



**Society of  
Obstetricians & Gynaecologists  
of Pakistan**

# **HEALTH OF WOMEN IN PAKISTAN**

**ANNUAL REPORT – 2009**

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Health of the nation is going through a crisis It was never a priority for our governments. That is the reason why our country has no health care structure. The whole healthcare system is based on adhocism and short-term planning. We are one of the most unhealthy nation with a very poor healthcare system and health indicators in the world.

**Table I**

**Basic Health Statistics 2008**

Population (Mid 2008)	161 million
Total Fertility Rate	3.8
Crude Birth Rate	26.1
Crude Death Rate	7.1
Population Growth Rate	1.8%
Infant Mortality Rate [per 1,000 live births]	76.7
Under-5 Mortality Rate [per 1,000 live births]	99
Maternal Mortality Ratio [per 100,000 live births]	350-400
Life Expectancy at Birth	Male: 64 years Female: 65 years
Health Expenditures 2007-08 as % GDP	0.57%
Population per doctor	1,225
Population per dentist	19,121
Population per nurse	2,501
Population per midwife	6,203
Population per LHV	16,845
Antenatal care coverage – at least 4 visits (%)	14
Birth attended by skilled health personnel (%)	54
Contraceptive prevalence (%)	27.6
Neonates protected at birth against neonatal tetanus (PAB) (%)	81
One-year-olds immunized with three doses of diphtheria, Tetanus toxoid and pertussis (DTP3) (%)	83
One-year-olds immunized with three doses of Hepatitis B (HepB3) (%)	83
Tuberculosis detection rate under DOTS (%)	50
Tuberculosis treatment success under DOTS (%)	83
Women who have had mammography (%)	1
Hospital beds (per 10,000 population)	12

**Sources**

- Economic Survey of Pakistan 2007-08
- Human Development Report 2007-08 (UNDP)
- The World Health Report 2008 (WHO)

The health of the women was never considered an important issue because woman as a gender has little respect in the community. In the name of culture, tradition and religion they were never given equal status in the society. **A system which is based on gender inequality will not adopt policies for the well being of women who are poor, powerless, pregnant (most of the time without their consent) and weak as a class.** It is also disturbing to note that religious political parties and traditional political parties with lethal image has little time for women and their issues. Our assemblies and political institutes have a great number of women but most of them are not interested on those issues related to women health and their rights.

**In Pakistan, we are losing three women per hour because of pregnancy associated complications. More than 30,000 young women die every year in Pakistan which gives a maternal mortality rate of 340/100,000 pregnancies. A recent study has suggested that there is a small drop in maternal death rate.**

**375,000 women suffer every year from pregnancy related complications. Vesico-vaginal Fistula (VVF), Recto-vaginal Fistula (RVF), Depression, Chronic Pelvic Pain, Loss of Uterus, Infertility and Pelvic Inflammatory Diseases are the major complications faced by our women, which make their lives miserable. All these conditions are preventable and no women should suffer because of these conditions.**

**More than eighty percent women are delivered at home in the presence of unskilled birth attendants. In majority of secondary and tertiary healthcare centers, emergency obstetrical care is not available on twenty-four hour basis.**

**Haemorrhage, hypertension and infection are the three major and direct causes of maternal death in our country. Four delays of pregnancy are the major contributory factor to cause women's death and pregnancy related morbidity in Pakistan.**

We have more than seventy five thousand villages all over the country without proper road network. People living in mountains, forest areas and small islands have no access to centre with EmOC available.

Majority of our Basic Health Units (BHUs) and Rural Health Centers (RHCs) are not functional. **With the exception of very few facilities, EmOC is not available on a twenty-four hour basis in tertiary care centers.**

**TABLE II**

**Anaemia in Women**

Anaemia in women is very common in low socio economical class. Anaemia during pregnancy is associated with maternal death and morbidity. Iron deficient nutrition is responsible for anaemia. Lack of proper sewerage system and clean water is a cause of worm infestation which causes iron deficiency, anaemia in women living in city slums and rural areas

TABLE III

**Four Delays of Pregnancy**

1. Delay in Decision: When the decision is delayed to consult doctor and healthcare centre in case of obstetrical emergency.
2. Delay in Transportation: When the delay occurs because of unavailability of transport and absence of roads, (bad terrain, river, sea and forest) and communication.
3. Delay in Emergency Care: When the delay occurs at secondary and tertiary healthcare centres because of non-availability of doctor, midwives, anaesthetist, operation theatre staff, drug, oxygen, blood, electricity and water.
4. Delay in Recognition of Post-natal Complications: When the delay occurs in recognition of complications occurring post-natally.

Majority of private hospitals and maternity homes are expensive and are not providing proper obstetrical care to women as per international standards.

Very few private setups are providing free care to needy women. A very small number of hospitals and maternity homes are operating with international standards of care. As these facilities are extremely expensive, very few people can afford their services.

**Girl Child:**

Girl child is not enjoying all rights in Pakistan. **From the time of conception till her adolescence she remains under threat.** It is not that uncommon to find families seeking termination of pregnancy based on ultrasonic confirmation of gender in early pregnancy. Back street termination of pregnancy of female fetus is a major cause of morbidity. The girl child infant mortality rate is higher than male child infant mortality.

The girl child has no equal opportunity in the society. They have limited opportunities for primary and secondary education. They have less access to playgrounds, social functions and other community activities as compared to their male partner.

A large number of girl children are forced to marry without consideration of their consent, liking and disliking. **Often girl children are sold, bartered and given as compensation to resolve family and tribal feuds. Girls are also given as “blood-money” to settle crimes such as murder, and are exploited sexually and physically. A huge number of girl child are living under threat and need help.** It is also disturbing to note that traditions like VANA, SWARA, WATTA SATTA, DUNDEE, KARO KARI and other kind of activities are directed to girl child.

TABLE IV

Abortion	
Un-safe induced abortion is a major cause of women suffering in Pakistan. Health professionals are not well-sensitize about the care of women with induced abortion and miscarriage. Medical students, nurses, midwives and health workers should be sensitize about this major health related issue by change in curriculum.	
Estimated abortion per year ..... 1 million. (Natural and induced)	
Major complications .....	Bleeding / Infections

**Menopausal Women:**

**The majority of menopausal women have no access to healthcare in Pakistan.** Poor menopausal women living in rural areas and city slums face problems associated with osteoporosis. Routine screening for age related diseases are not available. They also cannot afford the hormone replacement therapy, if required. Menopausal women living in rural area face extreme difficulties in carrying out their routine activities with prolapsed uterus and urological problem (incontinence). Menopausal elderly women have also limited access to health facilities. They are victims of quackery as they often receive unscientific treatment from daies and quacks because of economical reasons.

**Cancers of Women:**

**Breast, cervical, ovarian and colon cancers are the leading causes of women's death in Pakistan.**

The Department of Health has no screening program to prevent breast, ovarian colon and cervical cancer in the country. Very few trained surgeons are available to deal with early and advanced cancers of women. Chemotherapy is extremely expensive and it is not possible for poor women to afford this kind of expensive therapy.

Radiation therapy is available free of cost in government hospitals but they are overcrowded with patients. The overburdened staff is not able to provide quality treatment to every woman.

**Women in Community and Violence against Women:**

Women are facing extreme social conditions in Pakistan. **They are not well represented in judiciary, bureaucracy, assemblies and armed forces.** The private, multinational and national corporate sector is hostile towards women.

**Violence against women is a national phenomenon.** Men are killing women in the name of honour and family traditions. Prevalent traditions, such as **Karokari, Vana, Swara, Dundee, have reduced women's status in the society.**

Domestic violence is common and there is no help available to those women who are victim of this kind of sub-human treatment. Acid burning, gang rape and slavery of women are deep-rooted problems in our society.

We were informed by Edhi Centre that the newborn they receive in their center the ninety percent of them are always female. According to a report in 2008, 7,733 incidences were reported in which women were tortured and humiliated. Exact figure is not known.

Some NGOs like Women's Action Forum, War against Rape, Aurat Foundation and Shirkat Gah are helping women but their resources are limited and they need government support to deal with these kinds of problems.

**The previous government has taken some initiative to increase the status of women in Pakistan.** Their representation in parliament and city governments has increased. They were posted as Vice Chancellors, Governor of State Bank. The doors in military and civil services have been opened for them. With lot of difficulty, government has passed a bill to protect the right of women. **But the status of women is still not satisfactory and there is a need to take revolutionary steps in favour of women. Despite these steps the previous government failed to take strict actions against these religious forces who were acting against women and girl child. It is extremely disturbing to note that only in Swat District more than six hundred girls schools are burned. Threatening letters send to female school teachers and they were forced to wear Burqa. In some parts of Punjab and NWFP a campaign was started against the education of girl child.**

In health sector, the government is receiving a huge amount of grant, loan and help from donor agencies (UNICEF, UNFPA, WHO, UNDP, USAID, DIFID, ADBP, CIDA, SIDA and many others) to improve the women health care in Pakistan. Unfortunately, the government has failed in proper utilization of this funding because of lack of political will and non-understanding of existing healthcare system in the country. It is also noticeable that lack of merit in utilization of these funds is responsible for non-utilization and improper spending of this budget.

**The country needs a massive investment in the production of competent midwives, activation of BHUs, RHCs and maternity homes, availability of EmOC in secondary and tertiary care centers.** There is no shortcut to reduce maternal death and morbidity rate. A long term planning is required to bring durable change.

The country also needs good road network in rural and urban areas. Moreover, good ambulance (Flying) services are required to provide access to women in need living in far-flung areas of country.

### **Training of Obstetricians and Gynaecologists**

Training in OBGY is extremely poor at undergraduate and postgraduate level. Traditionally the male medical students are not interested in OBGY and system does not help them to understand the plight of women dying because of obstetrical reason.

The postgraduate education in OBGY is not structured. We are producing postgraduates who are not competent and are not able to practice safe and scientific obstetrics and gynaecology. There is a need to make sure all medical students know about maternal death, maternal morbidity and emergency obstetrical care. They all should be well aware about complication and its management in community.

The postgraduate education needs immediate attention. A structured program should be devised on national and provincial basis. The country needs at least ten thousand competent OBGY specialists, and we hardly have two thousand specialists. Majority of these specialists need further training. It is very disturbing to find out that more than thirty percent (30%) VVF and RVF are formed by the poorly trained doctors causing great suffering of women because of this disease. The condition is totally avoidable. Society of Obstetricians and Gynaecologists of Pakistan (SOGP) feels that the Health Department should take immediate actions to deal this challenge on emergency basis.

The country also needs at least thirty thousand competent midwives to work in the community. There is a need to organize the midwifery and nursing training programme on scientific basis. We need trained and educated tutors with positive attitude to the profession. There is a need to recognize the profession of midwives and there is a need to raise their stipend and salary on urgent basis.

#### TABLE – V

#### WOMEN – FROM CONCEPTION TO OLD AGE

- Termination of pregnancy after diagnosis of female conception
- Increased rate of female infant death because of lack of care for female child
- Fewer opportunities for girl child for education
- More girls are child labours as domestic workers, field child farmers and cottage industry workers
- No choice for girls in getting married in majority of cases
- Women are held responsible for giving birth to girls
- Women are the victim of traditions like honour killing, Karokari, Swara and Dundee
- In urban population, the educated women are sacrificing her career in comparison to her male partner
- As a senior citizen, women are more deprived than their male partners in their social status and facilities available for them

Society of Obstetricians and Gynaecologists of Pakistan (SOGP) believes that the health of the women should be one of the top agenda of our government and following steps are required to address this issue on emergency basis.

- Provision of free EmOC in all government hospitals and maternity homes on twenty-four hour basis and activation of BHU, RHC and Taluka Hospital.

- A long term planning to produce an army of competent and skilled midwives to reduce maternal death rate in country. They should receive enough support during training and employment.
- Total independent and autonomous status to National Committee on Maternal and Newborn Health for monitoring the EmOC in country and conducting enquiries in maternal death
- Consultation with SOGP and Pakistan Medical Association in achieving the MDG and improvement of Women's Health in Pakistan
- Complete transparency in appointments of Directors and Consultants in government projects related to women's health
- Availability of free screening programmes against breast, cervix and ovarian cancer in all government hospitals
- Mass education programmes for girl child on priority basis
- Inclusion of EmOC in the curriculum of medical colleges, nursing schools and paramedics training centers
- A structured postgraduate training program for doctors working in postgraduate institutes to produce obstetricians and gynaecologists who can work in the country

The Society of Obstetricians and Gynaecologists of Pakistan strongly believe that the health of the women is the responsibility of government and basic health and emergency healthcare should be available to them without any cost. The SOGP is eager to help government in achieving all the above-mentioned goals provided government shows its political will to improve the health and social status of women.

We appeal to government and every political party in the country to unite in providing healthcare to the poor women of our country. A country has no future with a huge population of uneducated, unhealthy and battered women. The government and civil society should immediately take actions to rectify the present situation on emergency basis.

**Dr. Shershah Syed**

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SOGP