

Reproductive Health of Women: a comprehensive review

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Full access to sexual and reproductive health is a fundamental human right. Women and girls around the world, especially those living in poverty, have little or no access to reproductive health and rights information and services. Discrimination, shame, restrictive laws and regulations, and long-standing traditions are just some of the existing barriers to sexual and reproductive health. There is evidence that these rights affect not only individual women, but also families, communities and economies, but progress has been slow. Women's lifestyles have evolved throughout history. Life used to be difficult for most women. Many women have had unwanted pregnancies. Childbirth used to be dangerous and often ended in the death of the mother. Most women have never suffered menopause or senility in the past because they did not live long enough. Reproductive health is an important aspect of an individual's overall development and well-being. It may be the result of positive parenting, which is essential in adolescence and lays the foundation for good health in adulthood and beyond reproductive age, in both men and women. Female reproductive life does not begin at puberty and end at menopause. Also, a man's reproductive lifespan doesn't end when he becomes less likely to have more children. It is present and essential at every stage of human development and maturity. Reproductive health needs vary by age and stage of life. However, there are long-term effects throughout life, with each stage having a significant impact on future well-being.

Keywords: Women health, adulthood, fertility, sexual health, menstruation.

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Introduction

Reproductive health is an important part of human growth and overall health. This can be essential health education for young people, and can lay the foundation for good health for men and women in adulthood and beyond the reproductive years. Reproduction does not begin at puberty and ends when a woman enters menopause or a man is unable to bear children. Rather, it follows the entire life cycle of an individual and is critically important at various stages of development and maturation. Individual reproductive health needs can vary at each stage of life. The effects are also cumulative throughout life, and each stage has important consequences for future well-being. If reproductive health problems are not addressed at any stage, it can set the stage for health problems later. This is called the life cycle view of reproductive health. Safe reproductive systems, processes and practices are critical factors for adequate overall health. However, many conditions, both internal and external, can compromise a person's ability to maintain reproductive health. Remember that events and exposures from prenatal development to late life can determine reproductive health status. Many factors directly affect a person's reproductive health [1-6].

In addition, the environment in which an individual life, both natural and physical, can present significant risks that directly affect reproductive health. For example, exposure to certain occupations (such as work with harmful chemicals) negatively affects reproductive life. The World Health Organization (WHO) defines reproductive health as a state of complete physical, mental and social well-being, not just the absence of a reproductive disease or diseases. Reproductive health includes all reproductive processes, functions and systems at all stages of a person's life. This concept says that people have a satisfying and safe sex life and can have intercourse and be flexible when and how often they choose. Men and women have the right to information and the right to choose safe, effective, affordable and acceptable family planning options that are against the law [7-10]. Men and women should be well cared for so that women can get through pregnancy and childbirth safely and give couples the best chance of having a healthy baby. Reproductive health is a global problem, but it is critical for women, especially during their reproductive years. However, in certain areas of reproductive health, men have special expectations about reproductive health and have special responsibilities regarding women's reproductive health because they have decision-making power. Reproductive health is an integral part of a person's overall health and a key predictor of quality of life. The WHO definition of reproductive health particularly emphasizes the human right to maintain sexual health. Sexual health is a synthesis of the emotional, intellectual and social aspects of sexuality to make a constructive contribution to the development of personality, communication, relationships and love [11-22]. The three basic principles of sexual health are: 1) the ability to enjoy and control sexual and reproductive behaviour; 2) the ability to avoid an organic disorder or disease affecting sexual and reproductive functions; and 3) the ability to avoid shame, guilt, fear and other psychological factors that can harm sexual relationships. People with reproductive health problems also have a responsible, safe and fulfilling sex life, the freedom to reproduce according to their needs and desires, and the right of men and women to know their options and access to safe, effective, affordable and acceptable methods, fertility management and the right to adequate health services. Reproductive health should be addressed within a framework of good relations and an understanding of the balance between compliance and risk. Reproductive health significantly increases the physical and mental comfort and closeness of people. Disease, abuse, exploitation, unwanted pregnancy and maternal death are all linked to poor reproductive health [23-29].

Reproductive Health: Issues, Development and Definition

As the world integrates economically, politically, geographically and culturally technologically, the population health debate is moving from a local to a global context. The International Conference on Population and Development (ICPD) in 1994 ushered in an era of heightened awareness of population growth issues and was "an important milestone in expanding the population debate and national and international population policy beyond a demographic focus to include broader issues of reproductive health and human rights". 179 countries participated in the ICPD. Since then, significant progress has been made towards achieving the ICDP goal of universal access to reproductive health services. As a result, the international community has moved from state-led "population control" to a concept of individual decision-making with majority access to reproductive health care [30-39]. However, deficiencies in reproductive and sexual health are responsible for more than a fifth of the world's diseases and premature death, and a third of women of childbearing age suffer from disease and death. Over time, the transition to a global environment has also affected the importance of reproductive health and related issues. It can simply relate to the physical and mental well-being of the mother from pregnancy to breastfeeding. The 1994 definition of the International Conference on Population and Development of reproductive health includes important characteristics that distinguish reproductive and sexual health from other aspects of health. Reproductive health is about sociocultural variables, gender roles, and the respect and protection of human rights, including but not limited to sexuality and personal interactions before and after 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 functions and processes, and not simply the absence of disease or illness. People with reproductive health can have a satisfying and safe sex life, as well as the ability to reproduce and the freedom to choose whether, when and how often to do so [40-50].

The International Commission on Population and Development defines reproductive health as 'a combination of tactics, methods and services that promote reproductive health and well-being through the prevention and resolution of reproductive health problems.' Not only counseling and therapy for reproductive and sexually transmitted diseases, but also sexual health that focuses on improving lives and relationships." It also addressed the rights of men and women to learn about and access safe, effective, affordable and acceptable family planning and other aspects of their chosen contraceptive methods that do not violate the law and women's right to adequate health services that enable safe pregnancy and childbirth legislation, international human rights declarations and other consensus documents." The rights are based on the fact that recognizing the basic right of all couples and individuals to freely choose the number, spacing and time of birth of their children responsibly and have the necessary information and resources to achieve the best quality of sexual or reproductive health. This includes their right to choose to reproduce without discrimination, coercion or violence, as recognized in human rights instruments [8, 31, 51-53].

Concept of Reproductive Health

Women need health care to be able to practise their sexual activities safely and effectively. Women's reproductive health services were added to health technology services in the second half of the 20th century. However, the service was not flawless. In addition to inadequate resource allocation, the main flaw of these services was their ideology. Women were considered the source of reproduction and the object of fertility control. Women were not offered services to achieve the goal. This process benefited women, but they were not at the centre of it. Traditionally, women's needs have been addressed through the concept of maternal and child health (MCH) [54-67]. The woman's desires were intertwined with the mother's needs. MCH programs and services have played a critical role in the preventive and curative health of mothers and children. The success of a healthy child is often at the heart of MCH's services. Although mothers are very concerned about the success of investments in the reproductive process, little emphasis has been placed on the health risks that mothers face during pregnancy and childbirth, and essential birthing practices and equipment have been created to combat these risks. As a result, the tragedy of maternal mortality has grown to such an extent that it can no longer be ignored. Although family planning programs offer many benefits to women's quality of life, they have left women with real and unmet concerns [68-77]. Contraception is designed for women to empower themselves by increasing choices and taking control of their fertility, sexuality, health and therefore their lives. Governments and others, on the other hand, may use family planning to control women rather than empower them. Demography was the main driving force behind the family planning movement. Politicians often treated women as objects rather than subjects. Some governments were jaded and did not understand that when women are given a real choice and given the information and tools to make that choice, they will make the best decision for themselves, their communities, and ultimately the planet. The important health needs of the reproductive process have been unmet because women are treated as a means rather than an end. Infertility may not pose a serious physical threat, but it can be a major source of emotional and social distress. It is not fair that society focuses on women's reproduction while ignoring the pain of those who cannot conceive. Women are exposed to the possibility of unwanted pregnancy during intercourse. It also exposes many women to another serious threat, sexually transmitted diseases, including HIV. Family planning programs that focus only on demographics fail to understand the importance of this critical need for women. MCH focuses on women when and how they reproduce to ensure a healthy child for society, but often ignores other health needs of women that are not related to reproduction. Women's reproductive health requirements are not limited to their reproductive years. The girl, the young girl, the mature adult, and the old woman have health care needs in future or past reproductive roles. The social attitude where women are seen as a means rather than an end is much more widespread. Women's services are often veterinary services. Proponents of girls' education emphasize the benefits of education for child survival and health, and its effect on reducing birth rates. Because of the needs of the fetus and breastfeeding the newborn, nutrition is essential for women. Even in the face of the tragedy of maternal mortality, investing in keeping women alive is justified because their existence is critical to the survival of children. In response to the fragmentation and orientation of current services, the concept of reproductive health has recently emerged [78-82].

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 as goals and not as methods [83, 84].

Reproductive Health Problems of Women

Women’s health needs can be broadly divided into four groups. First, women have clear sexual and reproductive health requirements. Second, women have developed reproductive systems that are exposed to disorders or diseases even before or after they are introduced. Third, women are prone to the same diseases that affect men in other body systems. Diseases often differ from those of men due to genetic makeup, hormonal environment or sexual behaviour. Diseases of other body systems or their treatment may interact with reproductive system or functional problems. Fourth, women suffer from social ills that harm their physical, mental or social well-being. Examples of this include female genital mutilation, sexual abuse and domestic violence. The reproductive system plays a vital role in the functioning, dysfunction and disease of women. It is different for men. A significant weight of women’s disease is how society treats or mistreats their reproductive functions and reproductive systems because of their gender. While males die more due to their so-called “vices,” females often suffer due to their natural physiological functions to ensure the survival of the species and the tasks that come with it [85-88].

Women’s health is not only a prerequisite for physical well-being, but also an expression of many roles as wife, mother and health worker at home and in a changed environment, even as a salaried worker. In the past, women suffered from neglect and discrimination that kept their health below the prescribed level. Women are still tamed and controlled by a complex sociocultural network that requires them to be tactful and not talk about their many health problems. They were conditioned by strict social systems to meet their needs and generalize themselves into a philosophy of self-renunciation, self-destruction and service. That is why women are threatened twice, on the one hand by an unequal socio-economic system and on the other by subjugation and deprivation in their homes and society [89, 90].

Reproductive and Sexual Health Services

Women’s health is not only a prerequisite for physical well-being, but also an expression of many roles as wife, mother and health worker at home and in a changed environment, even as a salaried worker. In the past, women suffered from neglect and discrimination that kept their health below the prescribed level. Women are still tamed and controlled by a complex sociocultural network that requires them to be tactful and not talk about their many health problems. They were conditioned by strict social systems to meet their needs and generalize themselves into a philosophy of self-renunciation, self-destruction and service. That is why women are threatened twice, on the one hand by an unequal socio-economic system and on the other by subjugation and deprivation in their homes and society [91-94].

These treatments can only be provided in their entirety through these services. This study only looked at some key elements such as reproductive health and related areas such as antenatal care (ANC), which refers to pregnancy care provided by a doctor or health professional in a medical facility or at home. Prenatal care should ideally monitor the pregnancy for signs and symptoms of complications, diagnose and treat pre-existing and coexisting pregnancy conditions, and provide advice and guidance on childbirth, prevention, nutrition, postpartum care, and related issues. Treatment is another important aspect of reproductive health. Housing is critical for deliveries, as are proper hygienic conditions under the supervision of qualified health workers and proper care during delivery. In addition to postpartum care, postpartum care is an important part of reproductive health. The health of the mother and the newborn child is determined not only by how she feels during pregnancy and delivery, but also by the care she and the baby receive in the weeks after delivery. Postnatal check-up usually means that the mother is checked by a doctor for the first two months after giving birth [95, 96].

By preventing and treating reproductive health problems, reproductive health services promote reproductive health and well-being. Reproductive access to health refers to people who can reproduce and regulate their fertility; women who can safely go through pregnancy and childbirth; pregnancy success in terms of maternal and child survival; and couples who can have sex without risk of pregnancy or disease. Reduction of birth rate and child mortality are the main goals of India's national public health agenda. In today's world, contraception is the most important strategy for limiting rapid population growth. Fertility, infant mortality, and the acceptance of fertility treatments are influenced by several interrelated factors, such as age at marriage, education, and the economic status of women. The position of women in Indian society has long been considered inferior to their male counterparts. In rural areas, this can directly affect women's health during pregnancy and childbirth. In rural India, maternal mortality accounts for 2% of all female deaths. In addition, women's and children's health issues were recognized as a priority. However, much work needs to be done to improve the quantity and quality of health care for women and children. Of course, those who live in the outskirts of the country require special attention [97-100].

Reproductive Health Needs

Many governments have expressed a desire to adopt a more holistic approach to reproductive health. To help national authorities systematically review reproductive health needs at national level, emphasis should be placed on adding innovative and participatory approaches to known epidemiological methods, where the process is usually led by experts and biomedical approaches and indicators. Women's health advocates, youth groups, and health care providers at the periphery and at the center should all be involved in identifying and prioritizing reproductive health needs and developing programmatic responses to those needs. A number of scenario analysis and needs assessment tools have already been developed in various areas of reproductive health, such as family planning and safe parenthood. However, in the context of a new approach to reproductive health, it is important to ensure that the evaluation and prioritization process reflects the concerns of people agreed at national and local levels, rather than the goals of agencies or funders. It is very important to reduce redundancies and develop tools adapted to the needs of individual countries. There are already some commonly used devices of this type. However, it is very important to ensure that the various tools currently available are interoperable and coherent. Similar problems exist in setting goals for generasan initiatives. Key issues should be identified according to their importance - prevalence, severity, public concern, public engagement, impact on families, impact on the community, and impact on development - and their feasibility - known activities, cost-effectiveness, availability of funding, human resources, and adequate equipment and supplies (Braeken & Rondinelli, 2012; Collumbien & Hawkes, 2000; Gyimah, Takyi, & Addai, 2006; Krause, Jones, & Purdin, 2000).

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 % in 1990 to 60 % in 2000 and 62 % 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 does not use a family planning method. Adolescent pregnancy is still common in the world, with 52 births per 1,000 females aged 15-19 in 2007, down from 55 in 2000. The greatest 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 % of these deaths occurring in under developed countries only [26, 105-108]. 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 %. This is significantly short of the MDG goal of a 5.5 % reduction in maternal mortality per year. In Africa, the use of reproductive health services for maternal care is also at an all-time low [109-112]. A professional health worker attended 65 % 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 than in other regions of the world to visit antenatal care four times. 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 emphasizes the need to harmonize global commitments behind a number of agreed-upon priorities, including comprehensive family planning (advice, services, supplies); competent women and neonates care, including prenatal care, birth quality, complication emergency care, postnatal care, and basic newborn care; and safe abortions (when abortion is medically necessary) [113, 114]. 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 mid wife). 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 and 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 towards 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 [114-117].

Reproductive Health Situation in India

After the International Conference on Population and Development in Cairo, Egypt in Sep 1994, and the Fourth World Conference on Women in Beijing, China in Sep 1995, women's health in India became more important. Women's health, empowerment, and reproductive rights were all major themes of both of these 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 are more common in women than in males, and many health issues are unique to women/have a distinct impact on women than on 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 [30, 118-120]. 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 man entails having a lower position in all aspects of life, including health. Males and women 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 [121-123]. The complex sociocultural determinants of women's health and nutrition have cumulative effects throughout a lifetime, according to India's National Population Policy of 2000. 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, 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. As a result of their early marriage, nearly half of them become pregnant by the age of 18, and nearly one in five by the age of 25. As a result, the size of adolescent fertility in India is significant: over half of all women aged 15-19 have had a pregnancy or given birth. Married adolescent women have reproductive health concerns because they are more likely than older women to have obstetrical complications. They are also subjected to a great deal of sexual violence. In terms of the unmarried population, sexual awareness and attitudes are still being studied insufficiently. Sexual awareness appears to be primarily superficial, and there is a lot of misinformation out there [124, 125]. 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 [126].

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 [127, 128]. Maternal mortality and morbidity are quite high and, for the most part, preventable. Each year, 437 out of a million pregnant women 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. Women's reproductive health, on the other hand, is embedded in a larger sociocultural context that is usually ignored: the minimal study that has been done depicts a bleak image. Poor nutritional status and the resulting high levels of anaemia, early and repeated pregnancy, and delayed or limited health seeking associated to 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 has 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 [128, 129]. 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 [130]. 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 nonvisible 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 [121, 131-133].

Conclusion

Good sexual and reproductive health is vital to women's overall health and well-being. It's important to your ability to make decisions about your life, including when and if you want children. This not only includes the right to healthy and respectful interaction with one another. It also includes inclusive, safe and adequate health services, access to accurate information, effective and affordable birth control methods, and access to timely support for unplanned pregnancies. Sexual and reproductive health is not just about physical well-being. Different life stages involve specific sexually transmitted and sexually transmitted problems, including menstrual cramps, fertility, cervical exam, contraceptives, pregnancy, sexually transmitted infections, chronic diseases (e.g. endometriosis and polycystic ovary syndrome) and menopause. The practice of safe sex is

particularly important for the sexual and reproductive health of sexually active women of all ages. Access to accurate, impartial, and up-to-date sexual and reproductive health information and services, such as vaccination against human papillomas, cervical cancer screening and sexually transmitted diseases, is also crucial. All of these can help women achieve optimal health and wellness. Optimal reproductive health can be achieved through access to sexual and reproductive health treatments, an appropriate lifestyle, and physical and mental health services.

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