## By Amer Malik

AS International Women's Day 2006 underlines improvement in women's status in every aspect of life, the level of women's healthcare status in Pakistan remains dismal as approximately 25,000 to 30,000 women die in relation with pregnancy each year as compared to 300 to 400 maternal deaths in developed countries every three years.

According to figures compiled by Pakistan Medical Research Council (PMRC), as Maternal Mortality Rate (MMR) is extremely high in Pakistan, the causes of maternal mortality are haemorrhage (25 per cent), sepsis (15 per cent), unsafe abortion (13 per cent), hypertensive disorders (12 per cent), obstructed labour (8 per cent), others (8 per cent) and indirect causes (19 per cent) among 25,00 to 30,000 pregnancy-reated deaths in Pakistan every

# **Women's healthcare status**

#### year.

On the other hand, the total number of maternal deaths in United Kingdom was only 378 among 2,123,614 maternities from 1997 to 1999, according to UK's maternal mortality report named as Confidential Enquiry into Maternal Deaths, which is published every three years and gives the total number of deaths and identifies the probable cause behind every death. The current maternal mortality rate for the UK is 11.4 per 100,000 total births (5 for direct and 6.4 per 100,000 for indirect deaths).

The effective delivery of healthcare services to each mother of the developed societies has lowered the maternal mortality rate to as low as 6 to 30 per 100,000 total births.

According to PMRC report,

maternal mortality rate in the developing countries is significantly higher and ranges between 100 and 3,500 deaths per 100,000 total births. Most of these deaths are due to preventable causes and represent the deficiency and ineffectiveness of healthcare services in these countries. Similar conditions used to prevail in the developed world before 1938.

The maternal mortality rate reflects the quality of healthcare of a society and its attitude towards women, but it is also a useful tool of self-audit to bring improvements in health services. The pregnancy puts the maternal life at risk in various respects, but it is possible to prevent the maternal deaths in various situations.

All about maternal death has

been learned through self-audit in which the preventable factors are identified and are guarded against in future. Self-audit is a regular practice in the developed world, while in Pakistan such audits are only sporadically carried out in the tertiary care teaching hospitals with individual designs. There is no uniformity in these self-audits and no audit exists at national level. Hence we are still seeing large number of maternal mortalities every year.

Lack of healthcare services is responsible for high maternal mortality in the developing countries. Besides, there are multiple social and economic factors including education, background nutrition and distance from medical help. Anemia plays a significant role in patients who suffer from haemor-

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rhage and sepsis during and after pregnancy. Multi-parity exposes the nutritionally drained women to the stresses of pregnancy, hence increasing the mortality.

The maternal mortality in Pakistan may be reduced through improvement in women's status through education, nutrition and changing attitudes and practices, improvement in health service such as antenatal and delivery including safe delivery, improved emergency service and transport as well as contraception. al mortality.

In countries like Pakistan, a specific attention needs to be given to the individual causes such as haemorrhage, sepsis, unsafe abortion, hypertension/obstructed labour, etc. As for haemorrhage, Anemia is a common problem in our country and the anemic women respond badly to even a small amount of haemorrhage. Anemia prevention, detection and correction should therefore be on the priority list of the care provided during antenatal period.

As for sepsis, infection is more common in countries with warm climate. The effect is further enhanced by the hygienic conditions of the patient. Both factors are prevalent in our country.

As for unsafe abortion, induced abortion is illegal unless performed for therapeutic reasons, but still a high number of women are having illegally induced abortion which is often done in unhygienic conditions.

It is imperative to provide ed-

ucation and recognition to women in the governance, but reducing excessive maternal mortality rate is unlikely to be achieved without the provision of effective obstetric care for all pregnant women in the country.

### 'Pak women more liberal'

THE PML-Q Punjab Women Wing leaders have said that Pakistani women are more liberal and independent than the women of western countries. In a joint statement issued on Tuesday in connection with International Women Day, the party's Women Wing Punjab President Shahana Farooqi and MPA Farida Suleri said that Pakistani women were working in every field. They lauded President General Pervez Musharraf's decision of giving 33 per cent representation to women in assemblies.