

An Egyptian doctor Mahmoud Fathalla use the term 'maternity death road' while discussing issues of women's maternal health. Discuss women's health issues in context with Pakistan's social, cultural and demographic situation.

1) Introduction :-

Like all aspects of women life in Pakistan, the health aspect also paints a bleak picture with few good indicators and several horrifying stats. The term that Mahmoud Fathalla uses — maternity death road — truly depicts the health status of women in Pakistan.

The maternal health issues that affect the health of mother owing to the precarious health facilities are compounded by the social, cultural and demographic factors.

The maternity death road passes through physical, mental and cultural hurdles for mothers and often end up in death for mother and the child (especially if

it's a female).

Discuss the case first

2) Maternity Death Road (Pakistan's Context)

a) This road often begins with a forced pregnancy when the woman is already physically weak and unwilling to maintain the pregnancy.

b) As she continues her pregnancy, she is faced with nutritional deficiencies.

According to a study by LANSA, women in agriculture labor are more prone to malnutrition. This can lead to stunted growth in babies.

c) Then there is a dearth of enough trained medical staff and lack of access to freed medical resources.

You need to build headings instead of bullets

Pakistan currently has 46,000 midwives and 29,000 lady health workers.

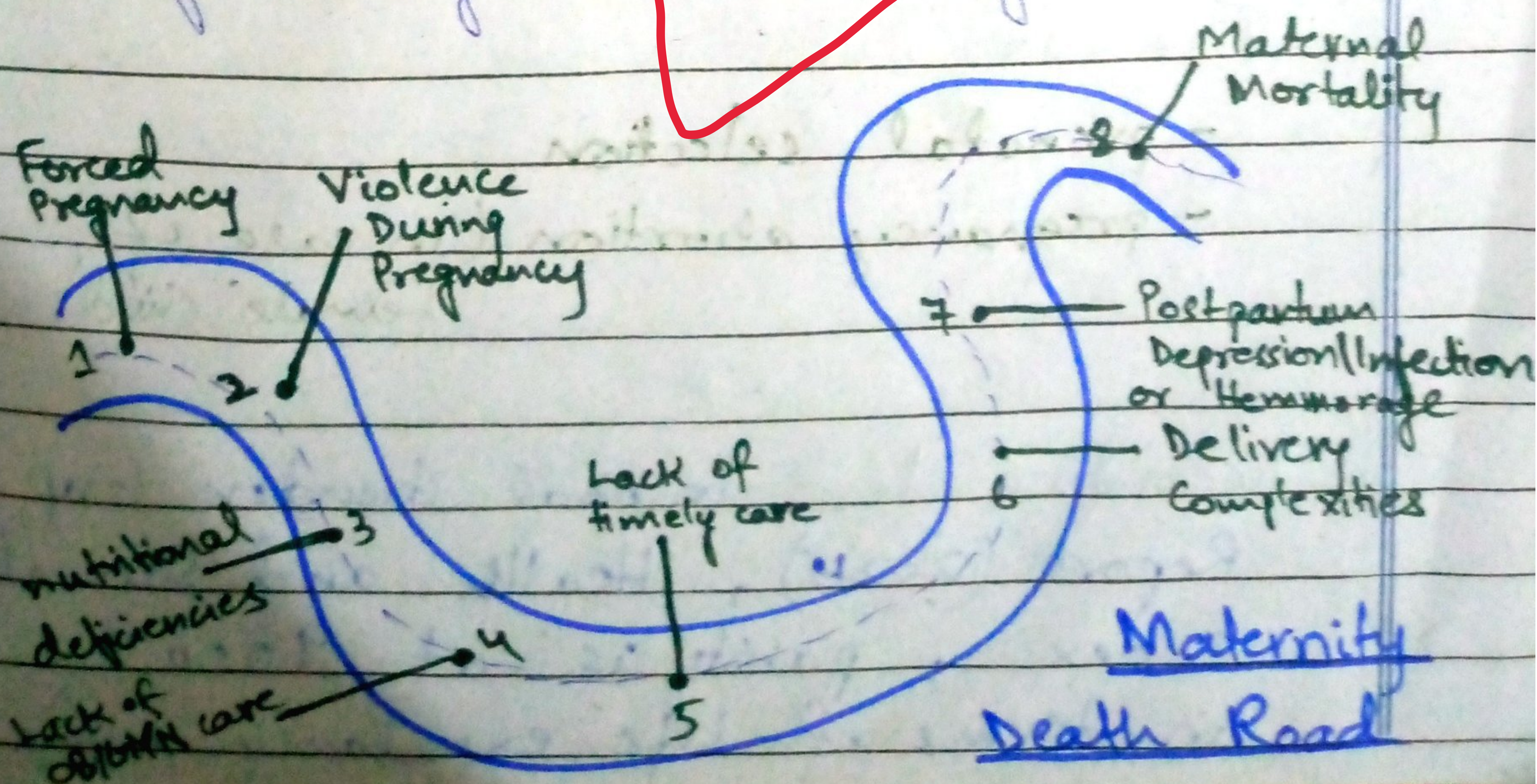
d) Close to delivery, the pregnant woman finds herself facing the 4 delays of pregnancy. These include:-

- Delay in decision making
- Delay in transportation
- Delay in emergency obstetrical care
- Delay in the recognition of postnatal complexities

e) Delivery mostly occurs (in rural) areas in the absence of trained doctors. In urban areas, most occur in public hospitals that are overburdened and lack enough staff.

According to UN, 75% deliveries in rural areas of Pakistan ~~are~~ occur at home.

f) After delivery, issues like post partum depression, chronic pelvic pain, infertility or inflammatory diseases may occur.



3) Stats of Maternal and Neonatal Mortality:-

According to UNEPA following are the states for MM & NM 2 goals under SDGs.

	<u>Current Stats</u>	<u>SDG Targets</u>
<u>Maternal Mortality</u>	186/1lac	70/1lac
<u>Neonatal Mortality</u>	40/1000 live births	12/1000 live births

4) Health of Neonates and Children

The issues of health and well being do not only affect pregnant women, a female child faces discrimination even before she is born.

There is

- prenatal selection
- pregnancy abortion (in case of female child)

According to Global Gender Gap Report (2025), Health and Survival Index, parity is at 93.6% in terms of life expectancy and

Sex ratio (at birth).

Although this ratio is much better than neighbouring India, the ratio still highlights a subtle male bias.

5) Issues of Girls :-

In terms of sexual wellness and awareness, Pakistan has poor stats. There is zero inclusion of sensitive topics in curriculum and young girls lack knowledge on their own health and sexual rights.

a) Lack of awareness on contraception

While this awareness was good even in rural areas during 1960-90s when lady health worker program was on the peak, we now see an utter lack of awareness on the issue now.

b) Poor menstrual health

Considering this topic as taboo and not educating women about menstrual health leads to women to develop infections (NIH).

c) Poor mental health

Other health conditions gradually weight on the mental health.

of Pakistani girls leading them to develop mental health issues.

According to NIH, $\frac{2}{3}$ rd of psychiatric patients in Pakistan are women.

Issues of Elderly Women:

Menopausal women in Pakistan are often faced with issues like osteoporosis, prolapsed uterus and urological infections due to

- lack of routine care after menopause

- Affordability issues with hormone replacement therapy (HRT)

7) Social and Cultural Outlook Regarding Women Health:-

In addition to the issues mentioned above, women also face additional issues due to following social and cultural problems. These include

- i) Adhocracy and lack of long-term commitment to women health.
- ii) Issues of Purdah
- iii) Preference of male child
- iv) Treating women issues as normal/natural

8) Conclusion:-

The status of women's health in Pakistan is in need of governmental attention. It is not that women of this country suffer on the road to maternity, they suffer even as a child, as a girl or even as menopausal women. Positive changes can be made in this status by ensuring the availability of 24hrs obstetric care in BHCs and RHCs, aware and education of girls on health issues and lowering of ~~the~~ fertility rate in Pakistan.