of the genetic structure, the hormonal environment, or the behaviour of the sexes. Other body systems’ diseases or their therapies can interact with the reproductive system or functional issues. Fourth, women suffer from social diseases that damage their physical, mental, or social well-being. Examples of this are female genital mutilation, sexual abuse, and domestic violence. The reproductive system plays a critical role in the function, malfunction, and disease of women. This is distinct from that of men. A significant burden of the disease lies on women because of the way their reproductive function and reproductive system are treated or mistreated by society on account of their

gender. While more males die due to what might be termed their “vices,” women often suffer from their natural physiological tasks to ensure the survival and related tasks of the species [32-35].

Women’s health is not just a condition of physical well-being but also an expression of numerous roles as women, mothers, and healthcare professionals in the home and in a transformed context, even as wage workers. Women have suffered in the past because of neglect and discrimination, which have kept their health below the intended level. Women have been tamed and still dominate the complicated socio-cultural web, which requires them to deal discreetly and not speak about their multiple health problems. They have been conditioned by tight social systems to conceal their needs and submerge themselves into a philosophy of self-denial, self-effacement, and service. So women are doubly threatened by the unequal socio-economic system on the one hand and subjection and deprivation in their homes and societies on the second [36, 37].

### **Reproductive and Sexual Health Services**

The main aspects of reproductive and sexual health are improved antenatal, perinatal, postpartum, and neonatal care; high-quality family planning services, including infertility services; the prevention of unsafe abortion; the fight against sexually transmitted infections, including HIV and reproductive infections; cervical and other gynaecological diseases; and the promotion of reproductive and sexual health. Because reproductive and sexual health traits are so closely linked, treatments in one area can have a positive impact on the other. In order to achieve maximum synergy, member states must strengthen existing services and use them as entry points for future operations. Prenatal, birth, and postpartum services, which are at the heart of basic health care, will be the key entry point in most nations. To reduce maternal morbidity and mortality as well as perinatal mortality, it is critical to have competent medical personnel on hand as well as complete emergency obstetric treatment. These services necessitate effective communication and transportation referral systems between service locations. Maternal health services offer an important opportunity to reach out to women about family planning. They’re also a fantastic approach to preventing HIV infection in women; they advise, test, and treat them, as well as prevent HIV transmission during pregnancy, birth, and breastfeeding [38-41].

These therapies can only be provided in their entirety through these services. The current study only looked at a few key elements, such as reproductive health and related areas, such as antenatal care (ANC), which refers to pregnancy care provided by a doctor or a health worker in a medical institution or at home. Antenatal care should ideally monitor pregnancy for signs

and symptoms of complications, diagnose and treat pre-existing and co-existing pregnancy disorders, and provide advice and guidance on birth, prevention, food, and postnatality and related issues. Care is another important aspect of reproductive health. Living quarters are critical in deliveries, as are appropriate sanitary conditions under the supervision of qualified healthcare practitioners and correct treatment during delivery. In addition to prenatal care, postnatal care is an important aspect of reproductive health. The health of the mother and her newborn child is determined not only by the care she receives throughout pregnancy and delivery but also by the care she and the child receive in the weeks following delivery. Postpartum checks usually imply that a mother is medically monitored for the first two months after delivery [42, 43].

By preventing and addressing reproductive health issues, reproductive health services contribute to reproductive health and well-being. A reproductive approach to health refers to people who can reproduce and regulate their fertility; women who can safely go through pregnancy and birth; pregnancy success in terms of maternal and baby survival; and couples who can have sex without risk of becoming pregnant or contracting disease. Reducing fertility and infant mortality are top priorities in India’s domestic public health goals. In today’s world, controlling fertility is the most important strategy for limiting rapid population growth. Fertility, child mortality, and the acceptance of fertility practices are all influenced by a number of interconnected factors, such as marriage age, education, and the financial condition of women. Women’s status in Indian society has long been viewed as lower than that of their male counterparts. In rural areas, this could have a direct influence on women’s health during pregnancy and postpartum. In rural India, maternal mortality accounts for 2% of all female deaths. Furthermore, women’s and children’s health issues have been recognized as a top focus. Despite this, considerable work has to be done to improve the quantity and quality of health care for women and children. Those living on the country’s outskirts, of course, require special attention [44-47].

### **Reproductive Health Needs**

Many governments have expressed a desire to take a more holistic approach to reproductive health. To assist national authorities in conducting a systematic review of reproductive health needs at the national level, the importance of adding innovative and participatory approaches to familiar epidemiological methods, in which the process tends to be guided by experts and framed by biomedical approaches and indicators, should be emphasized. Women’s health advocates, young people’s groups, and providers of health care in the periphery and centre should all be included in the process of

identifying and prioritizing reproductive health needs and developing programmatic responses to those needs. Several tools for scenario analysis and needs assessment in different domains of reproductive health, such as family planning and safe parenting, have already been developed. However, in the context of a new approach to reproductive health, it is critical to ensure that the evaluation and priority-setting process represents the concerns of people as agreed upon at the national and local levels, rather than the goals of agencies or donors. It is vital to reduce redundancy and develop tools that are tailored to the needs of individual countries. There are already a few commonly used devices of this type. It is, however, vital to ensure that the various instruments now available are interoperable and consistent. Identifying reproductive health action goals involves similar concerns. Priority problems should be identified based on their importance (prevalence, severity, public concern, public commitment, family impact, community impact, and development impact), as well as their feasibility (known actions, cost-efficiency, funding availability, human resources, and adequate equipment and supplies) [48-51].

### **Reproductive Health Situation in Global Context**

Women's lives are changing dramatically across the board in a variety of settings. There is still a disconnect between women's reproductive ambitions and their reproductive realities. For example, despite increasing contraceptive prevalence from 52 percent in 1990 to 60 percent in 2000 and 62 percent in 2007, the unacceptably high demand for family planning in Sub-Saharan Africa remains unmet; one out of every four women who want to delay or stop child care do not use a family planning method. Adolescent pregnancy is still common around the world, with 52 births per 1,000 females aged 15-19 in 2007, down from 55 in 2000. The highest youth birth rates in the world are found in Sub-Saharan Africa, followed by Latin America and the Caribbean. Furthermore, maternal mortality is still the leading cause of death among reproductive-age women in many nations. At least 1,600 women perish each day as a result of problems during pregnancy and childbirth. Every year, an estimated 358,000 women die as a result of complications during pregnancy or delivery, with 99 percent of these deaths occurring in underdeveloped countries only [9, 52-55]. The majority of these deaths occur in Asia and sub-Saharan Africa, with around 90% occurring in other developing nations and less than 1% occurring in developed countries. Pregnancy or childbirth complications account for between 25% and 33% of all deaths among reproductive women in several developing countries. Between 1990 and 2008, the global maternal death rate declined by 34%, with an average yearly decrease of 2.3 percent. This is significantly short of the MDG goal of a

5.5 percent reduction in maternal mortality per year. In Africa, the use of reproductive health services for maternal care is also at an all-time low [56-59]. A professional health worker attended 65 percent of deliveries between 2000 and 2006, whereas a third of women still have no skilled birth attendant. Only 48% of newborns in Africa were attended by a certified health worker. Similarly, pregnant women in Africa are less likely to visit antenatal care four times than women in other parts of the world. Only 42% of women in Sub-Saharan Africa visit their doctor at least four times before giving birth. This glacial progress is becoming a source of concern for the international community. To effect change, international agencies and development partners are employing a variety of techniques and programmes. The 'H4' initiative, sponsored by the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the World Bank, was launched in 2009 to provide immediate support to countries with the least developed maternal health systems. The UN Secretary-General spearheaded the development of a global strategy to enhance the health of women and children, with a focus on maternal and newborn health, with the goal of stimulating action on new and improved commitments and resources to improve the health of women and children. The strategy emphasises the importance of aligning global commitments behind a number of agreed-upon priorities, such as comprehensive family planning (advice, services, supplies); competent women and neonate care (prenatal care, birth quality, complication emergency care, postnatal care, and basic newborn care); and safe abortions (when abortion is medically necessary) [60, 61]. The characteristics and ideas mentioned in this strategy are in accordance with and complement the WHO Global Strategy on Reproductive Health. Aside from death, the cost of illness is significant. Approximately 40% or more of pregnant women may experience acute obstetrical difficulties during pregnancy, childbirth, or the postpartum period, with an estimated 15% of pregnant women experiencing life-threatening complications. Most maternal deaths can be avoided if women have access to basic prenatal, delivery, and postpartum health care. This includes establishing health systems and establishing links between communities, health centres, and hospitals in order to provide treatment to women where they need it. Every year, 60 million babies are born around the world, with the help of family members, an untrained conventional parent, or no one at all. Only 53% of all deliveries in developing countries take place with the assistance of a trained birth attendant (a doctor or midwife). As a result, having a trained healthcare professional is critical for making motherhood safer in developing countries. Furthermore, it is clear that only a small percentage of moms in developing countries, i.e., less than 30%, receive postpartum care. Because the early postpartum

period is the most vulnerable time for maternal deaths, special attention must be provided to mothers in developing countries during this time. During pregnancy, millions of women in developing countries do not have access to competent care. Such care can help women and their families discover and manage existing illnesses, identify and treat complications early in life, provide information and advise on warning signs, recommend treatment when complications arise, and assist women and their families in preparing for childbirth. It is also evident that low rates of maternal health care utilization are driven by a variety of variables, including the distance of health facilities from the environment, expenditures, including direct charges, transit fees, drugs and supplies, and other demands on women's time in poor nations. Women from developing countries lack decision-making power within the family, which has major ramifications for their maternal health due to inadequate service quality, notably in healthcare. As a result, countries around the world must have access to maternal health services in order to minimize maternal deaths, diseases, impairments, and infant fatalities by providing basic maternal care for all pregnancies, which should include a doctor or midwife at birth. Gender inequity and prejudice faced by women around the world must be addressed in order to improve women's positions. Women's reproductive and productive roles should be valued fully, especially in terms of contributing to the household and national economy. Attitudes toward the family and community that prevent women from receiving sufficient care during pregnancy and childbirth must be changed on a worldwide scale. Maternal mortality should be cut in half worldwide by the turn of the century in order to realize the goal of safe motherhood [61-64].

### **Reproductive Health Situation in India**

After the International Conference on Population and Development in Cairo, Egypt, in September 1994, and the Fourth World Conference on Women in Beijing, China, in September 1995, women's health in India became more important. Women's health, empowerment, and reproductive rights were all major themes of both conferences. Leaving aside the importance of men's health demands and conditions, the fact remains that women's health is typically worse than men's over the course of a lifetime. Furthermore, many health issues affect women more than men, and many of these issues are unique to women or have a greater impact on women than men. Furthermore, when compared to their male counterparts, several environmental issues have a disproportionate impact on women. Gender inequality is the result of socialization and is perpetuated by it [10, 65-67]. In patriarchal societies like India, where males are seen as "superior" to women purely because of their

sex, the gender divide is more pronounced. Being inferior to a man entails having a lower position in all aspects of life, including health. Males and females have varied health demands at any one time, with women having more health care needs than men due to their biologically and culturally assigned roles. To elaborate, they are biologically responsible for reproduction; women alone are responsible for all of the issues and discomforts associated with pregnancy and birth. In India, women are expected to be subordinate to male household members and to work for the happiness and contentment of the latter. In addition, society expects them to play a critical role in providing informal health care to all family members. It is their responsibility to raise healthy children, teach those healthy habits, prepare and feed family members, and care for the young, sick, elderly, and disabled. She will have very little time after her duties are completed to spend on herself and consider her health needs. A woman is generally defined as a female who is at least fifteen years old. However, a woman's health, as defined, is linked to her health-related experiences in her early years of life [68-70]. According to India's National Population Policy of 2000, the complex socio-cultural determinants of women's health and nutrition have cumulative effects throughout a lifetime. Discrimination begins in the womb, with sex-based abortions, feticides, and the treatment of female children as second-class citizens from the minute they are born. Discrimination against girls leads to a decline in daycare and malnutrition, resulting in the girl child's physical development being stunted. Diet in early adolescence is also said to be important for a woman's health and, through her, for the health of her offspring. "Social, cultural, and economic hurdles continue to prevent women from having adequate access to even current public health services in India," according to the report. "This handicap is harmful not only to women as individuals but also to the health, general well-being, and development of the entire family, particularly children." This statement reflects the inherent character of society, which prevents women from receiving adequate health care due to the inadequacy of accessible health care facilities, and the importance of women's health in determining the health of other family members, particularly children. Despite the growing interest in women's reproductive health in India, information on their situation remains limited. Adolescent marriage and fertility rates in India are alarmingly high. In India, unlike most other countries, adolescent fertility occurs mostly in the context of marriage. Because of their early marriage, nearly half of them become pregnant before the age of 18, and nearly one-fifth before the age of 25. As a result, the size of adolescent fertility in India is significant: Over half of all women aged 15 to 19 have had a pregnancy or given birth. Married adolescent women have reproductive health concerns

because they are more likely than older women to have obstetric complications. They are also subjected to a great deal of sexual violence. Sexual awareness and attitudes among the unmarried population are still being studied insufficiently. Sexual awareness appears to be primarily superficial, and there is a lot of misinformation out there [71, 72]. This is exacerbated by parents' and instructors' unwillingness to share critical information. Peers, who may not be fully educated, or the media, which tends to focus on sexual and gender stereotypes or extremes, are possible sources of knowledge (or deception). Regardless of marital status, young females' ability to make sexual and reproductive decisions is severely limited. Adolescent girls and women have limited options when it comes to marrying, having sexual encounters, having children, and seeking medical treatment. When it comes to sexual behaviour among adults and youth, the majority of Indian men and almost all Indian women have their first sexual encounter during marriage [73].

For example, there is fascinating information on the mapping of sexual contact places. A wide range of settings for sexual activities are known in both urban and rural areas, ranging from evident brothels to recreational areas, truck parking spaces, lodges and other small motels, and specific locations used by sex workers on various national roadways. One aspect of unsafe sexual intercourse is a woman's inability to properly navigate pregnancy and childbirth in order to provide her child the best chance of survival [74, 75]. Maternal mortality and morbidity are quite high and, for the most part, preventable. Each year, 437 pregnant women out of every million die from pregnancy-related reasons, and between 4 and 5 million women suffer from poor health as a result of childbearing. The majority of maternal deaths and illnesses in India are preventable, conditions for which both knowledge and prevention techniques are accessible. On the other hand, women's reproductive health is embedded in a larger socio-cultural context that is typically ignored; the limited research that has been conducted paints a bleak picture. Poor nutritional status and the resulting high levels of anaemia, early and repeated pregnancy, and delayed or limited health seeking associated with pregnancy in India are all factors that contribute to poor maternal outcomes. Abortion treatment is similarly limited for a large proportion of women who have an induced abortion; service providers are unskilled, and a significant minority of women have abortion-related complications. Women's lack of authority to make health-care decisions for themselves, seclusion practices that limit their mobility, socialization that causes them to downplay and bear their own health problems in silence, and a lack of control over the role they play in women's health-care decisions all limit maternal health. The limited mobility of women adds to the dangers of motherhood.

Women's access to health treatment is severely hampered by financial and opportunity costs. Families spend less time, effort, and money on health care for women and girls than they do for males on average. According to one of the most comprehensive abortion studies, 14 induced abortions per 100 live births occur in rural India. Abortion seekers are typically young (20-29 years old), married, and multifaceted, with teenagers and unmarried women being overrepresented. Furthermore, the majority of reasons for seeking abortion are to limit or space family size, revealing the country's massive unmet contraception need. In a developing country like India, slowing population growth is a top priority [75, 76]. Family planning programmers are given special attention as a result of this. Maternity is the most important aspect of a woman's reproductive health. In terms of maternal health, India is a step ahead of several other developing countries, with safe, regulated abortions, a primary health care system to care for rural women and children, and increasing literacy and awareness of the need for family planning. Each of these provides some level of protection to Indian women during their pregnancy. India provides low-income people with free family planning services [77]. In the fields of health and population, India has been at the forefront of various global movements. India has built up a sophisticated government infrastructure for maternal and child health, family planning, and other health services throughout the years. Lowering unwanted fertility, reproductive morbidity, and mortality costs are all part of meeting reproductive health needs. Poor women in India suffer severe reproductive burdens, a large portion of which is unrelated to pregnancy, and these reproductive disorders among women are non-visible due to the "culture of silence" that surrounds them due to sexually transmitted reproductive infections. Many women have not received care, and many reproductive health concerns have gone unaddressed since previous programmes viewed women as solely mothers [68, 78-80].

## CONCLUSION

Good sexual and reproductive health is crucial for women's general health and well-being. It is important for your ability to decide your life, even when or if you want children. It does not include only the right to healthy and respectful interactions. Additionally, it encompasses inclusive, safe, and appropriate health services; access to accurate information; effective and affordable methods of contraception; and access to timely support for planned and unplanned pregnancies. Sexual and reproductive health is about more than just physical well-being. Menstrual problems, fertility, cervical screening, contraceptive use, sexually transmitted infections, chronic illness (such as endometriosis

and polycystic ovary syndrome), and menopause all involve specific sexually transmitted problems. Safe sexual practice is particularly important for the sexual and reproductive health of sexually active women of all ages. Access to accurate, impartial, and up-to-date information and services about sexual and reproductive health, such as the human papilloma vaccine, cervical screening, and sexually transmitted illnesses, is also crucial. All of these can help women achieve optimal health and well-being. With access to sexual and reproductive health treatments, decent lifestyles, and physical and mental health services, optimum reproductive health can be achieved.

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