Mothers not martyrs

Pregnancy and childbirth are the leading causes of death among women. Spreading contraceptive knowledge is the most effective tool to curb the risks

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In 2008, at least 6,700 Pakistanis were killed in terrorist incidents. Almost five times as many women have died during pregnancy and childbirth in the same year. In fact, a recent major survey by Pakistan Demographic and Health Survey 2006-071(PDHS) has found that pregnancy and childbirth is the leading cause of death among women of reproductive age in Pakistan.

To make matters worse, health facilities are under tremendous stress. There is one hospital for every 170,000 people. While there is need to expand the network of treatment facilities, the need to invest in preventive health care is equally significant and deserves more attention than it presently receives. When applied to maternal health this means promoting the use of contraceptives as a life-saving method.

"Rashida (name changed to maintain privacy) has become a regular feature of this hospital," says a young doctor working at a crowded government hospital in Karachi. "I first met her almost a year ago when she had travelled all the way from Multan to our hospital. She was exhausted from the journey, in a lot of pain and there was urine dribbling from her as she explained to me what had happened. She had had a complicated delivery which was mishandled and as a result she developed a fistula. She came to us alone since no one from her family was willing to travel with her."

Rashida had to move to Karachi since there is no appropriate treatment facility for her in Multan. She was eventually referred to a private fistula treatment facility in Karachi where women are treated free of cost. Fistula (or obstetric fistula) is a hole that can develop between the rectum and vagina or the bladder and vagina, causing involuntary leakage of faeces or urine. Women suffering from this condition face not only physical challenges but are also subject to extreme stigmatisation.

Rashida is not alone in her ordeal. According to the latest estimate of the Society of Obstetricians and Gynaecologists of Pakistan, nearly 390,000 women in Pakistan suffer from pregnancy and childbirth related illnesses and injuries (maternal morbidity) in a year. Severe illnesses/injuries include haemorrhages, pelvic inflammatory disease infection and obstetric fistula. The PDHS 2006-07 suggests that half of the women suffering from these complications will probably not seek treatment for their illnesses. Among those who do, three in every five are still likely to rely on an unskilled provider such as dai, (traditional birth attendant) Lady Health Visitor, hakim or a dispenser. Left untreated or if not treated properly, these complications can lead to a lifetime of disability, and in the case of fistulas usually result in women withdrawing or being isolated from social activities.
Disability is not the only risk women face when they are pregnant, there is also the risk

of dying during pregnancy or childbirth. It hardly bears mentioning that in the wealthier countries that risk as been reduced to insignificance.

According to latest PDHS for every 100,000 live births in the country there are 297 maternal deaths. Applying this rate to the estimate of current eligible female population (i.e. married and of childbearing age) we can expect 31,482 mothers to die during a year.

Simply through reducing the number of pregnancies with contraception, the number of pregnancy-related deaths and illnesses has to come down.

The truth is that not all pregnancies are wanted; findings of the PDHS reveal that more than a quarter of the pregnancies in 2006-07 were either unwanted or mistimed. Prior research has shown that unwanted pregnancies are also the leading cause of induced abortions in Pakistan and that a lot of women suffer from post abortion complications (PACs) as a result of unsafe abortions (Population Council, 2002-03).

Saima (name changed to maintain privacy), age thirty-five, recalls what she went through after undergoing an abortion at the hands of a local nurse known as "Dr. Zubaida" working in her neighbourhood in Korangi. Saima, already a mother of seven children, does not want any more children. In fact, she did not wish to have more children after her sixth child. When she found out she was pregnant for the eighth time, her ailing husband compelled her to abort the pregnancy.

Saima had never visited a private hospital or a family planning counsellor before this incident and went to Dr. Zubaida at the recommendation of her sister-in-law. Saima's experience was extremely unpleasant and expensive. "What could I do but stay in bed? I felt dizzy when I moved and I had severe backaches, no one would come close to me because of the foul smell. My daughter Nazia had to stay home from school and do the house work."

Since the procedure was performed, almost six months ago, every day had been a struggle for her and her family until she started seeing a certified doctor. Saima is now being treated free of cost, although she has to pay for her medicines, and she says there is marked improvement in her health.

Assuming that a quarter of the current (estimated) pregnancies are also unwanted and were somehow prevented, in the first place, 8,500 maternal deaths could have been averted and 106,250 women could have been saved from disabilities.

Effective contraception can prevent unwanted pregnancies, hence unwanted deaths and disabilities. According to the United Nations Population Fund (UNFPA), one in three of all pregnancy and childbirth related deaths can be avoided if women who want to use contraception have access to it.

Contraceptive use
Among the married female population, around 35 percent of the women wanted more children or could not have any/more children and therefore did not require contraception. The remaining 65 percent should have ideally been using contraception. However, the contraceptive prevalence rate (CPR) for Pakistan, in 2006-07, was 30 percent, which is unlikely to have changed much since then. Although access and awareness related interventions have improved the CPR in

Pakistan over the years, there are still many obstacles that prevent women from using contraception even if they want to.

Cost of and access to contraceptives, do not seem to be formidable obstacles anymore. The more obstinate barriers relate to lack of knowledge and misconceptions (such as health concerns, fear of side-effects, inconvenience of use and so on) and to beliefs and attitudes of not only women but also those around them.

"I would rather have an abortion than use the injection (contraceptive). It does not suit me and people look down on those who adopt such practices." This is how Riffat, 35 years of age and a mother of five, thinks. She has already had an abortion done from Dr. Zubaida, the same provider who mishandled Saima's case. In fact, Saima also does not practice family planning because she thinks it is un-Islamic.

The serious obstacles now are attitudinal -- with opposition coming from a woman herself, her husband, others or religious beliefs. One in three women not using contraception say it is "up to God" whether they get pregnant, and are not practicing family planning. This could mean that many women still do not consider contraception to be a choice either way. More dangerously they might not even think about it until they actually conceive, at which point they decide whether to take the pregnancy to term or abort.

Clearly tackling such issues requires wider reproductive health and socio-economic interventions, to improve women's agency. That would go beyond the realm of family planning, and seek out ways to increase women's decision-making power in all the important stages of her life: from studying, getting married, earning an income, to building a family.

Pregnancy-related care

Once a woman has conceived she should have unhindered access to safe pre and post natal care services as well. The World Health Organisation prescribes a minimum of three visits for an uncomplicated pregnancy. But less than half of the women recently surveyed made the required number of antenatal care visits for their latest birth. Even worse, unskilled attendants assisted more than half of the births. While many women suffer no complications when they deliver with the help of unskilled attendants, in the event of any complication or mistake, the best that these attendants can do is refer the woman to a clinic or hospital if it is already not too late.

Role of government

The Government of Pakistan has undertaken several interventions over the years to improve family planning services and the maternal health situation in Pakistan. Some of the key initiatives have been the Lady Health Workers (LHW) programme launched in 1994 to provide health and family planning services at the community level. The PPP government has said that it plans to double the number of LHWs to 200,000 during its tenure.

The National Maternal, Neonatal and Child Health Programme (MNCH) aims, among other things, to position 10,000 skilled birth attendants within communities, provide family planning services at all health outlets and provide basic Emergency Obstetric and Neonatal Care (EmONC) services at health facilities.

Although these interventions have improved access and awareness on reproductive health issues, performance (evaluation) data is hard to come by. Moreover there is still a huge gap between the services available, and the pervasiveness of the problem. Quality of service provision is also a matter of concern, with women reporting they do not return to a government facility due to intimidation or lack of privacy in the ward.

Disseminating contraceptive knowledge, as widely as possible and as fervently as possible, could yet be the most effective tool to achieve this. In this context, knowledge related factors do not refer to knowledge of contraceptive methods only - that is already universal amongst currently married women. These should also include medical facts and findings on side-effects, treatment of side-effects and information about alternative methods of contraception. Getting women to think about the true financial and health costs of having an unwanted pregnancy could also play a vital part.

Every possible effort has to be made to prevent these preventable deaths and disabilities. Giving birth should make a woman a mother, not a martyr

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