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RESEARCH ARTICLE

STATUS OF REPRODUCTIVE HEALTH OF WOMEN IN INDIA: A REVIEW.

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Abstract

Reproductive health of women remains a major development task in any country. The first International Safe Motherhood Conference held in 1987 in Nairobi, Kenya to launch the *Safe Motherhood Initiative* (SMI). The Conference was the beginning of a safe motherhood initiative to reduce maternal mortality by 50% and to improve reproductive health of a woman by the year 2000. The World Bank has been financing activities to improve women's health especially in the area of maternal and child health and in family planning. In developing countries like India fertility rates among women greatly depend upon their education, age and living conditions. Educated women living in urban areas have less number of children as compared to illiterate women living in rural areas. The age-specific fertility rate was the highest (194.3) for women in the age-group 20-24 years followed by age-group 25-29 years (149.7) and 30-34 years (63.9). Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5MR) also vary with the area they live. For example, in Assam Infant Mortality Rate in rural areas are 59 whereas in urban area it is 31. Reproductive health of a woman is maintained by reducing fertility rate and spacing among births. The use of various contraceptives is best known alternative.

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Introduction:-

National Health Policy in India was formulated in 1983 and revised in 2002 with the motive to achieve an acceptable standard of good health amongst the general population of the country. Ministry of Women and Child Development developed a draft National Policy for Women in 2016, under which advancement, development and empowerment of women with appropriate strategies have been discussed. Women's health refers to the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that effect woman's physical and emotional well being. 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 more 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.

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Reproductive health:-

Good reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to take decision. 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 no. 5 with two targets

1. To reduce the maternal mortality ratio by 75 percent
2. To achieve the universal access to reproductive health

The indicators were as follows:

1. Contraceptive prevalence rate
2. Adolescent birth rate
3. Antenatal care coverage
4. 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). WHO estimated in 2005, about 55% of women do not have sufficient antenatal care and 24% have no access to family planning services (WHO, 2009).

In developing countries like India, fertility among women has been declining. According to International Institute for Population Science (IIPS), 1995, the total number of children in 1992-93 was 3.4 per woman. This reproductive health and rate of fertility greatly varies with states, education, caste and religion and socio-economic status. For example, state like in Utter Pradesh, known to be most populous state with less education among women, has a total fertility rate of over 5 children per woman. Whereas, in Kerala, where female education is high and population is also appropriate, has a less number of children per woman i.e., fewer than 2 children. (IIPS, 1995) (Table 1). So, education and awareness matters extravagant in women's fertility rate. It is high among illiterate group as compared to urban group. The table 2 shows four years (2010-2013) total fertility rate among women depending upon their living area and their education. The woman with low living standard and staying in slums with less or no education has high fertility rate as compared to educated women living in urban areas. Age of women also plays an important and significant role in fertility. The age-specific fertility rate was the highest (194.3) for women in the age-group 20-24 years followed by age-group 25-29 years (149.7) and 30-34 years (63.9). The fertility rates for the rural India are still higher as compared to urban India (Table 3, Fig. 1). Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5MR) also vary with the area they live. For example, in Assam Infant Mortality Rate in rural areas are 59 whereas in urban area it is 31. The details are provided in table 4 for EAG (Empowered Action Group States) states. There are 9 EAG states (including Assam) in India which account for about 48% of total population in the country. These states are high focus states in terms of their relatively higher fertility and mortality indicators. The name of these states is Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, Uttarakhand and Assam.

Table 1:- Variation in number of children per woman based on residence and education in 1995.

S. No.	Variables	Character	No. of children per woman
1	State		
	a. Utter Pradesh	a. Population rate is high	a. 5
	b. Kerala	b. Population rate is low	b. 2
2	Education		
		a. Literate high school or above	a. 2.2
		b. Illiterate	b. 4.0

Source: IIPS, 1995

Table 2:-Area-wise and education-wise fertility rate among females in the last four years 2010-2013.

S.No.	Years	Area-wise fertility rate			Education-wise fertility rate	
		Total	Rural	Urban	Illiterate	Literate
1.	2010	2.5	2.8	1.9	3.4	2.2
2.	2011	2.4	2.7	1.9	3.3	2.1

3.	2012	2.4	2.6	1.8	3.2	2.1
4.	2013	2.3	2.5	1.8	3.1	2.1

Source: Sample Registration System (SRS), Office of the Registrar General, India. September 2014

Table 3:-Age-specific fertility rate in rural and urban areas in the last four years from 2010-13.

S.No.	Age	Rural				Urban			
		2010	2011	2012	2013	2010	2011	2012	2013
1.	15-19	43.1	35.3	36.3	31.7	19.6	16.5	16.7	16.5
2.	20-24	218.5	216.8	210.6	212.8	147.3	143.8	140.4	142.2
3.	25-29	167.5	163.7	164.8	159.9	132.9	129.6	131.4	125.6
4.	30-34	70.1	74.6	68.3	66.8	56.2	58.8	55.6	57.1
5.	35-39	34.5	30.2	27.5	24.4	18.1	16.8	15.4	15.8
6.	40-44	11.6	10.9	10.1	9.2	3.8	3.6	3.7	3.2
7.	45-49	5.2	3.6	2.8	2.4	1.0	1.0	0.8	1.1

Source: Sample Registration System (SRS), Office of the Registrar General, India. September 2014

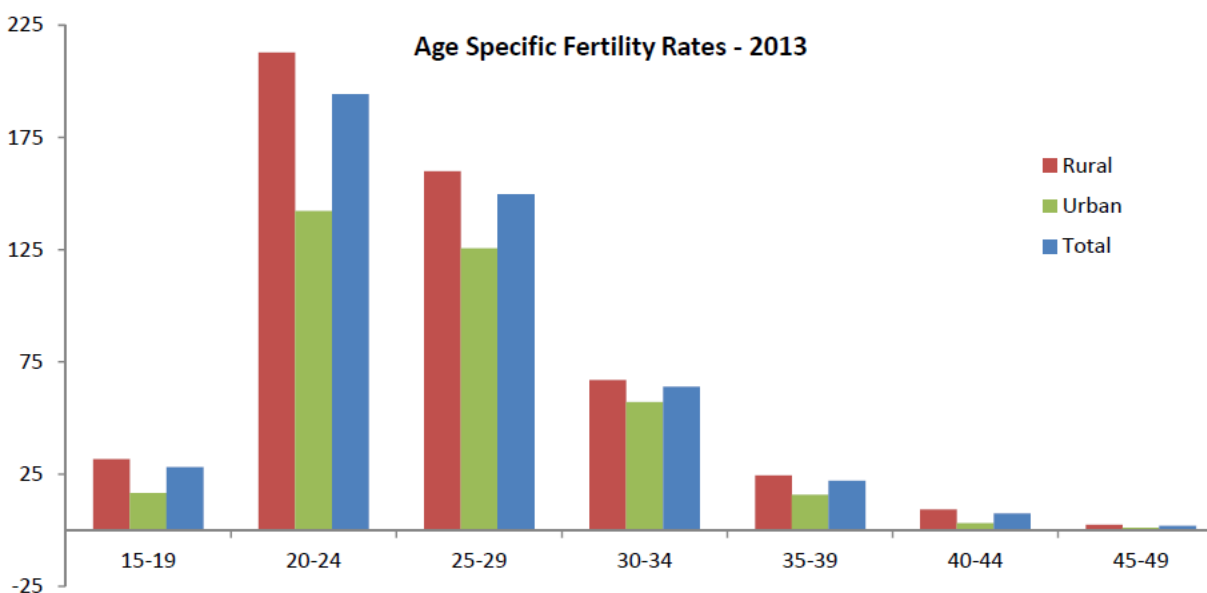


Fig. 1:-Age-specific fertility rate in rural and urban areas in the last four years from 2010-13.

Table 4:-Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5MR) in EAG* states.

S. No.	State	Infant mortality rate	Infant mortality rate	Under 5 mortality rate	Under 5 mortality rate
		Rural	Urban	Rural	Urban
1.	Assam	59	31	77	36
2.	Bihar	49	41	72	57
3.	Chhattisgarh	48	34	65	40
4.	Jharkhand	40	22	57	29
5.	Madhya Pradesh	68	47	93	57
6.	Odisha	59	37	80	48
7.	Rajasthan	59	38	81	52
8.	Uttarakhand	42	31	52	37
9.	Uttarpradesh	72	51	97	63

Source: Annual Health Survey (AHS) 2nd Updation Bulletins 2012-13

*EAG - Empowered Action Group States

Infant mortality rate (IMR) in 2013 was higher for the females i.e., 42 than males i.e., 39 and overall of 40. IMR has reduced substantially from 60 in 2003 to 40 in 2013, indicating improvement in health mechanism for infants (table

5, Fig. 2). Among the major States, the highest overall IMR of 54 was observed in Assam and Madhya Pradesh and the lowest of 9 in Goa in 2013 (table 6). Maternal Mortality Ratio also has gone down from 301 in 2001-2003 to 167 in 2011-2013. This ratio is the number of maternal deaths per 100,000 live births. It is provided in table 7 for the major states of India. Fig. 3 shows the reduced Maternal Mortality Ratio (MMR) of major states for ten years 2003-2013 (Ashish, 2014).

Table 5:-Infant mortality rate (IMR) for the last 10 years

S.No.	Year	Female	Male	Total
1.	2003	64	57	60
2.	2004	58	58	58
3.	2005	61	56	58
4.	2006	59	56	57
5.	2007	56	55	55
6.	2008	55	52	53
7.	2009	52	49	50
8.	2010	49	46	47
9.	2011	46	43	44
10.	2012	44	41	42
11.	2013	42	39	40

Source: Sample Registration System (SRS), Office of the Registrar General, India. September 2014

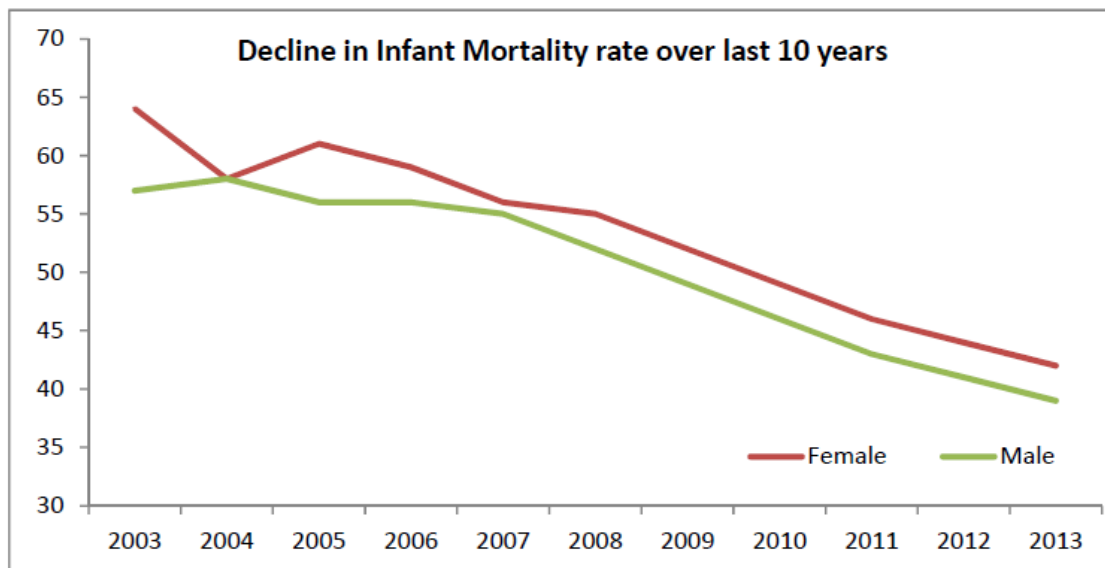


Fig. 2:-Decline In Infant Mortality Rate from 2003-2013.

Table 6:-State-wise Infant Mortality Rate for the last four years 2010-2013.

S.no.	State	2010	2011	2012	2013
1.	Andaman & Nicobar Islands	25	23	24	24
2.	Andhra Pradesh	46	43	41	39
3.	Arunachal Pradesh	31	32	33	32
4.	Assam	58	55	55	54
5.	Bihar	48	44	43	42
6.	Chandigarh	22	20	20	21
7.	Chhattisgarh	51	48	47	46
8.	D&N Haveli	38	35	33	31
9.	Daman & Diu	23	22	22	20

10.	Delhi	30	28	25	24
11.	Goa	10	11	10	09
12.	Gujarat	44	41	38	36
13.	Haryana	48	44	42	41
14.	Himachal Pradesh	40	38	36	35
15.	Jammu and Kashmir	43	41	39	37
16.	Jharkhand	42	39	38	37
17.	Karnataka	38	35	32	36
18.	Kerala	13	12	12	12
19.	Lakshadweep	25	24	22	24
20.	Madhya Pradesh	62	59	56	54
21.	Maharashtra	28	25	25	24
22.	Manipur	14	11	10	10
23.	Meghalaya	55	52	49	47
24.	Mizoram	37	34	35	35
25.	Nagaland	23	21	18	18
26.	Odisha	61	57	53	51
27.	Pudducherry	22	19	17	17
28.	Punjab	34	30	28	26
29.	Rajasthan	55	52	47	47
30.	Sikkim	30	26	24	22
31.	Tamil Nadu	24	22	21	21
32.	Tripura	27	29	28	26
33.	Uttar Pradesh	61	57	53	50
34.	Uttarakhand	38	36	34	32
35.	West Bengal	31	32	32	31
	All India	47	44	42	40

Source: Sample Registration System (SRS), Office of the Registrar General, India. September 2014

Table 7:-Maternal Mortality Ratio (MMR) of major states for ten years 2003-2013.

S.no.	State/Union Territory	2001-03	2004-06	2007-09	2010-12	2011-2013
1.	Andhra Pradesh	195	154	134	110	92
2.	Assam	490	480	390	328	300
3.	Bihar/Jharkhand*	371	312	261	219	208
4.	Gujarat	172	160	148	122	112
5.	Haryana	162	186	153	146	127
6.	Karnataka	228	213	178	144	133
7.	Kerala	110	95	81	66	61
8.	Madhya Pradesh/ Chhattisgarh*	379	335	267	230	221
9.	Maharashtra	149	130	104	87	68
10.	Odisha	358	303	258	235	222
11.	Punjab	178	192	172	155	141
12.	Rajasthan	445	388	318	255	244
13.	Tamil Nadu	134	111	97	90	79
14.	Uttar Pradesh / Uttarakhand*	517	440	359	292	285
15.	West Bengal	194	141	145	117	113
	All India	301	254	212	178	167

Source: Sample Registration System (SRS), Office of the Registrar General, India. September 2014 Maternal Mortality Ratio (MMR) is the number of maternal deaths per 100,000 live births.

*Figure 2001-03 is for undivided states

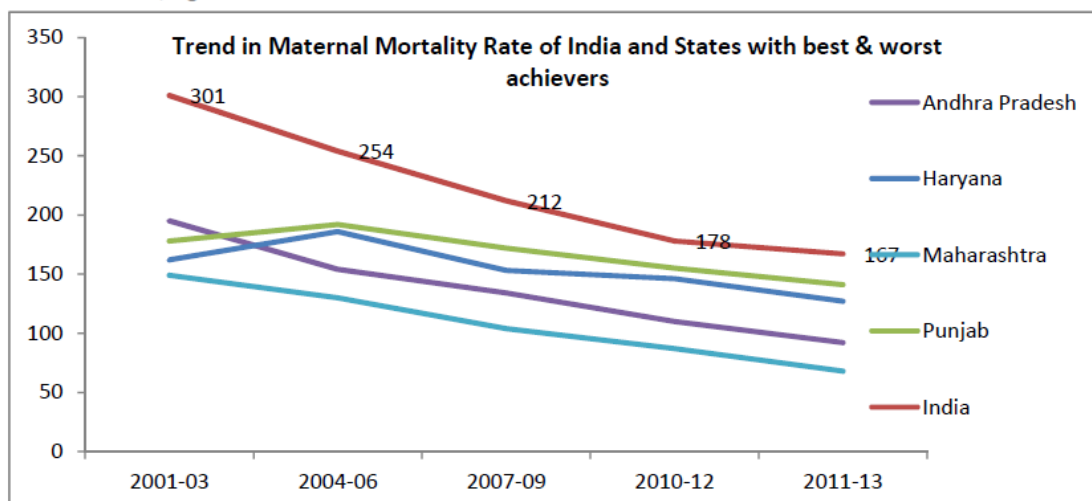


Fig. 3:-Maternal Mortality Ratio (MMR) of major states for ten years 2003-2013.

To improve the overall health of women the finest components is to reduce fertility. Researches carried on women health proved that numerous pregnancies and closely spaced births diminish a mother's health (Jejeebhoy and Rao, 1995). The use of contraceptives is one best method to reduce the fertility, but only some percentage of women in India actually uses contraceptives. A survey carried out by IIPS in 1995, among married women aged 13-49, only 36% women use contraceptives, in which two third of the women are using tubectomy. The percentage of vasectomy is very less when compared with tubectomy. Other methods of contraceptives are conventional methods where more than 50% of women are involved, oral pills and intra-uterine devices (table 8). The least percentage comes under sterilization method even after having knowledge of family planning (fig. 4). The reason seems to be space in two births rather than limiting them. For appropriate space among two births, the young women use some other contraceptives rather than sterilization.

Table 8:-Different family planning methods in last ten years (2003-2013) in percentage.

S.no.	Year	Sterilization %		Intra-uterine Device%	Conventional Contraceptive Users%	Oral Pills Users%
		Vasectomy	Tubectomy			
1.	2003-04	0.3	10.7	13.7	53.2	22.2
2.	2004-05	0.3	10.7	13.8	53.7	21.4
3.	2005-06	0.4	9.8	13.4	56.5	20.0
4.	2006-07	0.3	9.5	12.7	56.9	20.7
5.	2007-08	0.5	9.8	12.4	54.9	22.3
6.	2008-09	0.8	12.2	14.4	49.7	23.0
7.	2009-10	0.7	12.9	15.7	48.4	22.3
8.	2010-11	0.7	14.8	16.9	45.4	22.3
9.	2011-12	0.6	14.8	17.0	47.2	20.5
10.	2012-13	0.4	14.8	17.9	46.2	20.7

Source: HMIS* Portal, Ministry of Health and Family Welfare*Ministry of Health and Family Welfare

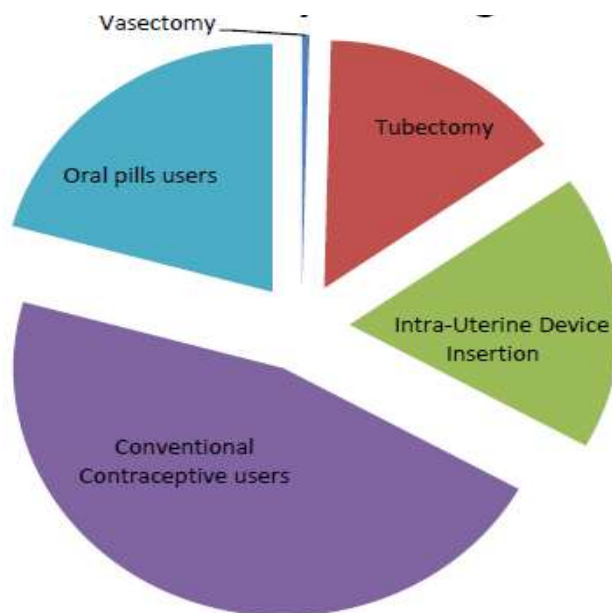


Fig. 4:-Diffenret Family Planning methods in India 2012-13.

Conclusion:-

Reproductive health of a women is directly linked with the adequate health and development of her child/children. The sustainable Development Goals (SDGs) of World Health Organization addresses key challenges among women like reproductive health, povety, inequality, violence against women, which, otherwise also is necessary for the global success. In developing countries like India, many reproductive health problems go untreated and taken as 'Normal'. Even in many cases woman herself thinks that her illness related to reproductive issues do not require medical attention. Many National policies are functioning towards the improvement, enhancement and development of woman reproductive health.

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