

# Women's Health Under Sustainable Development Goal 5: A Neglected Discourse

Sufiya Ahmed\* and Sudhanshu Upadhyay

Department of Law, Babasaheb Bhimrao Ambedkar University, Lucknow, India

**Abstract:** Sustainable Development Goal 5 (SDG 5) contemplates minimizing the gap between men and women and achieving gender equality and empowering all women and girls by the year 2030. It categorizes the goal of gender equality and empowerment of all women into nine more sub-divisions. Target 6 talk about to "Ensuring universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences." As per the World Health Organization, right to health must be ensured to every person, it states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political beliefs, economic or social conditions." However, research has shown that how this basic human right is being denied to women in the name of socio-religious & cultural beliefs which are responsible for deterioration of women's health altogether. Socially, women are considered powerless and weaker sex. Culturally, they have to be at all times in the service of every member of the household and as such, are the last person to be bothered about. And biologically, as the structure of women's body does not remain as static as of men rather it undergoes to drastic change with the growth of their age where a woman has to face myriads of health related issues owing to her sexual and reproductive organs, instead of addressing these health issues medically, people often choose to overlook it as their mind consider such issues as "women's problem" about which one cannot do anything as if she is destined to develop these health problems just because she is a woman. This paper critically analyzes the health status of women in India and also suggests for a good healthcare system to achieve the goal of gender equality as given in Sustainable Development Goal 5.

**Keywords:** Women's health, reproductive rights, sexual health, abortion.

## INTRODUCTION

Upon hearing the word 'women's health', the first thought that crosses into most of people's minds is that it is something related to their sexual and reproductive organs only. The popular perception which confines issues of women's health within the boundaries of their pelvic and breast reflects the level of ignorance and neglect about several other significant health problems which a woman has to deal with on her own. In dealing with such issues, most of the women choose not to disclose and be open about the problems they face rather they overlook and hide that they have any such conditions. In a country like ours where health issues always come second in comparison to any other issues and are considered as something which will be back on becoming good or normal again automatically, one can imagine the amount of courage and power which a woman who is perceived as "second sex" have to have in order to address about the well being of her health. Therefore, women's health problems cannot be understood in isolation leaving other various societal and economic factors aside.

Power relations shape the order of the world in which we live in. A person is said to be powerful when

she or he is devoid of destitute and complete with health. Thus, wealth and health are two things which essentially mould and empower an individual as a person. Wealth leads to education, education to knowledge and eventually knowledge helps a person in becoming healthier. Therefore, what becomes important is the equitable distribution of power relations between the members of the society and such distribution starts from one's household. There is a galactic imbalance of the same between men and women. Men being *pati pameshwar* control everything including a woman's sexuality and reproductivity, and other incidental aspects of her health about which men are very ignorant and devoid of any knowledge. It's like giving a gun to a blind and assuming that he would always have a perfect shot.

In a country where men significantly outnumber women and where some of the highest rate of maternal mortality in the world exists, the majority of diseases are caused by infections, malnutrition, and reasons related to pregnancy and early life. Compared to men, women are more prone to disease episodes and are less likely to seek medical attention before the illness is quite severe. Women and girls have particularly high rates of sickness because of factors such as unequal access to food, high labor demands, and specific nutritional needs such iron deficiency.

\*Address correspondence to this author at the Department of Law, Babasaheb Bhimrao Ambedkar University, Lucknow, India; E-mail: sufi.bbau@gmail.com

Although in India the life expectancy rate<sup>1</sup> of women (72.7) is higher than men (69.4) for 2021- 2025, yet women do not lead a healthier or better life. Worldwide, most of the women's deaths are caused due to Non Communicable Diseases (NCDs). In India, NCDs such as cardiovascular disease (CVDs), respiratory diseases, stroke, kidney disease, etc., are the primary causes that accounted for 53.5% of women's death in 2018. Besides the heart related diseases, there are other various factors in causing increase of non communicable diseases such as smoking, consumption of tobacco, and alcohol, however, it is not limited to them only. Among the major communicable diseases which are mainly responsible in causing women's death in 2021 are acute respiratory infection (3356 deaths), acute diarrhoeal diseases (443 deaths), enteric fever (95 deaths), pneumonia (5524 deaths) and viral hepatitis (97 deaths)<sup>2</sup>. According to recent data<sup>3</sup> from the Global Burden of Disease (GBD), the percentage of deaths among Indian women attributable to communicable, maternal, neonatal, and reproductive diseases decreased from 53% in 1990 to less than 30% in 2013. In contrast, the percentage of deaths overall among women attributable to NCDs increased from 38% to 60%.

Besides the physical health related issues, one of the most serious concerning problems which hinder a complete well being of a person including woman is mental health. However, there prevails significant stigma around the idea of mental illness. Indian society has not yet fully evolved to concede that depression and other psychological issues are also health related problems. And because of lack of recognition of mental illness by the society, people do not know about the right and adequate treatment for the same. Severe mental health issues often give birth to depression, self harm, and suicidal tendencies. According to the NCRB data, 48172 women committed suicide in 2022 compared to 45026 suicidal deaths in 2021. The urgent need of recognizing mental illness therefore, cannot be said in clearer terms than this.

## **WOMEN'S HEALTH – A SOCIO-CULTURAL ANALYSIS**

In a country as vast as ours where 21.92% people<sup>4</sup> still live in extreme poverty, i.e., on an income less than

\$1.25 a day<sup>5</sup> and where an average income of per household is around only 14000 rupees per month, taking care of one's own health becomes a horrendous and expensive task. According to the National Health Account<sup>6</sup>, in 2019-20, the government covers only 41.7% of the total health expenditures whereas the share of 'out of pocket expenditure' is nearly half of that, accounting for 47.1%. This means that the majority of people have to recourse to private healthcare that charge exorbitant amount of money for the treatment of patients. In such inequitable circumstances, people tend to ignore their health problems more or they recourse to medical treatment only at a stage where it becomes life threatening for them. This tendency of ignoring health issues affects women and girls more due to the various social, cultural and biological factors peculiar to them. As per the World Health Organization, right to health must be ensured to every person, it states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political beliefs, economic or social conditions." However, research<sup>7</sup> has shown that how this basic human right is being denied to women in the name of socio-religious & cultural beliefs which are responsible for deterioration of women's health altogether. Socially, women are considered powerless and weaker sex. Culturally, they have to be at all times in the service of every member of the household and as such, are the last person to be bothered about. And biologically, as the structure of women's body does not remain as static as of men rather it undergoes to drastic change with the growth of their age where a woman has to face myriads of health related issues owing to her sexual and reproductive organs, instead of addressing these health issues medically, people often choose to overlook it as their mind consider such issues as "*auratonwalibeemari*" (women's problem) about which one cannot do anything as if she is destined to develop these health problems just because she is a woman.

<sup>1</sup>National Health Profile 2022 (17<sup>th</sup> issue), Ministry of health and family welfare, Government of India

<sup>2</sup>Supra note 1,

<sup>3</sup>Institute for Health and Evaluation, Global Burden of Disease (GBD), (2013)

<sup>4</sup>Niti Ayog, SDG India Index Baseline Report 2018, available@ [https://www.niti.gov.in/sites/default/files/2020-07/SDX\\_Index\\_India\\_Baseline\\_Report\\_21-12-2018.pdf](https://www.niti.gov.in/sites/default/files/2020-07/SDX_Index_India_Baseline_Report_21-12-2018.pdf)

<sup>5</sup>SDG 1 aims to eradicate extreme poverty for all people everywhere. It sets the national target to bring the percentage of people living below poverty line down to 10.95% by the end of 2030. As per the report by NITI Ayog, India accounts 21.92% of population living in extreme poverty which is nearly double the target set by the SDG.

<sup>6</sup>National Health Estimates 2019-20, available@ <https://pib.gov.in/PressRelease/framePage.aspx?PRID=1919582#:~:text=The%20share%20of%20Out%20of,Universal%20Health%20Coverage%20for%20citizens.>

<sup>7</sup>Cook Rebecca J., Women's Health & Human Rights: The Promotion and Protection of Women's health through International Human Rights Law, WHO. available@ <https://digitallibrary.un.org/record/160815?ln=en>

## I. Sociological Factors

As per the WHO, "the social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age<sup>8</sup>." The conditions under which an Indian woman lives can be measured by the level of autonomy and freedom she enjoys in her household. The majority of Indian society continues to live by the Aristotelian philosophy that "women are defected men"<sup>9</sup> and inferior to them in rationale and moral capacity. The patriarchal society never dares to face a woman standing up for her rights and as such it puts them under men's control<sup>10</sup> who are considered to be the protector, provider and producer and on the other hand, a woman's role is constructed as more of a domestic nature and is confined to cleaning, sweeping, cooking and giving happiness to her husband, children and in laws. For the most part in India, women and girls are still responsible for cooking, cleaning, and taking care of their families, bearing a disproportionate amount of the unpaid care labor burden. As per the 2019 data published by WNTA, a national civil society campaign which tracks India's progress in achieving certain SDGs, 13.5% of women's only work is cooking/cleaning/ washing whereas the share of men in such activities accounts for only 4.2%. Furthermore, 12.6% of women take care for sick, elderly and children whereas only 8.5% of men share this task with women<sup>11</sup>. As the society determines that the ultimate aim for a girl is only to make the members of her household happy, it starts to train her with this purpose only right after she takes birth and as soon as she hits puberty (usually around 12 to 15 years), she is married to a man who is much older than her. Now taking this background in the context of women's health, most of the complications and health related issues arise after a girl attains the age of puberty, i.e., upon entering the menstrual cycle. Upon developing a menstrual issue, she is supposed to go to a Doctor or hospital but for that she has to disclose the issue to someone in the family but she chooses not to because her new

household is almost stranger to her and she is already under an enormous fear lest she might not be thrown away from her husband's home who may think that unluckily they have brought a defected girl. Thinking that an ideal wife does not complain, she decides to oppress such health issues and chooses to bear the pain alone. Thus, child marriage becomes a huge obstacle in achieving sound and better health care to a girl. According to the NFHS-5, the country in 2019-21 reported that 23.3% of women aged 20-24 were married before they turned eighteen and as per the data shared by NCRB, 34 minor girls were kidnapped everyday in order to be compelled for marriage in 2021. Although the Prohibition of child marriage Act 2006 aims to prevent and penalize an act of performing child marriage but sadly there is no grass root implementation of that as the statistics<sup>12</sup> shows that nearly 96% of cases relating to such offences are pending trial across India at the end of 2021. Moreover, child marriage leads to early pregnancy which further complicates a women's health as her body has not yet fully developed to hold and carry a child. According to a research<sup>13</sup>, In South Asia, one in every five teenage girls becomes a mother before turning eighteen, while in India, approximately 9% of girls between the ages of fifteen to nineteen fall pregnant each year. There are several detrimental effects of teenage pregnancy on both the young mothers and the children. It raises the possibility of infections, unsafe abortion, pre-eclampsia, eclampsia, and mortality in relation to maternal health issues<sup>14</sup>. It is also linked to increased incidence of low birth weight, small-for-gestational-age, preterm birth, stillbirth, and neonatal mortality<sup>15</sup>. Early pregnancy frequently results in school dropout, which restricts young women's access to further education and career prospects. According to the National Family Health Survey-5 (2019–21), out of the roughly 21,800 girls who had left school before the 2019–20 academic year, 13% did so because they had household

<sup>8</sup>[https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

<sup>9</sup>Aristotle believed that "a woman is a defective male." He was of the view that "female, both animal and human, is passive while the male is active", and that the male human fetus obtains a reasoning soul earlier than the female.

Nolan, Michael. "The Aristotelian Background to Aquinas's Denial that "Woman is a Defective Male"." *The Thomist: A Speculative Quarterly Review*, vol. 64 no. 1, 2000, p. 21-69. *Project MUSE*, <https://doi.org/10.1353/tho.2000.0001>.

<sup>10</sup>Derné, S. (1994). Hindu Men Talk about Controlling Women: Cultural Ideas as a Tool of the Powerful. *Sociological Perspectives*, 37(2), 203–227. <https://doi.org/10.2307/1389320>

<sup>11</sup>WADA NA TODO ABHIYAN, available @ <https://india.tracking-progress.org/indicator/primary-household-activities/>

<sup>12</sup>Kailash Satyarthi Children Foundation, available @ <https://www.hindustantimes.com/cities/chandigarh-news/96-child-marriage-cases-pending-trial-across-india-by-2021-rights-body-101664912525692.html>

<sup>13</sup>Shukla, S., Castro Torres, A. F., Satish, R. V., Shenderovich, Y., Abejirinde, I. O., & Steinert, J. I. (2023). Factors associated with adolescent pregnancy in Maharashtra, India: a mixed-methods study. *Sexual and reproductive health matters*, 31(1), 2249284. <https://doi.org/10.1080/26410397.2023.2249284>

<sup>14</sup>Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., ... & WHO Multicountry Survey on Maternal Newborn Health Research Network. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 121, 40–48.

<sup>15</sup>Neal, S., Matthews, Z., Frost, M., Fogstad, H., Camacho, A. V., & Laski, L. (2012). Childbearing in adolescents aged 12–15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. *Acta obstetrica et gynecologica Scandinavica*, 91(9), 1114–1118.

responsibilities, and 7% did so because they were married off young. In this process of a child giving birth to a child, a girl fails to live and eventually dies which paves a way for another health related issue- i.e., maternal death. And if a woman survives teenage age pregnancy and gives birth to a daughter, she is not treated with respect and thrown into a corner of the house as the society prefers sons over daughters and in order to fulfill such demand, a woman is conceived again and again until she delivers a son. According to research by ICRW, nearly 46% of women want more boys than girls. The data further shows that 63.9% of women want at least one daughter whereas only 23.3% of women said yes to the question of wanting two or more daughters in comparison to sons where 59.8% of women desired to have more than one son<sup>16</sup>. This practice of preferring a son over daughter leads to many other social menaces responsible for underdevelopment of a girl. A girl child does not receive the same treatment whether be it education, nutrition, or opportunity for work. The research suggests that families that possess one daughter have a lower probability to have another. Girls with two or more older sisters are at a higher risk of malnutrition, stunting and under-immunization compared to boys with two or more sisters.<sup>17</sup>

## II. Cultural and Religious Beliefs

The patriarchal setting of the Indian society deeply believes in the concept of “*pati pameshwar*” which imbibes the idea that a husband is everything for a woman- her principal, her guardian and even her God. In this form of society, a woman dare not even call her husband by his name, leave the equality between them aside. What will be cooked in kitchen is decided by men irrespective of her likes or dislikes. We hear our mothers asking our father or her sons as to what food she should prepare on a regular basis but very less we witness that she prepares the food of her own choice. Moreover, culture imposes an obligation upon her to wait for all the male members and elders of the family to eat and only upon then she is allowed to have food. This exposes a woman to food insecurity as there is no guarantee that the leftover would be enough to feed her fully, yet she becomes happy with whatever is left by other members of the family without making any hue and cry. As a consequence of it, women are exposed

to malnutrition which leads to several sexual & reproductive health (SRH) problems frequently undermined by them as they are not understood by men and moreover, are considered as stigma and a man's burden. Women who are malnourished may show themselves in a variety of ways, including low body mass index and anemia. Stunted women are also more likely to experience obstetric difficulties than overweight ones. Low birth weight babies are more likely to be delivered by undernourished moms. They are also more susceptible to illnesses like inadequate immunity, wasting, stunting, infection risk, and other various morbidities<sup>18</sup>. According to the NFHS-5 survey, 57% of women who are of reproductive age and 67.1% of children below the age of five years are reported to be anaemic. The WHO has placed India into ‘severe’ category given the high increase of anaemic population. Anaemia is linked to impaired adult labor capability and cognitive and motor development in children, which has an impact on the economic development of the nation. Iron deficiency due to anemia during pregnancy is directly linked to poor reproductive outcomes, including preterm birth, low birth weight babies, and decreased iron reserves in the developing foetus. If anemia is not reduced, millions of women may experience health and quality of life problems, and children's growth and education may be hampered<sup>19</sup>.

According to a study<sup>20</sup>, over 800 million women worldwide, ranging in age from 15 to 49, menstruates on any given day, yet it is such a taboo topic which is shrouded in secrecy and suppressed by silence due to many peculiar religious and cultural beliefs. When a woman hits puberty and enters into menstrual cycle, she is considered as impure and polluted<sup>21</sup>. She is barred from entering kitchen, temples or touching packaged food or even her body owing to religious dictates which contain various proscription<sup>22</sup> of what a

<sup>18</sup>[https://www.who.int/news-room/fact-sheets/detail/malnutrition?gad\\_source=1&gclid=EAlaIqobChMlvfH3-vv1hQMvjaRmAh1IMQBhEAAAYASAAEGLP\\_fd\\_BwE#](https://www.who.int/news-room/fact-sheets/detail/malnutrition?gad_source=1&gclid=EAlaIqobChMlvfH3-vv1hQMvjaRmAh1IMQBhEAAAYASAAEGLP_fd_BwE#)

<sup>19</sup>WHO, Global Anaemia Estimates, 2021 Edition, available@ [https://www.who.int/data/gho/data/themes/topics/anaemia\\_in\\_women\\_and\\_children](https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children)

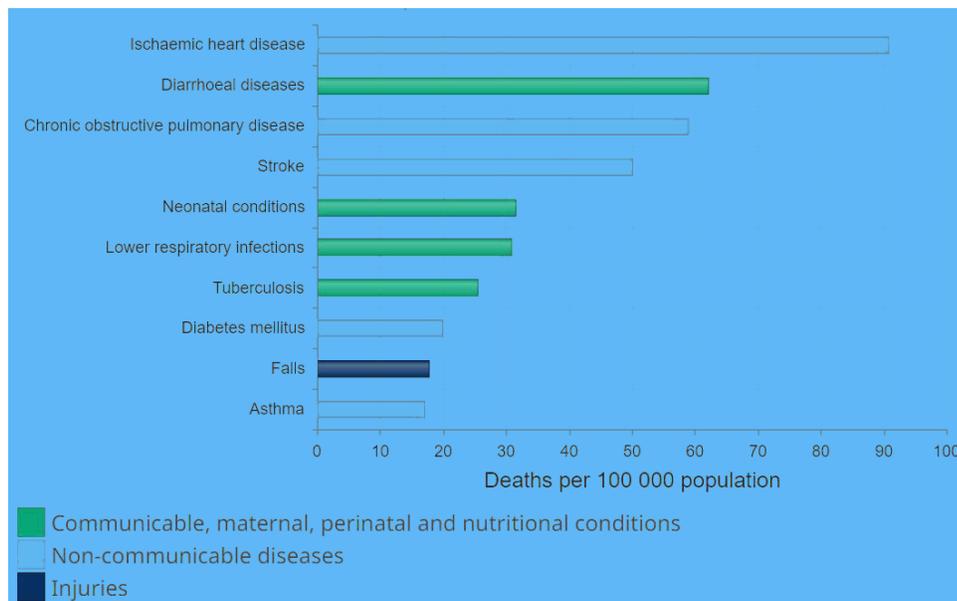
<sup>20</sup>We Can't Wait: A Report on Sanitation and Hygiene for Women and Girls, available@ <https://washmatters.wateraid.org/sites/g/files/jkxooof256/files/we%20cant%20wait.pdf>

<sup>21</sup>Janet Chawla. “Mythic Origins of Menstrual Taboo in Rig Veda.” *Economic and Political Weekly*, vol. 29, no. 43, 1994, pp. 2817–27. JSTOR, <http://www.jstor.org/stable/4401940>. Accessed 5 May 2024.

<sup>22</sup>Vashishtha Dharmashashtra, Chapter 5<sup>th</sup>, - “A woman is not independent. The males are her masters. A female who neither goes naked nor is temporarily unclean is paradise. For month by month the menstrual excretion takes away her sins. A woman in her courses is impure during three days and nights. During her period she shall not apply collyrium to her eyes, nor anoint her

<sup>16</sup>Pande R., & Malhotra A., Son Preference and Daughter Neglect in India: What happens to Living Girls?, ICRW(2006)

<sup>17</sup>Supra Note 14



Credit – The World Health Organization<sup>27</sup> (2019)

menstruating woman should do and what should not. Religious testaments treat menstruation as a sin and command that a menstruating woman must be secluded from the rest of the family members. The religious belief ignores the physiology of a woman where a menstruating woman is more susceptible to other health issues during her menstrual cycle. For instance, they are particularly vulnerable to bacterial infections during menstruation and viral infections during the premenstrual period<sup>23</sup>. "Every organ of the body may be disturbed and every existing pathological or abnormal condition exacerbated" during the menstrual cycle<sup>24</sup>. Dr. Isidor Silbermann looked at this worsened menstrual effect and discovered that epilepsy frequently begins after menarche for women,

and in certain situations, seizures recur on monthly bleeding<sup>25</sup>. Numerous organic conditions, including multiple sclerosis, myasthenia, Grave's disease, angiovascular disorders, rashes, urticaria, and eczemas, are the causes that make menstruation worse<sup>26</sup>.

**MAJOR HEALTH ISSUES RESPONSIBLE FOR WOMEN'S DEATH**

Causes of women's death can be categorized into three heads- Non Communicable causes, Communicable causes and Injuries. As per the data published by WHO, deaths due to non communicable diseases are rising at alarming rates followed by communicable diseases. The report further discloses that "Noncommunicable diseases have become more prominent with an increase in Alzheimer's disease and diabetes whereas communicable diseases are on the decline with both HIV and tuberculosis dropping out of the top 10". Among the NCDs, Ischaemic heart diseases caused the most number of women's deaths in India whereas under communicable diseases category, the most number of female deaths were occurred due to diarrhoeal diseases. In order to have better picture about the leading issues responsible for

body, nor bathe in water; she shall sleep on the ground; she shall not sleep in the day-time, nor touch the fire, nor make a rope. nor clean her teeth, nor eat meat, nor look at the planets, nor drink out of a large vessel, or out of joined hands, or out of a copper vessel. For, it has been declared in the Veda, "When Indra had slain Vritra, the three-headed son of Tvashtii, he was seized by sin, and he considered himself to be tainted with exceedingly great guilt. All beings cried out against him saying to him "O thou slayer of a learned Brahmana!" He ran to the women for protection and said to them, "Take upon yourself the third part of my guilt caused by the murder of a learned Brahmana." They said, "Let us obtain offspring if our husbands approach us during the proper season, at pleasure let us dwell with our husbands until our children are born." He answered, "So be it". Then they took upon themselves the third part of his guilt. That guilt of Brahmana-murder appears every month as the menstrual flow. Therefore let him not eat the food of a woman in her courses; for such one has put on the shape of the guilt of brahmana-murderer. Those brahmanas in whose houses menstruating women sit, those who keep no sacred fire, and those in whose family there is no Srotiya - all these are equal to shudras."

<sup>23</sup> Dalton K., The Influence of Menstruation on Health and Disease, Proceedings of the Royal Society of Medicine, 1964;57(4):262-264. doi:10.1177/003591576405700405

<sup>24</sup> Montgomery, Rita E. "A Cross-Cultural Study of Menstruation, Menstrual Taboos, and Related Social Variables." *Ethos*, vol. 2, no. 2, 1974, pp. 137–70. JSTOR, <http://www.jstor.org/stable/639905>. Accessed 5 May 2024.

<sup>25</sup> Ibid.,

<sup>26</sup> SundströmPoromaa, I., &Gingnell, M. (2014), Menstrual cycle influence on cognitive function and emotion processing-from a reproductive perspective. *Frontiers in neuroscience*, 8, 380. <https://doi.org/10.3389/fnins.2014.00380>

<sup>27</sup> Global health estimates: Leading causes of death (who.int)

female deaths, both categories need to be studied separately under different heads.

### I. Non Communicable Diseases

According to a cross sectional research<sup>28</sup>, Women in India are more likely than men to have NCDs—62 out of every 1,000, versus 36 out of every 1,000. According to data from the India State Level Burden of Disease, Non-communicable diseases, including cancer, chronic respiratory disorders, cardiovascular diseases (CVDs), diabetes, and kidney-related health issues, accounted for 1 in 2 (53.5%) of all female deaths in 2018 compared to 1 in 3 (33%) in 2000. Around 30% of women in India are accounted to have minimum one chronic morbidity (NCD) whereas 9% of them have at least two or more<sup>29</sup>. For instance, NFHS-5 survey report highlights that 57% of women age 15 to 49 and 59.1% of women belonging to 15 to 19 years age group are reported to be anaemic, compared to men age 15 to 49 and 15 to 19 who are anaemic are 25% and 31.1% respectively. WHO has put India into “severe” category for the number of anaemic population. Obesity is another factor which contributes in the development of NCDs. As per the data by NFHS-5, 24% women are overweight compared to 22.9% of men and 56.7% of women have high risk of waist to hip ratio. An insight into the data establishes that women are therefore, more susceptible and exposed to NCDs in comparison to men.

According to the report by World Health Organization, leading cause of female deaths in India since 2013 has been non communicable disease<sup>30</sup> relating to heart diseases accounting for 90.68 deaths per 100,000 populations. Popular perception considers heart diseases (coronary heart diseases, cardiomyopathies, and stroke) to be associated particularly to men more than women but it is a one of the most common causes of death to both. However, as the studies<sup>31</sup> show, women are more prone to suffer a heart attack in

comparison to men because of a number of factors such as diabetes, emotional stress and depression, menopause, and pregnancy complications. According to a report<sup>32</sup> by Public Health Foundation of India, in 2018, CVDs were responsible for causing one death in four females (25.7%) in India. Punjab, Kerala, West Bengal, and Goa reported highest number of deaths among women due to CVDs accounting an increase of 41% from 29% in 2000. The George Institute research shows that women who are diabetic are at 40% greater risk to develop heart disease than men. Moreover, Diabetes negatively affect a woman during her pregnancy which increases blood sugar level leading to pre mature birth of the child putting both the mother as well as her baby at higher risk of death.

Following cardiovascular diseases (CVDs) as the top cause of death, chronic respiratory illnesses mainly chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases, and pulmonary hypertension were the second most reason which reported 12.4% fatalities in 2018.

The third most dangerous NCD which takes a women's life is cancer. The Lancet report, titled ‘Women, Power, and Cancer’, highlights that although men globally are more at risk in developing cancer yet mortality rate of women due to cancer remains higher than of men. Breast, cervix, ovary, uterus and lung account 53% of all cancers<sup>33</sup> in women and of them, breast and cervical cancers are the two most common types that are highly preventable and treatable. According to the Lancet report, lowering of risk factors, screen-testing, and proper examination could have spared almost 63% of cancer-related premature deaths among Indian women, whereas prompt and effective treatment could have avoided 37% of these fatalities which means that “around 6.9 million cancer deaths among women in India were preventable and 4.03 million were treatable”, all they needed was an adequate support and timely intervention. According to the survey<sup>34</sup>, only 1.9% of women had gone for a screening test for cervical cancer in between 2019-2021 while the percentage of women going for examination for breast cancer accounted only 0.9%. Women have difficulties getting timely and adequate care because they lack the information, financial

<sup>28</sup>Santosh Kumar Sharma, Deepanjali Vishwakarma, and Parul Puri. "Gender disparities in the burden of non-communicable diseases in India: evidence from the cross-sectional study." *Clinical Epidemiology and Global Health* 8, no. 2 (2020): p. 544-549

<sup>29</sup>Hossain B, Govil D and Sk MIK (2021) Persistence of Multimorbidity Among Women Aged 15–49 Years in India: An Analysis of Prevalence, Patterns and Correlation. *Int J Public Health* 66:601591. doi: 10.3389/ijph.2021.601591

<sup>30</sup>According to the National Health Portal of India, one in every fourth person is likely to die due to NCDs (cardiovascular, cancer, stroke, diabetes, etc.) by the age of seventy years. available@ <https://www.nhp.gov.in/healthyliving/ncd2019>

<sup>31</sup>Puri, P., Shil, A., Shetty, A. *et al.* Contribution of modifiable risk factors on the burden of diabetes among women in reproductive age-group in India: a population based cross-sectional study. *J Public Health Pol* 43, 89–108 (2022). <https://doi.org/10.1057/s41271-021-00334-6>

<sup>32</sup><https://phfi.org/the-work/research/the-india-state-level-disease-burden-initiative/>

<sup>33</sup>National Cancer Registry Data, ICMR -National Centre for Disease Informatics and Research study.

<sup>34</sup>National Family Health Survey-5, 2019-21.

resources, and power to make decisions, as well as because primary care services are not readily available in their communities. Regardless of the social class to which they may belong, women are more likely than males to lack the authority and expertise necessary to make effective choices regarding their health.

## II. Communicable Diseases

India has made a great progress in tackling the communicable disease (CDs) like HIV, malaria, typhoid, cholera, tuberculosis etc., as the Global Burden of Disease reports that the deaths caused due to CDs among women have been considerably decreased from 53% to 30%. However, some of the statistics are so dangerous to be overlooked. As per the data<sup>35</sup>, from 2000 to 2012, 'diarrhoeal diseases' were responsible for causing the most number of women's death, however, since 2013, death caused due to such diseases declined and in 2019 it accounted for 62.13 deaths per 100,000 lives. The decline in women's death due to diarrhoeal diseases, however, is not something to be very proud of as according to the WHO report<sup>36</sup> it still stays the second most cause after CVDs which is responsible for female deaths. According to the report by National Health Profile 2022, the most common types of CDs reported in women in 2021 were acute respiratory infection, diarrhoeal diseases, enteric fever, pneumonia, and viral hepatitis. Of them the most number of deaths were caused by pneumonia with 5524 fatalities.

One of the SDG's target aims to end tuberculosis by 2030, however, India has set its own target ending it till 2025. Yet the most number of deaths in 2019 of women aged between 15 to 39 years were caused due to tuberculosis. Of them, women between 20 to 24 were the most affected. At the stage of this age group when women tend to thrive educationally and economically, and enter the reproductive age, they succumb to the scourge of tuberculosis. The reason associated with the death occurring due to TB is not merely physiological but what is added and multiplied in causing such untimely death is the fact that women who have the infection are either abandoned or sent back to live with their parents to receive the treatment. They are not cared by their own people. And due to the need for frequent visits to health centers and the lack of a support system at home to help with the high cost of

medications, women find it challenging to travel to far-off hospitals or health centers for diagnosis and therapy of tuberculosis.

## SEXUAL & REPRODUCTIVE HEALTH OF WOMEN

According to UNFPA, complete physical, mental, and social well-being in all aspects pertaining to the reproductive system characterizes a stage of good sexual and reproductive health (SRH). It suggests the potential to procreate and the freedom to choose if, when, and how frequently to do so, as well as the possibility of having fulfilling and safe sexual lives. People must have a means of getting reliable information and the safe, effective, economical, and socially acceptable method of contraception of their choice in order to maintain their sexual and reproductive health. In order to safeguard themselves against sexually transmitted infections, they need to be empowered and informed. Women must have access to qualified healthcare professionals and resources when they decide to become parents, so they can have a healthy pregnancy, safe delivery, and happy child. Each person is entitled to determine and take decisions for themselves regarding their own reproductive and sexual well-being.<sup>37</sup> From this definition it is deduced that sexual and reproductive well-being is not just related with medical and biological factors primarily but it also strongly stresses on freedom, equality and justice. However, the patriarchal mindset does not allow women to grow or enjoy freedom rather it considers that women's bodies are built psychologically and physically for male gratification as well as for procreation or reproduction only. The state, the society, and the family, as all of these institutions are overloaded with cultural and traditional stereotypes evolved by the concept of pater-familia, have all repeatedly experimented with ways to manipulate women's bodies in order to aid in and manage reproduction. The priority of having a biological kid and the celebration of motherhood has indoctrinated women. Women are stigmatized for not having children, or for having too many, or worse, if they decide not to use their reproductive rights<sup>38</sup>. Gender differences in the way people seek medical attention indicate that health for women receives little priority in

<sup>35</sup>Supra Note 4

<sup>36</sup>Ibid.,

<sup>37</sup>UNFPA, Sexual and Reproductive Health, available @ <https://www.unfpa.org/sexual-reproductive-health> Accessed on 7th May 2024.

<sup>38</sup>SABALA, and MEENA GOPAL. "Body, Gender and Sexuality: Politics of Being and Belonging." *Economic and Political Weekly*, vol. 45, no. 17, 2010, pp. 43-51. JSTOR, <http://www.jstor.org/stable/25664384>. Accessed 8 May 2024.

the home. Early intervention for women's disease is hindered by the socialization of women into an approach of abandonment and the family's obvious preference for the wants of its male members. The conventional view of women, according to which they are solely important for reproduction and in connection with men as mothers and wives, is demonstrated by the reality that a young girl enters the health system primarily as a pregnant woman<sup>39</sup>.

According to 2011 census, India has 177 million young<sup>40</sup> females and 197 million males, constituting the largest in the world. During this stage of life, there are major changes in terms of physical, intellectual, and emotional development. Puberty also starts, and sexual awareness and maturation also occur. Numerous SRH issues are associated with women at different life stages including menstruation, fertility, cervical screening, contraception, pregnancy, sexually transmitted infections, chronic health problems like endometriosis and polycystic ovary, menopause, unplanned pregnancy and abortion etc.,

## I. Menstruation

Menstruation is a usual, natural and biological phenomenon which a woman experiences every month starting from menarche to menopause. On any given day more than 300 million women and girls<sup>41</sup> menstruate every day adding up to 7 years<sup>42</sup> of their life. Despite being a physiological phenomenon, the society considers it a taboo<sup>43</sup>. Menstruation is seen as filthy and repulsive, which often goes hand in hand with the urge to keep it a secret<sup>44</sup>. According to a survey conducted by NGO Child Right and You (CRY), approximately 12% of young girls were unaware of the true cause of menstruation and believed that their menstruation was a gift from God brought on by a sickness. The largest group of girls—27.7%—said that their mother was the primary source of information

about menstruation, followed by friends (22.8%), older sisters (15.9%), and non-governmental organizations (8.8%).<sup>45</sup> Lack of equitable access to knowledge about menstrual health and hygiene becomes an obstruction for women's development. Menstrual hygiene consists of two elements; (a) Hygiene elements and (b) Health elements. The Hygiene elements mean the use of "a clean material to absorb or collect menstrual blood, an access to facilities with water and soap, and the ability to change materials in privacy and to suitably dispose off used materials." The Health elements indicate to "the knowledge of understanding what is normal and what is not during menstruation and the freedom to seek help in case of abnormalities."

According to the Indian Express, "1 out of 5 girls in India drop out of school due to lack of menstrual education and access to sanitary products. The chapter on period education has been missing from schools, families, and communities resulting in 71% of girls not knowing about periods when they first get it."<sup>46</sup> There are three major reasons behind a girl dropping out of school due to her periods: (a) lack of family support, (b) financial crisis in obtaining sanitary pads and (c) lack of basic hygienic amenities in schools such as washrooms and toilets. As per the statistics of 2018-19 published by the Unified District Information System for Education (UDISE), there are as many as 42000 government schools across the country that do not have drinking water facility and more than 15000 schools lack basic and fundamental requirements like restrooms and toilets<sup>47</sup>. According to NFHS-5 (2020-21)<sup>48</sup>, more than 30% of women aged between 15 to 24 still do not use hygienic methods of protection during their menstrual cycles, they recourse to unhygienic methods such as newspaper, ashes, old clothes, and dried leaves. While the data of 2020-21 witnessed a significant increase from the previous year statistics which accounted only 57.7% of women ranging from the same age group were resorting to hygienic methods such as sanitary pads during their periods<sup>49</sup>,

<sup>39</sup>Mathur, Kanchan. "Gender Hierarchies and Inequalities: Taking Stock of Women's Sexual and Reproductive Health." *Economic and Political Weekly*, vol. 43, no. 49, 2008, pp. 54–61. *JSTOR*, <http://www.jstor.org/stable/40278266>. Accessed 8 May 2024.

<sup>40</sup>The World Health Organization, - Young people are defined as ranging from the age of 10 years to 24.

<sup>41</sup>The World Bank, Menstrual Health & Hygiene, available@ <https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene#countryexamples>

<sup>42</sup>UNICEF, available@ <https://www.unicef.org/press-releases/fast-facts-nine-things-you-didnt-know-about-menstruation>

<sup>43</sup>Roberts, T.A., Goldenberg, J.L., Power, C. and Pyszczyński, T., 2002. "Feminine protection": The effects of menstruation on attitudes towards women. *Psychology of Women Quarterly*, 26(2), pp.131-139.

<sup>44</sup>Martin, K., 2018. *Puberty, sexuality and the self: Girls and boys at adolescence*. Routledge.

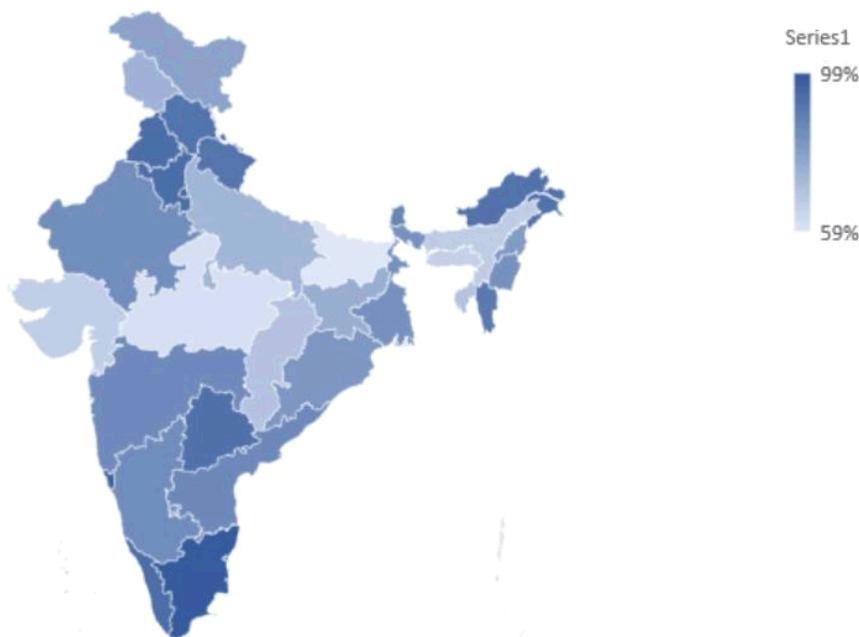
<sup>45</sup><https://www.thehindu.com/sci-tech/health/close-to-12-of-young-girls-think-menstruation-is-a-curse-from-god-or-caused-by-disease-study/article66900791.ece>

<sup>46</sup><https://www.newindianexpress.com/nation/2023/Jun/13/one-in-five-girls-drop-out-of-school-due-to-lack-of-menstrual-education-sanitary-products-2584693.html>, updated on 13th June 2023

<sup>47</sup>The then Education minister Ramesh Pokhriyal shared this data during the parliamentary proceedings in 2021: <https://www.thehindu.com/news/national/parliament-proceedings-over-42000-government-schools-lack-drinking-water-supply-15000-have-no-toilets-minister/article34099933.ece>, updated on 15th March 2021

<sup>48</sup>National Health Survey-5 2020-21, Ministry of Home Affairs, Government of India

<sup>49</sup><https://sansad.in/getFile/annex/262/AU1871.pdf?source=pqars>



**Figure 1:** Number of Women using hygienic methods of protection during their menstrual period across States (%), Credit @ The Wire

there are galactic disparities in state wise data. For instance, seventeen states and union territories accounted for 90% or more women using sanitary napkins whereas the data from seven states and union territories consisting of Tripura, Assam, Gujarat, Meghalaya, Madhya Pradesh and Bihar shows 70% or fewer women using period products and Bihar is the only state where this figure is lower than 60%.

In Puducherry and Andaman Nicobar islands, the statistics showed the satisfying number accounting for 99% of women using hygienic period products<sup>50</sup>. Socio-geographic and other various mass media factors affect the usage of hygienic methods of protection by women in rural and urban India during their menstruation<sup>51</sup>, as the data from NFHS-5 discloses that women belonging to urban areas use more modern and hygienic menstrual products in comparison to women in rural areas. As per figure 2, more than 15% usage gap was reported in as many as eleven states across urban and rural India and of them, Madhya Pradesh (61%) and Meghalaya (65.6%) which had two of the three lowest use of menstrual products, also reported to have the biggest disparity between urban and rural area accounting for more than 25%. Bihar on

the other hand which stand at the top in the lowest usage of period products (59.7%) accounted for 20% difference between the urban and rural areas.

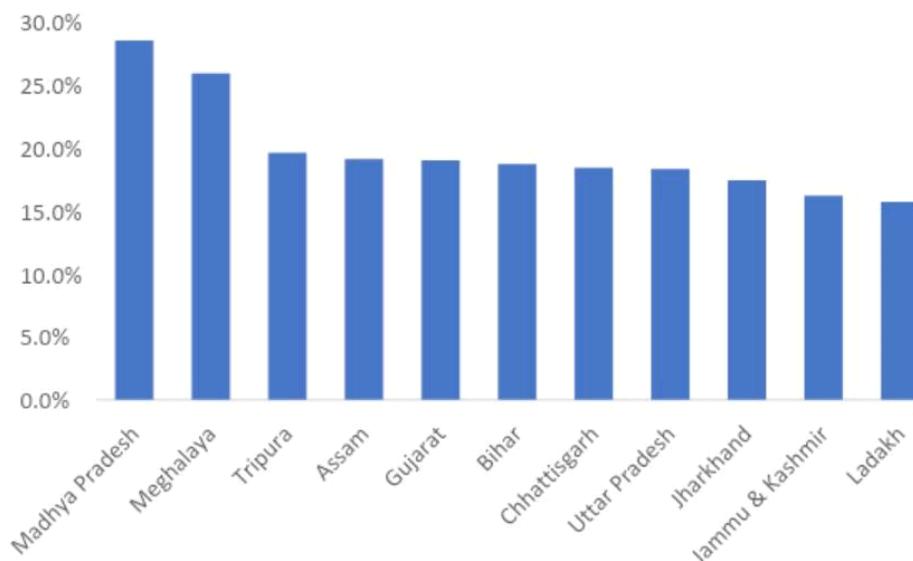
A study<sup>52</sup> has found that “rural Indian adolescent women with higher education with medium mass media exposure and from the richest wealth quintile were more likely to use hygienic methods exclusively. The Usage also differs along caste lines: the use of hygienic methods is lower among girls from Scheduled Castes and Scheduled Tribes than those belonging to other castes.”

Thus, lack of education and awareness about the potential implications of using unhygienic methods of protection on women's health, poverty and financial dependency which makes a woman hesitate to ask for period products and the gravity of societal taboo around this topic which makes a shopkeeper to sell the period products wrapped in a newspaper are the major reasons why women and girls do not develop fully. As very well remarked by the Karnataka High court in 2021 that “If you want to empower young women and young girls, provide them menstrual facilities”... which will not only “lead to empowerment of the girl child but also implementation of the fundamental right to Education under Article 21A.” According to

<sup>50</sup>Supra Note 48

<sup>51</sup>Babbar, Karan & Saluja, Deepika & Sivakami, M.. (2021). How socio-demographic and mass media factors affect sanitary item usage among women in rural and urban India. *Waterlines*. 40. 160-178. 10.3362/1756-3488.21-00003.

<sup>52</sup>Singh, A., Chakrabarty, M., Singh, S. *et al.* Menstrual hygiene practices among adolescent women in rural India: A cross-sectional study. *BMC Public Health* 22, 2126 (2022). <https://doi.org/10.1186/s12889-022-14622-7>



**Figure 2:** Gap in the number of women's using menstrual products across urban and rural India (%), Credit@ The Wire

projections<sup>53</sup>, eliminating period poverty will increase India's GDP by 2.7% (\$86.7 billion) and improve the health, education, general well-being, and financial autonomy of women and girls.

One major aspect of the impact of sanitary napkins which are mostly made of plastics on the environment cannot be overlooked in the name of empowerment. The statistics abovementioned do not only require the menstruation to be managed but it also demands for sustainable access of running water and disposable facilities. As per the data published by the Menstrual Health Alliance India, "over 12.3 billion pads are disposed of every year in the country which means an annual menstrual waste generation accounts around 1,13,000tonnes." Because the polyethylene found in sanitary napkins, it is not biodegradable and poses risks to human health and the environment, making the disposal of sanitary waste a growing issue in India. According to the data<sup>54</sup> from the Ministry of Drinking Water and Sanitation (MDWS), "28% of sanitary pads are thrown away with normal waste, 28% are thrown out in the open, 33% are buried, and 15% are openly burnt." Thus, given the amount of environmental and health impact<sup>55</sup> on women due to sanitary napkins, the

focus must be shifted to reusable products like menstrual cups, tempo, and sanitary clothes etc., IIT Hyderabad recently developed a nanofibers based women hygiene product without super-absorbent polymers (SAP) which will release women from the fear of genital diseases, ovarian cancer, infertility, skin burns, and other infectious diseases. IIT Hyderabad pioneered the use of electrospun cellulose acetate (CA) nanofibers as an absorbent core material for women's sanitary napkins. This will allow women to do away with the use of toxic, non-biodegradable SAP in sanitary napkins that were sold in stores, all while maintaining superior absorbency and comfort levels.<sup>56</sup>

## II. Sexually Transmitted Diseases (STDs)

STDs are infectious and bacterial diseases which are passed from one person to another through unprotected sexual contact. Some of the Sexual Transmitted Infections (STIs) can also be transferred during pregnancy, child birth, and breast feeding. According to the WHO, STIs significantly affect one's health. They may result in neurological and cardiovascular disorders, infertility, ectopic pregnancies, stillbirths, and an elevated chance of contracting HIV if left untreated. As per the data shared

<sup>53</sup><https://www.thehindu.com/sci-tech/health/explained-menstrual-hygiene-facilities-in-indian-schools/article66754551.ece>

<sup>54</sup>[https://mdws.gov.in/sites/default/files/MGISC\\_Menstrual\\_Waste\\_Management\\_WASH\\_Network.pdf](https://mdws.gov.in/sites/default/files/MGISC_Menstrual_Waste_Management_WASH_Network.pdf)

<sup>55</sup>Several current studies have looked into the link between the use of sanitary products that absorb chemicals such as dioxin and super-absorbent polymers and the incidence of genital cancer. Dioxin can accumulate in the body and harm women's reproductive organs, resulting in cervical or ovarian cancer. It is essentially a carcinogen, which means that it promotes the development of cancer-causing cells in women's body. Some of these plastics have the potential to produce toxins like as phthalates

and volatile organic compounds (VOCs), which can be absorbed through the sensitive vaginal skin and mucosa. In addition to their carcinogenic properties, they could also have a number of other known or suspected negative effects, such as irritation of the skin, nose, and eyes, as well as harm to the reproductive, liver, kidney, and respiratory systems.  
available@ <https://timesofindia.indiatimes.com/blogs/voices/sanitary-pads-can-cause-cancer-reasons-and-prevention/>  
<sup>56</sup><https://www.deccanherald.com/archives/iit-develops-nanofibers-based-feminine-2086932>

by the WHO, worldwide more than 1 million STIs are acquired every day and more than 374 million new infections occur each year. The highest prevalence of STIs is associated with eight infections. Of them, gonorrhea, chlamydia, trichomoniasis, and syphilis are the four that are currently treatable. The remaining four, hepatitis B, herpes simplex virus (HSV), HIV, and human papillomavirus (HPV), are incurable viral illnesses<sup>57</sup>. Women are more susceptible in acquiring STDs in comparison to men as the data by National Health Profile discloses that there were 27,128 total cases of gonorrhea recorded in 2020 and of them, in 19353 cases women were the patients. And this number got a sudden lofty increase in 2021 making it to 153239 females acquiring gonorrhea. This proves the hypothesis that due to the peculiar and unique biological structure of women's body, they are more prone to acquire sexually transmitted disease as the lining of labia majora is thinner in comparison to men's sexual organ which makes it easier for bacteria to grow. Moreover, genital ulcers like herpes or syphilis in women's sexual organ are not visible while a man can easily notice something unusual<sup>58</sup>. According to the National Health Profile 2022, there were total 20212 cases of syphilis reported in 2020 and of them, 12,832 of cases alone related to women. The number of cases increased dramatically in 2021 with women acquiring 21279 incidences of Syphilis in comparison to men with only 7588 cases<sup>59</sup>. The data clearly show that women significantly lack sufficient knowledge and required information about their sexual health. Another reason making women more susceptible to STDs is that they often get confused STDs with something else when they feel burning or itching in their genitals thinking it some yeast infection which usually occur in vaginal discharge<sup>60</sup>. If STDs are left unattended and ignored, it can cause infertility, cervical cancer, and other long term health consequences.

According to John Hopkins Medicine, STDs can be fully prevented by only not engaging in sexual activity, however, as this is not possible and also against the classical natural law, one best way to escape from STDs are by avoiding early sexual encounters<sup>61</sup>.

According to the data by NFHS-5, women were reported to have their first sexual experience at very young age in comparison to men as women in India are generally get married very young. In the 20–24 age bracket, 23% of women had married by the age of 18, and 5% had married by the age of 15. Conversely, hardly 3% of men aged 20 to 24 had tied the knot by the time they became 18, and nearly none by the time they turned 15<sup>62</sup>. Moreover, there are pretty much chances that an older man marrying a younger girl has already had many sexual experiences which exposes a girl to various sexual infectious disease<sup>63</sup>. As studies<sup>64</sup> have found that girls who marry at early stage in their life are more at risk of acquiring HIV as during this age, the vaginal mucosa in girls is in inchoate stage of development along with potential for “tear and laceration” making a girl marrying before eighteen more susceptible to HIV transmissions. According to the HIV projections report<sup>65</sup> of 2019, although the rate of HIV has been decreased by 37% from 2010 to 2019 yet more than 25 lakh people in 2022 are reported to be living with HIV/AIDS. The most horrifying situation is that of these 25 lakh people, only 1,900,000 know their status of being positive with HIV. Out of total number of HIV positives, 24 lakh belong to adult category, i.e., fifteen or beyond, and in which 1,100,000 cases of this syndrome pertain to women ranging from the same age group<sup>66</sup>. The pertinent cause of HIV infections in India is an engagement in high risk behaviors involving “unprotected homosexual and heterosexual behavior and unsafe injecting drug use behavior.”<sup>67</sup> Various studies<sup>68</sup> have concluded that persons with multiple sexual partners have very high chance to spread STDs, and one best possible way one could prevent this epidemic is by having sufficient knowledge & information and access to health care products such as contraceptives. For instance, on one hand condoms

transmitted-diseases

<sup>62</sup>Supra Note 34,

<sup>63</sup>UNFPA, The Sexual & Reproductive Health Status of Young People in India: Challenges and Opportunities for Healthy Outcomes

<sup>64</sup>African Union (December 2016), Ending Child Marriage and Stopping the Spread of HIV: Opportunities and Challenges for Action

<sup>65</sup>HIV/AIDS Patients in India, Ministry of Health and Family Welfare, Posted on 20<sup>th</sup> September 2020 by PIB Delhi

<sup>66</sup>UNAIDS, Country Factsheet, India 2022, available@ <https://www.unaids.org/en/regionscountries/countries/india>

<sup>67</sup>Supra Note 63

<sup>68</sup>Binson, Diane, et al. “IV. Multiple Sexual Partners Among Young Adults in High-Risk Cities.” *Family Planning Perspectives*, vol. 25, no. 6, 1993, pp. 268–72. *JSTOR*, <https://doi.org/10.2307/2136144>. Accessed 10 May 2024. See also: Dolcini, M. Margaret, et al. “Demographic Characteristics of Heterosexuals with Multiple Partners: The National AIDS Behavioral Surveys.” *Family Planning Perspectives*, vol. 25, no. 5, 1993, pp. 208–14. *JSTOR*, <https://doi.org/10.2307/2136073>. Accessed 10 May 2024., Santelli, John S., et al. “Multiple Sexual Partners Among U.S. Adolescents and Young Adults.” *Family Planning Perspectives*, vol. 30, no. 6, 1998, pp. 271–75. *JSTOR*, <https://doi.org/10.2307/2991502>. Accessed 10 May 2024.

<sup>57</sup>[https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)?gad\\_source=1&gclid=EAlalQobChMlcOa2rqAhgMVMpBLBR338Qn7EAAYASAAEgKJffD\\_BwE](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)?gad_source=1&gclid=EAlalQobChMlcOa2rqAhgMVMpBLBR338Qn7EAAYASAAEgKJffD_BwE)

<sup>58</sup>Centers for Disease Control and Prevention, How STDs impact Women differently from Men, available@ <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/stds-women.pdf>

<sup>59</sup>Supra Note 1,

<sup>60</sup>Supra Note 58,

<sup>61</sup><https://www.hopkinsmedicine.org/health/conditions-and-diseases/sexually->

and dental dam can provide protection against STDs whereas on the other hand spermicides, birth control, and other contraceptive pills can provide protection against unwanted pregnancies<sup>69</sup>.

### III. Pregnancy Related Health Care

SDG-3 sets the target of reducing global maternal mortality to less than 70 per 100,000 live births by 2030. It further aims to prevent the deaths of new born babies and children under the age of 5 by reducing neonatal deaths to 12 per 1000 and under-5 deaths to 25 per 1000. As per the SDG INDIA Index by NITI Ayog<sup>70</sup>, overall, India's SDG-3 index score was only 52 out of 100. Only eight states<sup>71</sup> out of total number of states and union territories have achieved the target set by SDG-3 regarding maternal mortality. As per the factsheet<sup>72</sup>, the ratio of maternal death in India however has been significantly declined from 130 deaths per 100,000 live births in 2014 to 2016 to 97 deaths in 2018-2020, yet there is a long way to go in achieving the target. Access to health care along with the cognitive knowledge and information regarding pregnancy, contraceptives, and family planning are the biggest hindrance in achieving the national goal of maternal mortality, as according to the NITI Ayog, the number of governmental physicians, nurses and midwives for every one lakh population is only 220.96 which is less than the half of the target set by goal number 3 (549.96)<sup>73</sup>. Studies has found that a gamut of contraceptives options, viable and required information and sex education allow a woman to make reasoned and sensible choices thereby decreasing a plethora of health problems related to SRH such as unintended pregnancies, sexually transmitted diseases, unsafe abortions and maternal deaths<sup>74</sup>.

According to the data published by NFHS-5, as shown in figure 3, between 2015–16 and 2019–21, young married women's use of contemporary

contraceptive techniques surged dramatically. Nonetheless, it is significantly lower than the average usage of contemporary contraceptives among married women in the 15–49 age range. Unplanned pregnancies were reported by 7% of married young women under 20 and 4% of those between 20 and 24 years of age. Furthermore, there is a disparity in accessibility to this age group- the unmet demand for family planning among married adolescents (15 to 19 years old) and young women (20 to 24 years old) were nearly twice that of all married women (15 to 49 years old)<sup>75</sup>. According to the Guttmacher Institute factsheet<sup>76</sup>, India accounts 27,000 women losing their lives to pregnancy-related causes per year. Most of these fatalities might have been avoided, including the 3,000 that result from improper abortions every year. An effective and informed usage of contraceptives would help in reducing 98% of deaths caused due to unsafe and risky abortion. Moreover, the annual number of unwanted pregnancies would also drop by 77% if all women seeking to avoid pregnancies used contemporary contraceptives meaning that there would be 16 million fewer unplanned pregnancies and 10 million lesser risky abortion annually. Use of contraceptives is directly linked to sex education, however, it is one of the topics about which Indian society strongly considers as taboo<sup>77</sup>. This is also reflected in the data provided by the United Nations on the performance of SDGs targets, according to which the degree to which “national laws and regulations ensure that women and men who are 15 years of age and older have complete and equal access to sexuality education curriculum was 0.0% in 2022.”<sup>78</sup> Sex education is rarely offered in schools, despite the fact that widespread taboo against discussing sex with children has been identified as one of the major barriers to the successful limitation of births. When it is offered, at the secondary level, it becomes ineffective due to two reasons: one that most of the children do not keep up their education to this level and two that teachers themselves do not teach and most likely to skip the chapter regarding reproductive and sexual health by reason of lack of training which makes them ashamed of talking about it in schools<sup>79</sup>. The

<sup>69</sup><https://www.healthline.com/health/sexually-transmitted-diseases/women>

<sup>70</sup>NITI Ayog, SDG INDIA INDEX Baseline Report 2018, P. 44

<sup>71</sup>Kerala(19), Maharashtra(33), Telangana(43), Andhra Pradesh(45), Tamil Nadu (54), Jharkhand(56), Gujarat(57), and Karnataka(69)- The data is evaluated as number of maternal deaths reported per lakh live births. available@

<https://pib.gov.in/FeaturesDeatils.aspx?NotelId=151238&ModuleId%20=%202>

<sup>72</sup>Ministry of Women and Child Development, Significant Decline in Maternal Mortality in India, Press Information Bureau, Posted on 14<sup>th</sup> December 2022, available@

<https://pib.gov.in/FeaturesDeatils.aspx?NotelId=151238&ModuleId%20=%202>

<sup>73</sup>Supra Note 70,

<sup>74</sup>Guttmacher Institute, Investigating in the Sexual and Reproductive Health of Women in India, available@ <https://www.guttmacher.org/fact-sheet/adding-it-up-investing-in-sexual-reproductive-health-india#:~:text=As%20of%202019%2C%20about%20half,unmet%20need%20for%20modern%20contraception>

<sup>75</sup>National Family Health Survey, (NFHS-5), Ministry of Health and Family Welfare, Government of India

<sup>76</sup>Supra Note 74,

<sup>77</sup>Pandey MK, Rao TSS. Sexuality Education in India Yet Remains a Taboo—An Attempt to Dust-Off. *Journal of Psychosexual Health*. 2023;5(1):11-12. doi:10.1177/26318318231155993

<sup>78</sup>United Nations, Department of Economic and Social Affairs, SDG Country Profiles- India, available@ <https://unstats.un.org/sdgs/dataportal/countryprofiles/ind#goal-5>

<sup>79</sup>Kellogg, Edmund H., and Jan Stepan. “Legal Aspects of Sex Education.” *The*

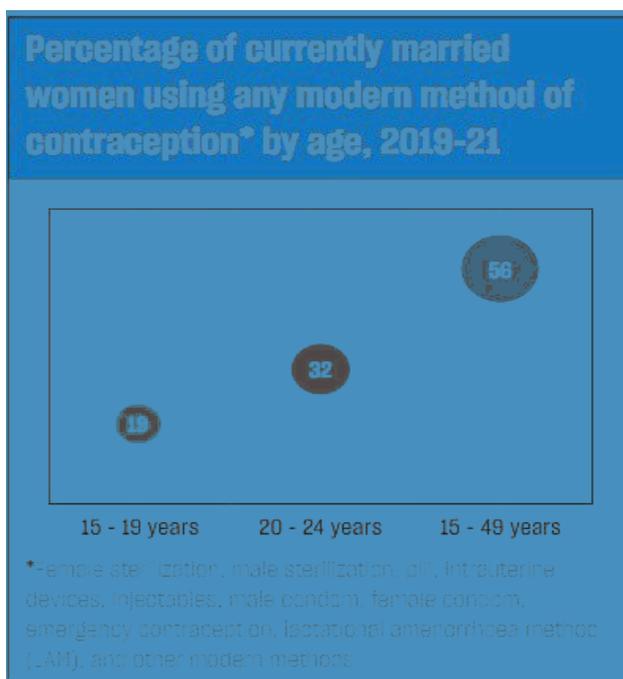


Figure 3: Credit @ NFHS-5.

consequences of absence of sex education give rise to number of problems such as disproportionate growth of population, forceful sterilization, uncountable number of maternal deaths, and considerable rise in STDs<sup>80</sup> affecting not just an individual health but the health of entire nation.

#### IV. Access to Safe and Healthy Abortion care

Abortion is a process involving a termination of pregnancy before the foetus has attained the stage of viability. There are two schools of thought about abortion of pregnancy, one school considers it as sin because of involvement of an act of killing whereas the second school of thought interlinks it with women's bodily freedom and autonomy in decision making of choices whether to give birth or not<sup>81</sup>. In this planet earth where the people have become very sophisticated about their day to day living and the world is talking about sustainable use of resources, the argument that abortion is sin falls to the ground inasmuch as it fails to account the dichotomy between

the killing of an adult and unborn child. On the other hand, the second school of thought is more practical given the legal recognition of abortion by the Medical Termination of Pregnancy Act, 1971(MTP Act) in India. According to the data provided by Guttmacher Institute, out of the total pregnancies (48,500,000) occurred from 2015 to 2019, 21,500,000 were unplanned leading to the abortion of 16,600,000 pregnancies.<sup>82</sup> Abortion can be classified in two categories- spontaneous and induced. Spontaneous abortion which is natural or usual, arises from a medical issue affecting the mother or the fetus, or it is inadvertently caused by another factor. Induced abortion is performed deliberately by a qualified medical practitioner in where continuance of pregnancy in his or her opinion seriously impairs the health of the mother or the prospective child. One must note here that criminality has nothing to do with safe or unsafe abortion as a perfectly legal abortion may be unsafe owing to the shortcomings of technologies whereas on the other hand, an unlawful abortion may turn out to be completely safe. It all depends upon the skill and qualifications of the person performing abortion as well as on the availability of required equipments. According to the report<sup>83</sup> by UNFPA 2022, globally 331,000 unwanted pregnancies occur every day. Of them, one in seven alone takes place in India. In such cases, women tend to resort to an option of abortion more and unfortunately if the child is male, she is forced<sup>84</sup> into an abortion even if she does not want to. And because of paucity of doctors<sup>85</sup> in India as disclosed by NITI Ayog, most of them seek to terminate their pregnancies by self declared Doctors and unwarranted practitioners. Given such circumstances, more than 67% of abortions performed between 2007-2011 were classified as unsafe<sup>86</sup>. The UNFPA report also warns that adolescent girls from 15 to 19 years of age are at higher risk of resorting to unsafe abortion because of increased sexual encounters and a lack of awareness about health care related to pregnancies.

*American Journal of Comparative Law*, vol. 26, no. 4, 1978, pp. 573–608. JSTOR, <https://doi.org/10.2307/840059>. Accessed 11 May 2024.

<sup>80</sup> Dilip, Diwakar G., et al. "Reproductive and Sexual Health Education: Addressing Challenges of Physiological Changes among Adolescents." *Indian Anthropologist*, vol. 48, no. 1, 2018, pp. 13–30. JSTOR, <https://www.jstor.org/stable/26633109>. Accessed 11 May 2024.

<sup>81</sup> Mohan, Raj Pal, and Raj Pa Mohan. "Abortion in India." *Social Science*, vol. 50, no. 3, 1975, pp. 141–43. JSTOR, <http://www.jstor.org/stable/41885953>. Accessed 11 May 2024.

<sup>82</sup> Guttmacher Institute, Unintended Pregnancies and Abortion, Country Profile-India, available@ <https://www.guttmacher.org/regions/asia/india>

<sup>83</sup> UNFPA State's World Population Report, "Seeing the Unseen: The case for Action in the Neglected Crisis of Unintended Pregnancy 2022"

<sup>84</sup> "UP Horror: Man Rapes, Kills Woman By Forcefully Feeding Her Acid After She Denies To Consume Abortion Pills In Pilibhit"- available@ <https://www.freepressjournal.in/india/up-horror-man-rapes-kills-woman-by-forcefully-feeding-her-acid-after-she-denies-to-consume-abortion-pills-in-pilibhit> "Forced to abort 14 times by live-in partner, Delhi woman dies by suicide"- available@ <https://www.indiatoday.in/cities/delhi/story/delhi-news-woman-kills-self-being-forced-to-undergo-abortion-many-times-1975832-2022-07-15>

<sup>85</sup> Supra Note 73,

<sup>86</sup> Supra Note 83

One of the biggest reasons for such high number of unsafe abortion is the absence of knowledge that abortion is legal in India along with the stigma and dogma attached to it labeling the woman as adulterous, of loose character & without virtues<sup>87</sup>.

Talking about the legal aspect of abortion, MTP Act 1971 specifically deals with termination of pregnancies. This Act is three dimensional in dealing with the termination of pregnancies; one is health measures disclosing danger or risk to physical or mental health of the woman. Second is humanitarian grounds- for instance, when pregnancy occurs due to unlawful and criminal activity such as rape. And the last is eugenic grounds, i.e., when there is substantial danger that upon the birth of the child, it would suffer from diseases and deformities<sup>88</sup>. The Act of 1971 allows termination of pregnancy up to 24 weeks<sup>89</sup>. The Act no doubt is a step progress towards development however it did not get rid of the patriarchal mindset insofar as it allowed only married women to avail the facility of termination of pregnancy thereby leaving the "personal dimension" behind which robs a woman of her most life changing freedom, that is- reproductive choices. This discrimination was practiced for a considerable period of time until the honorable Supreme Court of India in case of *X v. The Principal Secretary Health and Family Department*<sup>90</sup> allowed single or unmarried women whose pregnancies are between 20 to 24 weeks to avail an access of safe and legal abortion. The Apex Court observed that "The law should not decide the beneficiaries of a statute based on narrow patriarchal principles about what constitutes permissible sex. This would create invidious classifications" thereby violating Article 14 and 21 of the Constitution of India. The Court further held that "The benefits of law extend equally to single and married women... If women with unwanted pregnancies are forced to carry them out to term, the state would be stripping of their right to determine the immediate and long-term paths their lives would take and deprive women of autonomy not only over their bodies but also over their lives. This will be an affront to

their dignity." By pronouncing this historic and bold judgment, Supreme Court of India strengthened and valued the bodily autonomy and freedom of reproductive choices of every class of women whether married or unmarried. In another case of *X v. Union of India*<sup>91</sup>, the Supreme Court refused to grant permission to abort a foetus of 26 weeks and held that once the foetus is viable enough to survive without and outside of mother's uterus, a woman's right to choose stands extinguished excluding certain special circumstances laid down under the MTP Act 1971. This judgment is a setback on the freedom and autonomy of women's right to have choice about their reproductive health as it considers the health of the foetus, which has not yet been brought into the world and also has no legal standing of its own, primary in comparison to a well developed and complete health of a woman. It results into an unfair and unequal treatment because Article 21 of the Constitution confers right to life and liberty on every "person" and as jurisprudence dictates, an unborn child is no person but for a legal fiction and has no locus stand on its own. With this judgment, a woman is made a pillion rider while the foetus which is dependent<sup>92</sup> upon her in every way is handed over the steering of the car.

## CONCLUSION

It is submitted that an option of terminating pregnancy by availing safe and legal procedure of abortion can only be possible when there is sufficient dissemination of knowledge that abortion is legal in India up to the gestation period of 24 weeks and beyond that in cases falling under exceptional circumstances under MTP Act. For this purpose, role of mass media becomes very significant. Moreover, the belief of killing a life must be stripped out which makes it a social stigma. These two are not the only factors leading to unsafe abortion as in Indian society one's body does not in any way imply the theory of one's autonomy and power of decision making thereof, there are plenty of members around a woman who actively

<sup>87</sup>Visaria, Leela, *et al.* "Abortion in India: Emerging Issues from Qualitative Studies." *Economic and Political Weekly*, vol. 39, no. 46/47, 2004, pp. 5044–52. *JSTOR*, <http://www.jstor.org/stable/4415809>. Accessed 11 May 2024.

<sup>88</sup>Medical Termination of Pregnancy Bill, 1969, "Statements of Objects and Reasons", *Gazette of India, Extra*, November 17<sup>th</sup> 1969, Part- II, Section 2, P. 880.

<sup>89</sup>The Medical Termination of Pregnancy (Amendment) Act 2021 amended the original Act by increasing the upper gestational limit from 20 weeks to 24 weeks for special categories of cases including rape survivors, incest victims, and other vulnerable women such as differently abled women and minors.

<sup>90</sup>*X v. The Principal Secretary Health and Family Department Govt. of NCT Delhi* &Anr., 2022(10)JT 470, 2022(14)SCALE 59.

<sup>91</sup>Facts of the case- The petitioner, X, a 27-year-old married mother of two, the youngest of whom is just a year old, wished to end her pregnancy. Only 20 weeks into the pregnancy, she realized that she was pregnant because she suffered lactational amenorrhea, a disorder that causes breastfeeding mothers to also experience amenorrhea, or not menstruate. The petitioner stated in court that she eventually had an ultrasound scan because she was experiencing nausea and discomfort in her abdomen, and the scan revealed that she was 24 weeks pregnant.

<sup>92</sup>*X v. Union of India* 2023 SCC OnLine SC 1338, Justice Nagarathana: "There is no place within our constitutional structure to see a foetus as anything but dependent on the mother. To see it as a separate, distinct personality would be tantamount to conferring a set of rights on it that the Constitution grants to no other class of person."

participate in influencing and moulding her decision. Besides these social factors, there are much work left on policy level, for instance, lack of qualified medical practitioners, scarcity of modern technologies and equipments are the factors which lead to causing of death owing to negligence.

Over the times, India has taken several pertinent steps for improving women's health and well being. From reducing maternal mortality from 130 per hundred thousand live births to 97 in 2018 to increasing the life expectancy to 72.7, India showed the world how to follow SDGs commitment. In a country where most of the population is ignorant about the gravity of health issues of women, India has also made progress in ensuring the sexual and reproductive health of women. However, still there is way more work left undone. The greatest causes obstructing in securing safe and legal access to healthcare are the lack of infrastructure, absence of sex education, shortage in number of qualified Doctors and Medical practitioners, and awareness and ability to take decision about one's own health. Moreover, the government participation in health care service and budgetary allocation thereof is relatively low in comparison to private health participation. And because of high rate of poverty, many women tend to ignore and suppress their health issues as they cannot afford private health care. Moreover the inequitable distribution of power relation in our society, women are already at pedestal as they do not even dare asking for money for their health care and hygiene. The condition of easy access to safe and hygienic health care for women in India can be guessed from the fact that the cost of one sanitary napkin is more than one food *Thali*. It is concluded that so long the healthcare will stay costly and expensive for the masses; the goal of access to health care may be shown to be achieved in law but never be on the ground.

In order to make the whole of India healthy, women in our country must be ensured that they have easy, safe and inexpensive access to healthcare facilities. To develop a better system of women healthcare, State needs to allocate more budget and bring focus on increasing the rate of qualified Doctors and Medical Practitioners and at the same time it must ensure that law detects and punishes those who in the name of supernatural beliefs fraudulently claim to provide a treatment for diseases like infertility, breast and ovarian cancer and other such conditions relating to sexual and reproductive health of women.

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