A Step Towards Raising the Status of Women in Developing Countries

Miss MALATI UPADHYAYA

Women have been dying in pregnancy and child birth since time began. Maternal Mortality is a critical problem in this present era. Only recently has serious attention been paid to the full and tragic scope of this problem.

In the satistical report of international conference held at Nairobi, 1987, the status of women in developing countries has been emphasised. Half a million maternal deaths take place every year all over the world from causes related to pregnancy. 99% of these deaths occur in the developing world. There are 2—9 maternal deaths per 1,00,000 live births in the developed world, whereas in developing world the figures range from 300-1000 or more. The life-time risk of a woman in developing country dying due to pregnancy related illness is 1 in 25 or 1 in 40. The meternal mortality rate in India is nearly 4/1000 live births.

Women constitute half of the world's population, perform 2/3rd of its work and receive one tenth of its outcome.

The prestige of women within the family is often directly related to their fertility, childlessness can lead to a loss of status, but unwanted high fertility has direct adverse effect on the health and welfare of women, particularly in the poorer sections of society and indirectly it diminishes their socio-economic status. Women with many children have their status enhanced in many developing countries which have fixed wrong concepts.

Family planning is to be considered as a vital strategy for improving maternal and child health care. It can provide a vital breakthrough giving women the opportunity and time for other activities. It is appalling that large numbers of women become pregnant not because they want to but because they do not have access to family planning services.

During 1970 the birth rate come down from 40 to 34 per 1000 but from 1979 to 1984 it has remained around 33/1000 causing great concern and demanding more effective family planning strategies with a view to reaching a net reproduction rate of one by 2000 A.D. and zero population growth by 2050.

In accordance with the country's Seventh Five Year Plan it is intended that by 1990 the birth, death and infant mortality rates will be about 29, 10, 87/1000 respectively.

To achieve our targets by two thousand AD it is essential for every health personnel to take an active part in introducing family planning access from Womb to Tomb. We should be engaged by changing their attitude to maternal death being the will of God.

The main interventions for reduction of maternal mortality will aim to emphasise the Key Points.

(1) Later marriage (girls 18 years & Boys 21 years) by means of marriage conselling.

(2) Adequate pre-marital and genetic counselling.

(3) Provide nutritional supplements and reducing the workload of the women.

(4) Adequate spacing of children.

(5) Advice on parenthood and preparation of couple for arrival of their first child.

(6) Education about prevention of the pregnancy after the age of 30 years, advantages of not having child after the age of 30 years.

(7) Emphasis to be given to promote health of nation rather than of mothers only.

Emphasis on Later Marriage

The overriding importance of family planning in India is perceived by the vast majority of the people, particularly women, because it affects them the most. In order to succeed, to family planning programme must concentrate on women and children, their health and welfare, their status and role and needs and aspirations.

Generally mother face a greater risk of dying below the age of 18 and above the age of 35 years. By upbringing women either through health education or mass media like T.V. and radio to conceive only between 21-30 years of age, allow three years before the delivery of 2nd baby and never allow the third. Thus women will understand and follow the advice voluntarily.

It is imperative to encourage the women to marry later and become more literate, to secure employment opportunities for them and their spouses, and to improve the health of women and children. The objective should not only be to have small familities, but also to enable people to derive substantial benefit from this new situation.

Family planning and maternal health care reinforce one another. They also add an important humanitarian aspect to socio-economic development. Our main objective of family planning is firmly based on the conviction that the status of women in terms of their health, education and socio-economic

The author is Sister Tutor, Tata Main Hospital, Jamshedpur.

roles, must be raised if the country's population and development goals are to be achieved. It is only possible to bring down birth rate if women's health and status are improved. If family planning is effectively linked to maternal and child health care on the one hand and to the socio-economic development of the family on the other as envisaged in India then success is possible.

Spacing of Children

The United Nations Conference on Human Rights at Tehran in 1968, recognised family planning as a basic human right. The world conference of the international women's year in 1975 also declared "The right of women to decide freely and responsibly on the number and spacing of their children and to have access to the information and means to enable them to exercise that right".

Repeated pregnancies and pregnancy after the age of 30-35 years increase the risk of maternal mortality. These risks increase with each pregnancy beyond the 3rd pregnancy. The indidence of rupture of the uterus and uterine atony increases with parity as does the incidence of hypertension, eclampsia, placenta preavia and enaemia and the Prenatal Morbidity rate increases significantly with high parity.

How to Achieve a Significant Reduction in Maternal Mortality and Morbidity

- We need to generate the political commitment to reallocate resources to implement the available strategies that can reduce maternal mortality by an estimated 50 per cent in one decade;
- We need to remember that the industrialized countries faced this challenge in the past. For some the change has taken place in our lifetime, through dedication and the reallocation of priorities;
- We need an integrated approach to maternal health care that makes it a priority within the context of primary health care services and overall development policy;
- We need to reach decision-makers in family and government to change laws, attitudes, and improve the legal and health status of women generally especially in areas such as adolescent marriage and restrictions on health care delivery;
- We need to mobilize and involve the community and particularly women themselves in planning and implementing policies, programmes and projects, so that their needs and preferences are explicitly taken into account;
- We need to utilize a range of information, education and communication activities to reach communities, women, men, boys and policy-makers, through the media and all culturally appropriate channels;
- We need to carry out additional studies to gain better-country and local-specific information on maternal mortality—its immediate causes, which we know, and its root causes, some of which we either do not know or ignore;
- We need to have ongoing operational research and evaluation activities to assess the effectiveness of various programmes;
- We need to expand family planning and family life education programmes, particularly for young people, and make services for planning families socially, culturally, financially and geographically accessible;
- We need to use appropriate technologies at all levels so that women have better care at lower costs;
- We need to strengthen community based maternal health care delivery system, upgrade existing facilities and create relevant new ones if necessary;
- We need to ensure that pregnant women are screened and supervised by trained non-physician health workers where appropriate, with relevant technology (including partograms as needed) to identify those at risk, provide pre-natal care and care during delivery as expeditiously as possible.
- We need to strengthen referral facilities and locate them appropriately to hospitals as well as health centres. They need to be equipped to handle emergency situations effectively and efficiently.
- We need to implement an alarm and transport system that ensures that women in need of emergency care reach the referral facilities on a timely basis.

Conclusion

Repeated pregnancies damage the mother's health, endanger her life. Early child bearing is associated with high pre-natal & maternal mortality & morbidity. In late child bearing there is the added problem of high rate congenital abnormalities.

The unnecessary loss of life, both maternal & neonatal, is a drain to the national economy, is not only a source of worry and un-happiness to the family but also loss of scant resources.

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