

## Unmet Needs in Women's Health

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Reproductive health status of women in Pakistan requires immediate attention from all the stakeholders, including the State as well. The reproductive age group extends from 15-49 years of age. According to PDS survey, around 48 % of population is in the above age group. The issues in this age group, not only includes increased maternal and infant mortality rates, but also includes teenage pregnancy, domestic violence, lack of antenatal and postnatal care and birth spacing. These issues in the reproductive age group overwhelms the caretakers to the extent that little or no care is given to the women who enters menopausal period.

Only one in four women have access to antenatal services, according to PDS 2012-13. This situation is influenced by the regional divide as well as urban and rural divide in the country. Though maternal mortality has been shown to decline to 238/100,000 live births, Pakistan is still included among the ten countries responsible for 58% maternal deaths in the world<sup>1</sup>.

Hemorrhage, sepsis and eclampsia remain the major causes of maternal death for last few decades. Though the country has made progress on technology and scientific front, these killers of mothers have remained unchallenged and unchanged in these decades. In spite of all the research activities going on unabated in number of Universities across the country, the researchers are un interested in finding solutions to their own problems. Even, Universities in public sector have remained aloof from the community and its problems. West is not interested in these problems, as they have controlled the situation long time ago. Neither we are interested in devising ways to improve upon the current prevailing situation of maternal health in the country. The role of national local bodies/ organizations is also deplorable. They are interested in only organizing seminars for the city population, at the expense of pharmaceutical companies, who have

their own motives for participating. These national bodies can be very well utilized in creating awareness about safe delivery, complications of pregnancy, immunization of children and birth spacing for women living in far flung areas of the country through a number of methods. Telemedicine has remained unutilized in our part of world, though it has been successfully used in other parts of the world.

Contraceptive prevalence has increased to 27%, and the fertility rate has also declined to 3.8/woman in our population. But still unmet needs of family planning are observed in around 25% of the population. Due to low literacy rate, women are not empowered to make decisions about the family planning. With a family system, which is not nuclear in majority of areas, it's the mother in law or other member of the family who have a say in number of children a woman will have. Family planning services, including cheap drugs are not easily available in remote areas of the country. It is estimated that around 50% of men population have not heard about family planning services through media including radio, television and newspapers<sup>2</sup>. This is another area where telemedicine can be used effectively to provide knowledge about birth spacing to the families.

Domestic violence is a subject which is not openly discussed in our population and is considered as a taboo subject. According to PDS survey, one in five women suffered from domestic violence<sup>2</sup>. Poverty and educational status are directly related to this state of affairs. Domestic violence during pregnancy, carries dual effects on both mother and the unborn child as well. Though all the provinces of the country have introduced special women protection bills, the later needs to be implemented in letter and spirit as well. These bills do aim to provide protection to the women, but our system and culture hinders the implementation of these laws.

There is no doubt that a healthy mother can bear the brunt of diseases like hemorrhage and sepsis more effectively, as compared to the malnourished women. Our medical community has not explored the role of

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micro nutrients as well as essential nutrients like iron, in the women population. Even after the robust scientific finding that 90% of the pregnant women are vitamin D deficient<sup>3</sup>, there are no local guidelines from the national bodies recommending its dose and strength during pregnancy. This has also resulted in misuse of the drug.

Pakistan has not been able to introduce simple tests for screening of cervical malignancy. Neither the original test known as Pap smear, or its simple alternative Visual Inspection with acetic acid (VIA), is available for use in population. The later test utilizes simple methods like use of acetic acid (vinegar) to inspect cervix for any pathological lesion ( a method successfully used and implemented in countries like Bangladesh, Thailand) It is well known fact that this screening measure can reduce the disease burden of the disease to considerable extent. A country with non existent facility for Pap smear, have huge billboards displaying advantage of vaccination against cervical cancer, along with names of vaccines.

Is there any hope for change in the above situation? And who will bring this change? This change will not be brought about by people sitting thousand of miles away from this land, it will not be brought by some miracle happening, but can only happen if we want it to happen. There is a strong need that local organizations and societies responsible for undergraduate and postgraduate medical education in the country and the national bodies, to devise guidelines suitable for local community and responding to the needs of the local community. These must not be translations of the international evidence based guidelines, but should be adapted to the local needs and requirements.

## REFERENCES

1. WHO. 2014. Trends in maternal mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. WHO Geneva 2014.
2. Pakistan Demographic and Health Survey 2013-24
3. Hossain N, Khanani R, Hussain-Kanani F, Shah T, Arif S, Pal L. High prevalence of vitamin D deficiency in Pakistani mothers and their newborns. *Int J Gynaecol Obstet* 2011; 112:229-33.

