



Reproductive Health of Women in Central Asian Countries: Myths and Facts

Mala Sharma

Assistant Professor, S M Patel College of Commerce, Ahmedabad

Nasheman Bandoowala

Assistant Professor, S M Patel College of Commerce, Ahmedabad

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life.

WHO definition of Reproductive health

Reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

The International Conference on Population and Development Programme of Action definition of Reproductive Health "reproductive health ... implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."

Cairo Definition of Reproductive Health

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Hence, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."

However, all the three above definition have implicit in them last condition that the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant

Importance of Reproductive health

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care. Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive life events. Men too have reproductive health concerns and needs though their general health is affected by reproductive health to a lesser extent than is the case for women.

However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters. At each stage of life individual needs differ. However, there

is a cumulative effect across the life course, events at each phase having important implications for future well-being. Failure to deal with reproductive health problems at any stage in life sets the scene for later health and developmental problems. Because reproductive health is such an important component of general health it is a prerequisite for social, economic and human development. The highest attainable level of health is not only a fundamental human right for all; it is also a social and economic imperative because human energy and creativity are the driving forces of development. Such energy and creativity cannot be generated by sick, tired people, and consequently a healthy and active population becomes a prerequisite of social and economic development.

Glaring Facts about reproductive health of Women in developing countries

The present study on reproductive health status of women in Central Asian countries has been undertaken after discovering following glaring facts about women reproductive health in developing countries

- An estimated 1,600 women die every day from complications caused by pregnancy and child birth, 99% in developing countries
- Each year, approximately 2 million girls are at risk of female genital mutilation.
- About 70,000 women die every year from unsafe abortions, and many more suffer infections and other consequences.
- Women are more likely than men to contract HIV through sexual encounters and about 42 per cent of all persons infected with HIV are women.
- Fifty-one percent of all pregnant women suffer from iron-deficiency anemia.
- In many countries of South Asia, Central Asia, Africa, Latin America, and the Middle East, one-third to one-half of women are mothers before the age of 20.
- Cancer of the cervix, the most common form of cancer in developing countries, is often linked to the sexually transmitted human papilloma virus.
- Domestic violence, rape and sexual abuse are a significant cause of disability among women

Objective of paper:

- 1) The study tries to evaluate the reproductive health status of women in eight major Central Asian countries.
- 2) Life Expectancy of female vis –a vis male across countries are incorporated to indicate health dynamics of female in these countries.
- 3) Literacy rate of female vis-à-vis male across countries is incorporated as it has direct connotation to health awareness.
- 4) Reproductive health is subset of total health and hence health expenditure as a percentage of GDP is evaluated across countries to summarize health awareness.
- 5) The reproductive status is analyzed taking parameters like :
 - a) Percentage of married women using contraceptive
 - b) Percentage of Birth attended by skilled personal
 - c) Maternal death
 - d) Life time chance of dying from maternal cause.
 - e) Abortion policy of the countries under study are broadly analyzed
- 6) Countries are ranked on each parameter to evaluate the best and worst performer

7) Comparative study of India with other Central Asian countries will be dealt with.

Methodology

- 1) The inter country comparison of each parameter is dealt with and maximum and minimum for the each parameter is worked out.
- 2) Countries are ranked for each parameter with the best performer securing 8th rank and least performer is being ranked 1st .
- 3) The comparison of health expenditure and use of modern methods across countries is dealt with to focus policy dynamics related to health amongst the countries in consideration.

Myths about Reproductive Health of Women:

1. Pregnancy is the natural process and no extra care is required, In fact it is vice versa.
2. No allopathic medication should be taken by expecting mother.
3. No skilled attender or medical practitioner is needed during the

- term of pregnancy and delivery.
4. Having more children is blessing and the sign of high fertility, but no child means a cursed by God.
5. The gender of the baby is solely the mother's responsibility.
6. The baby should not be breast feed after couple days from birth.
7. The quality of breast milk depends on mother's diet e .g. Mother consuming more sugar results into cough in the infant.
8. Any oral or intra uterus device results into infertility.

Facts and Figures about reproductive health of women in selected Central Asian Countries:

The present study would be interesting if inter country ranking for the considered parameter is dealt with. The ranks allotted to the county will exhibit the country's performance in the respective parameters. As already mentioned above the best performing country is allotted rank eight and sequential ranking are allotted according to the performance.

Table: 1 Facts and Figures related to Reproductive Health of Female in selected Central Asian Countries (2011)

Countries	Female Population in Million	% of Women in Ages			% of Women aged 20-24 Married by age 18	TFR	Life Exp Female	% of married women using contraceptive		% of birth attended by skilled personal	Maternal death/1lac 2008	lifetime chance of dying from maternal causes 1 in:	Health Expenditure % of GDP 2009	literacy female
		Less than 15	15-49	49 above				any method	Modern method					
Central Asia	879	31	53	16	45	2.8	NA	54	45	45	270	120	NA	NA
Afganistan	14.5	46	46	9	43	5.7	48.1	19	16	14	1400	11	7.4	12.6
Bangladesh	82.4	30	56	14	66	2.4	43.4	56	48	18	340	110	3.4	77
Bhutan	0.3	31	55	14	NA	3.1	62.6	31	31	71	200	170	5.5	38.68
India	595.4	30	53	17	47	2.6	66	66	49	47	230	140	2.4	47.8
Iran	37.4	24	61	16	NA	1.8	70	74	56	97	30	1500	3.9	70.4
Nepal	15.3	34	52	14	51	3	60	48	44	19	380	80	5.8	34.9
Pakistan	91.6	36	51	12	24	4	63.4	30	22	39	260	93	2.6	35.2
Srilanka	10.5	23	51	26	12	2.4	76	68	53	99	39	1100	4	88.6

Source: The World Women and Girls Data Sheet 2011, Population reference Bureau

Table: 2 Ranking Countries on each parameter

Countries	Female Pop in Million Rank	% of women in ages 15-49 Rank	TFR Rank	Life expectancy female Rank	% women using modern method	Maternal death 1lac 2008	Health Expenditure	Literacy Female Rank
Afghanistan	3	1	8	2	1	1	8	1
Bangladesh	6	2	2	1	5	2	3	7
Bhutan	1	3	6	4	3	3	6	4
India	8	4	4	6	6	4	1	5
Iran	5	5	1	7	8	5	4	6
Nepal	4	6	5	3	4	6	7	2
Pakistan	7	7	7	5	2	7	2	3
Srilanka	2	8	3	8	7	8	5	8

Source: Calculated from Table: 1

It would be interesting to analyze each country on each parameter and then inter country comparison will be dealt with. Starting with Afghanistan that exhibits weak rank for all the parameters baring TFR, and health expenditure where the country is on 8th, and 8th rank respectively. This clearly indicates that although fairly good investment is incurred by the authorities it has not positively percolated among the masses. The main reason for low percolation effect is low female literacy rate; the country has low overall literacy also.

In case of Bangladesh the country ranks 6th in female population but surprisingly 2nd for percentage of women in age of 15-49 meaning either the country has more girl child or old aged women. This clearly indicates low TFR in the country and is on 2nd position. The country ranks 3rd and 4th in health expenditure and female literacy which calls for concern.

Talking about India and Pakistan together, they share nearly similar scenario in female population and life expectancy. However, in case of fertility and maternal death Pakistan is ahead of India having 7th rank against 4th of India indicating more children per women and female death. Nevertheless both the countries incur low health expenditure and remaining at low rank of 1st and 2nd respectively. Looking at another neighboring country of India- Srilanka, a very topsy turvy scenario is exhibited. The country is on the highest rank for young women population, life expectancy, literacy rate and lowest maternal death,

and second highest in use of modern methods of contraception which clearly indicates percolation effect of literacy on other indicators. Similar is the case of Iran where almost all indicators depicts good performance. Its lowest TFR rank, second highest life expectancy rate, third highest literacy rate and best in using modern methods of contraception makes the country a good performer. But, among all the Central Asian countries considered in the analysis Srilanka is the best performing country

Table: 3

Parameters	Correlation Co-efficient
% of birth attended by skilled personal & Maternal death/1lac 2008	-0.66073
Maternal death/1lac 2008 & literacy female	-0.70154
Female Literacy & TFR	-0.82065

Note: Calculated by the authors from the above data

The above correlation co-efficient between various parameters shows that female literacy is one of the vital parameter influencing reproductive health of women. Looking at the correlation co-efficient between female literacy and TFR, which is -0.82 portraying highly negative correlation between both the parameter which is also visible from the data in Table: 1, where Srilanka which has highest literacy rate of 88.6% has second lowest TFR of 2.4, whereas Afghanistan which has lowest literacy rate of 12.6% has highest fertility rate of 5.7.

Considering the next parameter of Maternal death and female literacy again a negative high correlation exist. Table: 1 depicts that Afghanistan has lowest literacy rate of 12.6% and highest maternal death of 1400 women per 1 lac, on the contrary in Srilanka where the literacy is highest has second lowest maternal death of 39 women per 1 lac which is marginally higher than Iran whose maternal death is of 30 women per 1 lac.

The third parameter considered in the study is percentage of birth attended by skilled personal and maternal death also has negative correlation as higher the awareness among the people to take medical help lower will be the maternal death.

Let us turn the lime light to mother land India, we find that female literacy has negative correlation with TFR and maternal death. Due to low literacy rate in India (47.8%), the fertility rate is 2.6% and maternal death is 230 women per lac, which in absolute sense has reduced but is still very high compared to other central Asia countries Srilanka and Iran. Low medical help provided (47%) to Indian females in reproductive age group results into high maternal death of 230 women per 1lac vis –a-vis Srilanka and Iran where medical help is provided to 99% and 97% of the women respectively is clearly reflected in their low maternal death. Hence it is a lesson to be learnt by India from these countries is in up coming policies priority should be given to female literacy and awareness about medical help during reproduction.

Table: 4 Abortion Policies in Selected Central Asian Countries

Countries	Abortion Policy
Afghanistan	Very Strict
Bangladesh	Very Strict
Bhutan	Semi Strict
India	Liberal
Iran	Semi Strict
Nepal	Liberal
Pakistan	Semi liberal
Srilanka	Very Strict

Note	
Very Strict	: Prohibited, or permitted only to save a woman's life.
Semi Strict	: Permitted only to save a woman's life and in one or More special cases such as rape, incest or fatal Impairment or abnormality. Spouse consent is Required in some countries.
Semi Liberal	: Permitted on physical or mental health grounds And in some countries in one or more special cases Listed in previous category. Spouse consent is Required.
Liberal	: Permitted on broad socio-economic ground and health ground or without restriction as to reason, with limits on gestational age.

The above Table: 4 reveals that countries like Srilanka and Afghanistan have very strict abortion policy although in case of Srilanka a positive impact exist due to high female literacy rate. Whereas, in case of Afghanistan high fertility rate and low literacy rate coupled with strict abortion policy results deterioration in women reproductive health. Low female literacy in India along with liberal abortion policy could be one of the reasons for poor reproductive health of women in the country.

The present study clearly emphasizes that woman reproductive health is the crucial part of her overall health which should be taken care of. The reproductive health is substantially affected by female literacy rate, health expenditure, female awareness about modern methods of contraception and number of births attended by skilled person. The countries performing well in all these parameters definitely have improved female health and vice versa. In case of India, it is found that a serious policy measure is required to be taken for improving female literacy and more health expenditure should be incurred. It will be more appreciable if the country also revamps its liberal abortion policy.

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