Women’s reproductive health – challenges for the 1990s

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Abstract

Health policy makers, program planners and donor agencies have paid little attention to issues surrounding women’s reproductive health. This paper will look at reproductive health issues surrounding pregnancy and childbirth, the accessibility and safety of contraception, and reproductive tract infections.

The gross social injustice caused by high maternal mortality can no longer be ignored. Nor can we ignore the much larger numbers of women who suffer life-long health impairment resulting directly from the health hazards associated with pregnancy and childbirth. The challenge is to reduce maternal mortality by at least 50% by the year 2000. If these challenges are not faced, the 1990s may very well be remembered as the decade that saw the largest numbers of women dying in childbirth and pregnancy.

The 1990s will see the addition of some 300 million couples to the reproductive age group. These couples will need access to good sexual health care, including safe and effective contraception, and prevention of reproductive tract infections and sexually transmitted disease.

The biomedical consequences of reproductive tract infections are, among others, fetal wastage, low birth weight, carcinoma of the cervix, infertility and ectopic pregnancy. In addition to these consequences, there are the psychological, social and economic costs of these diseases.

Some suggestions for meeting these challenges are put forward. These include building on existing programs and expanding available resources to help women to attain health, dignity, and their basic human rights.

This paper is based on a presentation given at the Seventh International Meeting of the Society for the Advancement of Contraception, which was held in Singapore on 4-11 November, 1990.
Introduction

Women constitute nearly 50% of the world's population, contributing significantly to the generation of resources, be it at home, on the farm or in factories. In order to achieve the social goal of 'health for all' by the year 2000, it is important that this 50% of the world's population (women) receives the required health care and attention. It is a reality, however, that around the world, but especially in developing countries, women have not received the attention they deserve, especially in areas such as literacy, health and other aspects of socio-economic development. This is doubly tragic because the health of a woman is intimately linked to the health of her children, and her family. In fact, it is now being acknowledged that, if morbidity and mortality rates are to be reduced in developing countries, we should start with improving the health of women and girls.

Magnitude of the problem

Scientists and researchers have only recently begun to grapple with the magnitude of the problems related to reproductive health and the morbidity and mortality associated with reproductive function. A WHO working group adopted a broad definition of reproductive morbidity. They included in the definition any morbidity or dysfunction of the reproductive tract, any morbidity which is a consequence of reproductive behavior, including pregnancy, abortion, childbirth or sexual behavior [1].

Data currently available do not provide a true picture of the burden of maternal morbidity or mortality in women, their families and their communities. The mortality associated with pregnancy is the primary killer of women in many developing countries. A quarter of all deaths in these countries is due to obstetric causes, resulting directly from pregnancy, labor or the puerperium. These deaths can be from intervention, omissions, incorrect treatment, or from a chain of events resulting from any of these.

World wide, the incidence of maternal mortality is estimated at more than 500 000 per year. Of these women, 99% live in developing countries [2]. Between sunset yesterday and sunrise this morning, 800 families lost their mother, the pivot around which the life of the family revolves. Her death disrupts the life of the entire family. Death of a mother in childbirth is often fatal to the newborn. The infant she leaves behind has a 95% chance of dying in the first year [3].

If the maternal mortality rates in developing countries could be made the same as those in the developed countries, 460 000 women’s lives would be saved each year! These figures may be grossly underestimated. In studies carried out in some countries, it has been shown that 40–50% of maternal deaths are wrongly attributed to other causes. In yet other countries, data are not collected at all. Some 15 countries in Africa do not collect or report data on maternal mortality [4]. A recent article [5] has highlighted the difficulties of studying maternal mortality. Studying maternal morbidity involves many of the same problems as well as others. A maternal death is