

Health for all but mothers

Maternal morbidity is depriving the country of a prosperous future. And nobody seems to be bothered by it

Health Dawn 18-10-94

By Hina Shahid

According to reports, about 25 per cent of all babies born are of low birth weight i.e. less than 2.5kg. Every year, 400,000 — 500,000 babies are either born dead or die within the first week of birth. Discrimination against girl child from birth, preference for a male child, inadequate breast-feeding, early marriages, high fertility rates, poor birthing methods, poor ante and postnatal services are the problems that women face in this region. Some 13 million under-5 children die each year in the developing countries. And seven million of these pre-natal deaths are not only due to problems during pregnancy and labour, but due to poor health status

kids works as a labourer from early morning till late evening, to feed his huge family. A large percentage of such men depends on alcoholic liquids, *charas* and other contrabands to escape the harsh realities of life.

Most of the families living in slums comprise of five to six children, who never have access to education, proper health facilities and nutrition. A rural girl-child is perennially neglected and overworked. She bears children, prepares food, searches for fodder, collects fuel and shares the burden of working in the fields. The socio-cultural practices force the families to have births at home. In many cases, from the medical point of view most of the

are the result of more than two decades of war and traditional inequality prevalent due to callous power structure.

"We are poised on the threshold of the 21st century. Modern knowledge concerning genetics, immunology and endocrinology, is available to most of the developing and the Third-World countries. But in this age of high technology, majority of our population is deprived of the basic needs", this was stated by Prof. Dr Sadiqua

Jafery, who is the president and also the founder member of the National Committee on Maternal Health.

This committee was formed during the era of ex-Prime Minister, Benazir Bhutto. It also works as an extended arm of the federal

THE thin jute curtain was about to fall as a bunch of half-naked kids clung to it. It was getting dark outside and yet, nobody called them inside. Pale and feeble, the bodies of these children were missing the touch of their mother's lap.

"Our men do not have any entertainment outlets," Rafia noted tongue-in-cheek. "They are frustrated by lack of interaction, and of course, we are not supposed to oppose attempts by men to approach physically." Rafia, holding a two-month-old baby girl of her sister-in-law, who died recently during delivery at Jinnah Post-Graduate Hospital, Karachi, seemed to have a point there.

Forty-year-old Rafia herself is a mother of 10 children. And managing all of them is quite a task. She lives in a one-room house in one of the shantytowns of the country. It's a typical case where hunger, poverty and little choices to survive, have become the fate of the women living in Third-World

The Malaysian example

By Dr Shershah Syed

DR Raj Karim is a dedicated health worker in the Department of Health, Government of Malaysia. She is part of a system that today boasts of a maternal mortality rate of only thirty per hundred thousand (30/100000). Primary Health Care and Emergency Health Care is available to every citizen without any cost.

So how did Malaysia do it? According to Dr Raj: "Our Prime Minister has a hundred per cent commitment for education and health. We also have a policy of Zero tolerance to maternal death. He did not only announce about these policies, he made sure that the government machinery will work in a way that every child will go to school, every sick person will get treatment and every pregnant women will be able to receive emergency obstetrical care in cities, town, village and even those living in remote areas."

Today Malaysia has efficient working

MIDWIFERY PROGRAMME: An aggressive plan was introduced to train midwives. These competent midwives replaced the TBAs and were able to provide Basic Obstetrical Care to the pregnant population of Malaysia. All Emergency Obstetrical Care needs is a committed staff, from the *chowkidar* to the doctor there.

RED BOOK: The Malaysian Government introduced a red book in every health centre of the country. Every hospital has to record every maternal death in this 'red book'. The Prime Minister made sure that whenever he visited a district, city or town, he will read this 'red book' and personally make sure that the deficiency of the hospital is met. Incompetent health workers were replaced, not humiliated and sacked.

Mass education of children created an enormous awareness regarding health

women living in Third-World countries. A large number of urban and rural under-privileged Pakistani women suffer from multiple factors of mortality; they are under-nourished, illiterate and forced into early childhood marriages.

There are approximately 32 million women in the reproductive age group (15-49 years). Majority of them belong to poor families. An estimated four to five million births occur annually with eight to nine babies born every minute. The maternal death rate per 100,000 live births is 300 to 600. That means that in Pakistan, one woman dies every 20 minutes, or one in 38. Compare this to one in 230 in Sri Lanka, one in 5100 in the United Kingdom and one in 6000 in Sweden and you'll get a clear picture of where we stand. The causes of such a high count are delay in medical aid, anaemia, blood pressure, infections, ruptures in uterus, sepsis, unskilled attendant, absence of emergencies in rural areas and unavailability of equipments, financial constraints, etc.

Today Malaysia has efficient working hospitals that provide Emergency Medical Care to every citizen of country, a very good primary health care system and the best educational institutes in the world.

RURAL DEVELOPMENT: A network of rural health centres has been established where staff with competent people are able to deal with pregnancy and its complications. Each health centre has an operation theatre and competent paramedical staff who work with dedication and spirit to deliver medical care. Subsequently, schools were opened and people were motivated to get education. A special emphasis was made on the education of girls.

of the mother. Our gynaecology departments in different government and private hospitals take the cases very casually, as they say bearing a baby is a natural process and it can take place anywhere anytime.

"My mother had never used contraceptives or visited any family planning clinic. She always said that it is God's wish. So, how can I be thankful," said 20-year-old Sajida, who somehow did not want to admit it, but seemed all too worried about her nine sisters and four brothers. Her mother expired during the birth of her 14th baby. The father of those

deaths are preventable, if only these people manage to reach the hospital in time. All this would have been possible if effective maternity services existed in all large population centres and had a link with a tertiary care service.

Pakistan is now the 5th most populated country in the world, with an estimated population of 140 million. Pakistan is a male-dominated society. Our females are living under some of the worst conditions, nearly as bad as in Sudan, where according to reports, the nastiest living conditions prevail. These conditions

enormous awareness regarding health and family planning, which indirectly played a major role in reducing maternal death rate in Malaysia. The education market is not flooded with every kind of expensive universities, school and colleges in apartments and residential bungalows. They have shown that inter-linking of health and education is extremely important for a nation to survive.

By the way, the MMR for Pakistan stand at around 600/100000 and 375000 women suffer from pregnancy associated complications. It is a good example of how health and education are not our priority.

— **Dr Shershah Syed**

government. The committee has prepared a manual on Emergency Obstetric Care, and Unicef funds the project. World Health Organization (Who) is working with authorities in China, Myanmar, Mongolia, Vietnam, Laos and the Philippines to implement the use of contraceptives to curb HIV/Aids.

Most of our people, whether urban or rural, do not have a proper knowledge of these safe techniques, that are necessary to avoid complications and risks. Though the media campaign was launched years ago by the National Health Ministry to

somehow arrest the alarming population growth, lack of education and illogical approach of the traditionally superstitious natives has been the cause of the failure of the drive.

Induced abortions are common in our society, one that many doctors, midwives, skilled and unskilled nurses do undertake such risks of life. Less than 30 per cent married women use contraceptives and just 54 per cent of the pregnant women are fully immunized against tetanus. Some 95 per cent of births take place at home that are attended by untrained and illiterate traditional birth attendants.

Recently in China, the population policies that encourage rural couples to limit themselves to two children have increased the female fetus abortions, as they do not want a female child. Which means that in the coming 20 years of so, there will be a situation where millions of young Chinese men will be unable to marry because of lack of women!

The government has signed CEDAW and CRC, and is committed to "Health for All" and "Education for All". Yet we are nowhere near the targets that should have been achieved. President Musharraf has announced a training programme for the midwives, called a National Community Midwives Program (NCMP). Still, the demographic pointers do not display a very encouraging picture. The less-privileged of the society feel that the government, at any cost, must help them get economic assistance, health care, education and protection.

The practice of *purdah*, or seclusion makes it difficult for women to access services outside home and it is difficult for female health workers to travel alone or in the company of men in certain areas of the country. The change in concepts and attitudes is required, and that can only come through education of the entire society, both men and women.

According to the doctors of government hospitals, patients who live near the hospitals do not reach in time. This is, of course, due to the combination of social and economic factors. Accountability for saving

cation of the entire society
both men and women.

According to the doctor
of government hospitals
patients who live near the
hospitals do not reach in
time. This is, of course, due
to the combination of social
and economic factors.
Accountability for saving
women's lives must be
strengthened through insti-
tutionalization.
Professional and support
personnel must uphold
women's right to pride and
self-worth. Mobilization and
community-based develop-
ment projects are needed to
help poor survive the diffi-
cult conditions and gain
resources and opportuni-
ties. Orientation and train-
ing of all birth attendants,
development of a strong
system of referral to out-
hospital, and information
education and communica-
tion (IEC) programmes are
badly needed. A country-
wide drive should be
launched to avoid high
number of teen pregnan-
cies, and at the same time
deficiencies should be
removed in order to provide
effective support to health
system and access to
Emergency Obstetric.