

Women's Health



Alokendu Chatterjee

The health of women actually represents the health of the country she comes from. Women are the primary carers, first educators, bearers and nurturers of the next generation. She is the nucleus of our society. Our destiny lies with the well being of women's health. We, the Obstetricians and Gynaecologists are unique among all the health professionals. We have the knowledge and the skill to be the natural ally to women, their supporters and friends, in an effort to improve the quality of their lives.

We, the Obstetricians and Gynaecologists, are usually busy in dealing the problems of reproductive biology and handling the biomedical technologies. We keep our target of reducing maternal and perinatal mortality and morbidity as well as fertility control. Our attitude is solely confined to take care of the women of reproductive age. Unfortunately, we have yet to reach the target.

The concept of "Women's Health" has a wider horizon. It is, the comprehensive or total health care that can be offered to a woman. We should treat her as a whole and not the disease only, she is suffering from. In a simple term it means to provide total health care to a woman rather than to provide the reproductive health care only. So, women's health is much more than obstetrics

and gynaecology. There is no doubt that safe and successful birth is a part of it. Actually care has to be tailored according to the need of a woman in her different phases of life cycle, from a girl fetus to a geriatric lady.

This concept of 'Women's health' demands the Ob-Gyn. professionals to think about their expanded role and responsibility. Let us consider the expanded role of the professionals in women's health. It encompasses the total care to make pregnancy safe, to prevent unsafe abortion, fertility regulation, adolescent health care, cancer screening, menopausal health care, prevention of sexually transmitted infections (STI) including HIV and also to provide primary health care as well.

We, the Obstetricians and Gynaecologists, need to provide the health care to all women of all ages not only for dysfunction of reproductive systems but also when they suffer from diseases of the other systems as well; because other systems disorders in women have a different disease pattern than those of men. This difference is due to her different genetic composition, different hormonal environment, different life style and their interactions with the reproductive systems. Ob-Gyn professionals in the developing world should be the leader of the team of primary health care provider. There are several reasons to this. In our existing social structure, pregnancy is the first entry point to the health care system in most cases. Unfortunately, health of these women is below the optimum level before the actual onset of pregnancy. As a team leader in reproductive and child health care, our duty is not confined only to manage the complicated obstetrics and Gynaecology. The comprehensive care demands our expanded role in women's health issues covering the preventive and promotive areas too. Incorporation of man's role in the improvement of women's health, is also an important issue.

If we agree to accept our expanded role in women's health, we ought to change our attitude towards

women. Women must be treated with respect. We should listen to her, to heal her rather than to treat her disease only. She should be assured of her privacy and confidentiality. Above all, she should be provided with full information and different treatment options for her health problem.

Making pregnancy safer is one of our important agenda for many years. Maternal mortality ratio (MMR) in India at present is about 430 for 100,000 live births. It means, there is one maternal death at every 5 minutes. 25 per cent of all maternal deaths in this planet, is in India. Strategies adopted in Nairobi declaration (1987) did not have expected outcome. Reasons are many. Lack of motivation and responsibility by the policy makers and funding agencies were the important ones. Unfortunately failure to recognise the expanded role in women's health by the health professionals was also a major factor. We failed to recognise the importance of emergency obstetric care (EOC). We keep stressing the importance of economic growth and women's education. The Industrialised nations, through EOC, have been able to bring down the maternal mortality significantly. EOC, when provided by a trained midwife, nurse or a physician at the door or close to the door of the patient, can save her life. Obstetrician should train the primary health care staff to provide high quality EOC. The role of national Ob-Gyn or local Ob-Gyn society need not be over emphasised. EOC at the first referral unit (FRU), should be at par to that of a district hospital. FRU should be equipped to perform at least one caesarean section a week.

Health authorities and funding agencies should be motivated realistically. Politicians should be convinced to organise the infrastructure facilities and to ensure the easy accessibility to the first referral unit.

Unsafe abortion is responsible for 13 percent of all maternal deaths globally. In India 80 percent of all post abortion complications are found in women of more than 20 years of age. Suggested measures are to provide universal access to fertility control services. Increased availability of quality MTP services as per law. Another important area that we often tend to forget, is the post abortion care. Post abortion care must include fertility control counselling and prompt

referral facilities. We need to address the needs of the adolescent boys and girls (both married and unmarried). Increased incidence of unsafe abortion, sexually transmitted infections (STI) and deaths have been observed in this age group compared to the adults. We should change our concept from 'focus on demand' to 'focus on need'.

Fertility Control : Our top priority is to stop the almost vertical rise of our population curve. Total population in India is now 1 billion. Growth rate is slightly reduced to 1.7 (1998) from 2.0. Couple protection rate is 40.6 percent only. We encourage fertility control to improve maternal mortality. Our belief is to prevent unwanted pregnancy as it is the major cause of maternal mortality. In reality, most maternal mortality in developing countries are from wanted pregnancies. Again countries with low couple protection rate (Italy, Malaysia) do not always have high maternal mortality. Wide spread use of contraceptives is not the only method for lowering maternal mortality.

Man's role in women's health : It is an unique concept to involve men when considering the women's health. In the developing world man has greater influence in all family decisions. Men often tend to neglect women's views. Therefore, the remedial measures, as recommended by ICPD (1994) are to be considered. It goes without saying that the attitude of a man need to be changed. We should remove the gender inequality in the society. There should be a good communication between a man and a woman. Lastly, all the responsibilities have to be shared by both. We should involve men, in all the women's health care issues, besides the women and the child. Man's involvement is essential, not only for better understanding of reproductive health (eg. contraceptive practice, safer sex), but also for many other aspects of life (eg. to promote gender equality, girl child's education and to establish women's empowerment).

As a matter of fact, the road ahead to our profession should take us from obstetrics and gynaecology to 'Women's Health'. This should be our goal, task and dream in this new millennium. FOGSI is committed to fulfill this task.

Dr. Alokendu Chatterjee
Guest Editor