Review Article

Reproductive Health - The South Asian Perspective

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Introduction

Together or as individual men and women affect the social structure, customs and values of a community. All over the world especially in South Asia, men dominate women and the family unit and are the sole decision-makers. Women carry greater burden of disease, mostly related to reproduction and sexuality[1].

Reproductive health is defined as the constellation of methods, techniques and services that contribute to well being of women through preventing and solving reproductive health problems. Women's routine health care has been emphasized through maternal and child health services. Young women with infections or infertility and those past childbearing age are commonly ignored but now will benefit from the emerging understanding of reproductive health (RH).

The concept of reproductive health as defined at the 1994 International Conference on Population and Development (ICPD) in Cairo has far reaching implications[2]. It shows the way to breaking the vicious cycle of overpopulation, illiteracy, dwindling economy and poverty; and it gives the hope of tackling the most urgent problems of our region. Improvement in reproductive health results in women with adequately spaced births without need for unsafe abortion. As a result, children born into smaller families and to women with increased health, economic and social resources are more likely to thrive.

Current status of reproductive health in South Asia

Estimated population of South Asia in 1997 was 1324.3 millions and this is projected to be 1926.4 millions by the year 2025. The average growth rate for 1995 was calculated to be 1.8% and for 2000 1.5% but this varies from 0.8 to 2.7 for different countries in this region[3].

The urban population is going to grow by more than double the national average rates for some countries at a rate of over 3.5% a year, at which rate they will double in size in about 20 years.

In 1960, on global average women gave birth to six children each; whereas today the average has reduced to three. Within this time growth rate of the world population fell from 2 to 1.3%. However, in some countries of South Asia the growth rate is distinctly above the global average, i.e., 2.8% in Pakistan. Fertility fell from 1980 to 2000 in a number of countries of South Asia: in India from 4.5 to 2.9 and in Pakistan from 6.5 to 4.7. This decline in fertility can be attributed partly to success in meeting the need for reproductive health care including family planning. Still the fertility rates for large part of population in this region remain high. About one third of women needing contraceptive services do not know about modern methods or are unable to obtain or afford them indicating considerable unmet need. In Pakistan 78% of women do have some knowledge of contraceptives but only 46% are aware of where they can receive them and thus only 18% of women practice some form of contraception. In the near future the desire to limit family size and with it the demand for information and access to quality family planning services is likely to increase[4].

Primary and secondary enrolment varies widely amongst the countries of the region. Except for Sri Lanka, the male / female ratio is very unfavorable to the females, especially in cases of secondary enrolment. The male / female secondary enrolment is 25/13 for Bangladesh, 33/17 for Pakistan and 72/78 for Srilanka. The percentages of illiteracy amongst people of more than 15 years age is alarmingly high[5]. This emphasizes the need to develop appropriate strategies to reach out to this large segment of our population[6]. An important factor related to low literacy of women and high fertility is early marriage. Considerable number of women in this region is married before eighteen; 70% do so by twenty. This common practice of this region cuts short education and young girls are susceptible to abuse and discrimination. They are unlikely to participate in decision making for limiting the family size and are thus likely to have many children in quick succession. In many developing countries, at least 20% of women and in some about 50% have had their first child by the time they are 18 years of age. By age 20, at least one third of women in these countries, and two thirds or more have had a baby.

There is greater availability of mother and child health services, but they are not enough to cater for all. Therefore high maternal mortality remains an issue. Maternal mortality can be reduced by wider availability of EmOC to tackle with complications of delivery. Birth with the help of a trained attendant varies widely in South Asia as few women receive skilled attendant at birth: Nepal 8%, Bangladesh 14%, Pakistan 18%, Bhutan 12%, India 35%; Sri Lanka with 94% births undertaken by skilled attendants is an exception [7,8].

South Asia accounts for around 28% of the world's births and 46% of its maternal deaths. The lifetime risk of a woman dying of pregnancy related causes in this region

excepting Sri Lanka is 1 in 40 as compared to 1 in 3600 in the developed world (50 to 100 times greater). Obstructed labour, haemorrhage and postpartum infection are among the major causes of maternal mortality. The maternal deaths in most instances are preventable if the complications are diagnosed and managed in time following the three-delays model. Transport for women in labour is particularly difficult and life threatening especially with the lack of availability of proper roads and transport[9]. Abortion accounts for 10% maternal mortality and considerably contributes to maternal morbidity. Reliable data regarding induced abortion is sparse due to religious and cultural constraints.

Infant and child mortality rates are high in many countries of the region. About 40% of women in Pakistan experience the death of at least one child. Infant mortality rates of Bangladesh, Pakistan and India are around seventy, whereas for Sri Lanka the figure is seventeen[10].

The percentage of federal government expense on education and health are low in some of the countries of this region. India and Pakistan especially need to reevaluate their priorities and there is urgent need for greater allocation of funds for these two sections if some progress is to be made in the right direction. The right to health in developing countries requires resourcefulness, and budgets for primary health care have to keep pace with national requirements.

Status of women & RH related factors

Malnutrition, gender discrimination, illiteracy and poverty are important factors related to reproductive health. Gender discrimination mostly is deep rooted, the girl is given less food than her brothers, is less likely to see a doctor when ill and is likely to be prevented from attending school to help with household chores. As adults, they are encouraged to stay at home and within the home they are responsible for children and household chores. The women in rural areas are also responsible for the care of farm animals and crops.

Women are twice as likely as men to be illiterate and the education of girls is the key to enhancing their status. Good education and access to family planning services when combined translate into both lower infant mortality and lower fertility, as can be seen in Sri Lanka. Here, women have an average of more than six years of schooling, infant mortality rates are among the lowest in Asia and families have, on average, about two children[11].

Widespread poverty remains the major challenge to development efforts. Poverty is often accompanied by unemployment, malnutrition, illiteracy and low status of women. Poorer mothers tend to have more children, are mostly unaware of contraceptive services, or are concerned by real or perceived costs of services. Malnutrition contributes to anaemia and together they are related to many pregnancy problems and maternal deaths.

Conclusion

- The demographic indicators of South Asia have seen unprecedented changes over the past fifty years of the post second world war era. A rapid and spectacular transition from high to relatively low mortality, lower fertility and lower population growth. Even the countries that have not been the forerunners in Asia's development such as India and Pakistan, the infant mortality rates have come down.
- The change has been slow in South Central Asian countries
- A key factor appears to be the neglect of women's education, low social status together with a large unmet need for reproductive health services.

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