



United Nations Population Fund - India

Reproductive Health

Reproductive Health was given an international consensus definition at the International Conference on Population and Development (ICPD) in 1994. At its core is promotion of reproductive health, voluntary and safe sexual and reproductive choices for individuals and couples, including decisions on family size and timing of marriage. Sexuality and reproduction are vital aspects of personal identity and are fundamental to human well being fulfilling relationship within diverse cultural contexts.

Sound reproductive health is integral to the vision that every child is wanted, every birth is safe, every young person is free from HIV, and every girl and woman is treated with dignity. Implicit in this vision is the idea that men and women will be able to exercise their rights to information on and access to safe, affordable and acceptable methods of fertility regulation as well as quality health care services. The latter will enable women to experience safe pregnancy and childbirth, across the world. Poor women, especially in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender based violence and other problems related to their reproductive system and sexual behavior.

India snapshot

There are several reproductive health concerns in India which need to be addressed in order to improve reproductive health status of people. In the following paragraphs, an attempt has been made to highlight some of the major concerns.

High unwanted fertility

- As per the National Family Health Survey III - 2005-2006 (NFHS-III), nearly 21% pregnancies are either unwanted or mistimed.
- Total fertility refers to mean number of children born per woman in the age group of 15-49 years. Total wanted fertility represents the level of fertility that will result theoretically, if all unwanted births are prevented. Total wanted fertility rate in urban areas is 1.6 and in rural areas 2.6, while total fertility rate is 2.06 in urban areas and 2.98 in rural areas.
- Unmet need for family planning is an important indicator for assessing potential demand for family planning in India. There is a high unmet need for family planning, with 6.2% for spacing and 6.6% for limiting methods among currently married women. Unmet need is also high amongst the illiterate and in the lowest wealth quintile.
- Male participation in sharing responsibility for contraception is low. As per NFHS-III, male sterilisation was accepted by only 1% of currently married couples.

High maternal mortality

India's maternal mortality ratio is unacceptably high at 303 per 100,000 live births (2005). Nearly 117,000 Indian women, accounting for almost 22% of estimated global maternal deaths, die every year due to causes related to pregnancy and childbirth. The lifetime risk of maternal mortality is 1 in 70; i.e. one in every 70 pregnant women is at risk of death, even as she gives birth. Available data also indicates that a significant proportion of women suffer from obstetric morbidities.



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Sexually Transmitted Infections/Reproductive Tract Infections

Several studies highlight the widespread prevalence of sexually transmitted and reproductive tract infections. In a nation-wide community-based study, prevalence was nearly 6 % in the 15-50 years age group. The problem is further compounded by the prevailing culture of silence, as women are generally reluctant to seek medical treatment for these symptoms.

Government policies/programmes

In 1951, India became the world's first nation to launch a family planning programme. Decades later, when the International Conference on Population and Development (Cairo, 1994) prompted a paradigm shift in population programmes, with the advocacy of client-centered and quality-oriented reproductive health approaches, India formulated appropriate policy and programmatic responses:

- The National Population Policy was formulated in the year 2000. It affirms the government's commitment to promote voluntary and informed choice, and continuation of the target-free approach in family planning service delivery.
- The National Rural Health Mission (NRHM) was launched in 2005. It aims to revamp the public healthcare delivery system and seeks to provide accessible, affordable and quality healthcare to rural population
- A national level Reproductive and Child Health Programme II (RCH II) was introduced in 2005 and focuses on addressing reproductive health needs of the population through evidence-based service delivery. There is implicit emphasis on addressing the equity dimension in coverage, and in maintaining a focus on quality.
- Conditional Cash Transfer schemes like Janani Suraksha Yojana (for promoting institutional deliveries) were introduced to help address economic barriers to access to services.

Better access to services is the key

Reproductive health programmes must place emphasis on improving access to quality reproductive health services by gender sensitive providers. Maternal death and disability can be reduced dramatically if every woman has access to health services throughout her lifecycle, especially during pregnancy and childbirth. The highest priority needs to be given to ensuring that women have access to skilled birth attendants at the time of giving birth and that women who develop life-threatening complications during pregnancy, childbirth or post partum can immediately access treatment at adequately-equipped facilities. The focus needs to be on eliminating delays in decision-making to seek services, ensuring timely transportation to proper facilities and enabling prompt treatment on arrival at facilities.

The importance of Family Planning: The number of unwanted births can be drastically reduced by providing access to quality contraceptive services. It is vital that services are available to women and men from lower income quintiles, especially in rural areas, which are currently under serviced.

Moreover, a set of emerging issues, such as infertility, reproductive cancers, morbidities such as prolapse and gender based violence, need to be studied and addressed.



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In addition, programmes need to focus on preventing and treating reproductive tract and sexually transmitted infections and meeting unmet reproductive health needs of underserved groups, such as adolescents and people living with HIV/AIDS with special reference to information, counseling and services.

What UNFPA India does

UNFPA works with a range of partners to promote reproductive health in India. It pools a significant proportion of its country programme resources in the Reproductive and Child Health II (RCH-II) programme, aimed at reducing maternal mortality, child mortality, as well as provision of range of contraceptive services.

UNFPA also delivers technical assistance for effective implementation of the RCH-II programme at the national as well as state level, particularly in the states of Rajasthan, Maharashtra, Madhya Pradesh, Orissa, and Bihar. Programme management is strengthened by augmenting human resource availability and by building capacities in programme planning, monitoring and evaluation. Additional support is organised for formulating evidence-based service delivery guidelines and support for training of providers in adherence with these guidelines.

UNFPA supports demand led interventions largely through civil society partners. These interventions focus on empowering community-based organizations and village-based health/sanitation committees to monitor service provision and articulate community perspectives on access and quality of reproductive health services.

UNFPA also engages itself in developing programmatic interventions in the areas of chronic obstetric morbidities, infertility and women's other RH problems.

Reproductive health concerns cut across many socio-economic aspects. Indeed, the health sector alone cannot resolve them. Yet, many problems and their costly consequences can be averted if reproductive health is routinely addressed within the context of primary health care as a first line of prevention and care. To achieve this, it is vital to strengthen health systems, build trust among the communities they serve and expand access to reproductive health programmes that take in to account to social, cultural, economic and gender dimensions.