



International Journal of Current Research Vol. 11, Issue, 03, pp.2671-2672, March, 2019

DOI: https://doi.org/10.24941/ijcr.34742.03.2019

RESEARCH ARTICLE

REPRODUCTIVE HEALTH STATUS IN INDIA

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ARTICLE INFO

Article History:

Received 04th December, 2018 Received in revised form 10th January, 2019 Accepted 07th February, 2019 Published online 31st March, 2019

Key Words:

Adolescent Friendly Centers (AFC); Health seeking behavior; Reproductive health; School health checkup.

ABSTRACT

Reproductive health of adolescent girls is crucial in determining the health of future generations. For ensuring informed decisions by adolescents regarding their sexuality and reproductive health, National AIDS Control Organization has introduced life skills education in school curriculum. However, there exist many roadblocks in implementation from theory to practice. Hence, the present study was conducted to assess the reproductive health awareness and most preferred source of information.

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Citation: Supriya Yadav and Dr. Manju Mahanada. 2019. "Evaluation of dentinal tubule occlusion by proargin (arginine bicarbonate): An sem study", International Journal of Current Research, 11, (03), 2671-2672.

INTRODUCTION

"Reproductive Health is a state of complete physical, mental and social wellbeing and not merely absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. Reproductive Health, therefore, implies that people are able to have a satisfying and safe sex life, have capability to reproduce, have freedom to decide if, when, and how often to do so. Implicit in this last condition are the rights of men and women to be informed and have access to safe, effective, affordable and acceptable method of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth, and provide couples with the best chance of having a healthy infant. It also include sexual health, the purpose of which is enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases" (ICPD) Programme of Action". Reproductive Health focus provides a means for addressing health and population issues with an emphasis on needs of women and men. Specific reproductive events, notably pregnancy and child bearing have an impact on women's health as well as on traditionally emphasized demographic trends. However, Reproductive Health presents a lifelong process inextricably linked to the status and role of women in

their homes and societies and is not just related to the biological events of conception and birth. Reproductive health is defined as 'the ability of women to live through the reproductive years and beyond, with reproductive choice, dignity and successful child bearing, and to be free from gynecological diseases and risks'. Within the framework of WHOs definition of health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and systems at all stages of life. Reproductive health implies that people are able to have a responsible, satisfying and safe sex life, and that they have the capacity to reproduce and the freedom to decide if, when and how often, to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable method of fertility regulation, of their choice, and the right of access to appropriate health services, that will enable women to go safely through their pregnancy and child birth and to provide couples with the best chance of having a healthy infant (WHO, 1994).

Age at Marriage: Age at first marriage has a profound impact on childbearing (and this on reproductive health) because women who marry early have on average a longer period of exposure to pregnancy and a greater number of lifetime births. The minimum legal age at marriage in India is 21 years for males and 18 years for females. However, traditionally, early marriages are more common in India.

Child Bearing: Child bearing is an important event in the reproductive health and poses greatest risk to the women. Early, frequent and rapid child bearing is then the norm, reinforcing, in turn, women's already poor reproductive health and enhancing their chances of pregnancy related complications. Unfortunately there are few studies in India on the relationship between birth intervals and maternal depletion, health or mortality.

Age at First Birth: The age at which women start childbearing is an important demographic determinant of fertility. A higher median age at first birth is an indicator of lower fertility. Early childbearing is fairly common in India. Twelve percent of all women age 15-19 and 44 percent of currently married women aged 15-19 have already had a child. Children ever Born and Living A look at the mean children ever born by current age of women reveals that older women had experienced more average live births than younger women. Women with longer marital duration have higher mean children ever born. The distribution of births by birth order is yet another way to understand fertility. Overall, the proportion of births at each order is larger than the proportion at the next higher order. Health Problems during Pregnancy Complications during pregnancy may affect both women's health and the outcome of the pregnancy adversely. Early detection of complications during pregnancy and their management are important components of the safe motherhood programme. The following are a few pregnancy-related problems such as swelling of hands and feet, paleness, , weak or no movement of foetus, abnormal position of foetus, difficulty with vision during daylight, night blindness, convulsions (not from fever), swelling of the legs, body or face, excessive fatigue, or vaginal bleeding and other problems.

Place of Delivery: One of the important thrusts of the Reproductive and Child Health Programme is to encourage deliveries in proper hygienic conditions under the supervision of trained health professionals. Deliveries are largely conducted by untrained personnel and in unhygienic conditions; both contribute significantly to poor maternal health.

Antenatal Care Services: Traditionally, little attention has been paid to women in the antenatal period, even traditional dais coming into the picture only at delivery. The maternal and child health programme seeks to address this period of neglect. Under this programme, all pregnant women are to be routinely followed up either in the health centre or at home, and provided immunization, iron supplementation and regular check-ups to monitor the pregnancy.

Conclusion

This study emphasized the need of promotional activities at the community level, mostly involving peer groups and youth member. Our short experience with the study indicates that a comprehensive package of health and life skill education, medical screening with a focus on reproductive health by trained physicians, increased parental involvement supported by AFC for counseling, referral and follow up are essential to improve help seeking behavior of adolescents. However, newer outreach innovative interventions may be needed to create a sustained demand for services.

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