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Editorial

Women's Health – A Continuing Challenge in Developing Countries

For justifiable reasons, the health of women in developing countries is presently an important public health concern throughout the world. In 1987, the international safe motherhood initiative was launched in Nairobi, Kenya, with the objective to reduce the number of women who die during childbirth by 50% by the year 2000. In 2007, available evidence indicates that very little progress has been made in achieving this goal in many developing countries. Current estimates indicate that during the 20 year period between 1987 and 2007, over 10 million maternal deaths occurred worldwide (at a rate of half a million deaths each year). More than 99 per cent of these deaths occurred in developing countries[1]

Maternal death is one indicator that illustrates the huge disparity that exists between rich and poor countries, and between rich and poor women in all countries. According to WHO statistics[2], one in six women in Afghanistan, and one in 18 in Nigeria die each year from pregnancy-related complications; compared to one in 2,500 in the United States and one in 29,800 in Sweden. In addition to the large number of maternal deaths, women in developing countries suffer long term complications of pregnancy such as vesico-vaginal fistula that are extremely rare in developed countries.

The medical complications that lead to maternal mortality are well known in many countries[3]. These include hemorrhage, eclampsia, postpartum infection, unsafe abortion, and obstructed labor. While it may be true that women in developing countries die from these obstetrics complications, it is also true that these complications also occur in developed countries. However, while the complications are easily managed in developed countries, they are often poorly treated in developing countries, thereby leading to increased risks of maternal mortality. Thus, it is evident that it is not the pregnancy complications per se that kill women in developing countries, but rather the adverse social conditions under which women become pregnant and experience pregnancy-related complications in these countries.

These adverse factors include extreme poverty, harmful traditional practices, social inequity that disproportionately affect women, illiteracy, poor health and social infrastructures and the low status of women[4,5,6].

Since the 1990s, several international conferences have identified strategies to address these social problems affecting women, with very little evidence of sustained impact at the country level. The International Conference on Population and Development (ICPD) [7], which took place in Cairo, Egypt in 1994, re-defined the concept of reproductive health as a tool for promoting the social advancement of women, in contrast to the undue emphasis which had hitherto been placed on family planning. Thus, ICPD created an opportunity for a paradigm shift from family planning to a more holistic approach that focus on women's social and economic development. The Fourth World Conference

on Women[8] which took place in Beijing, China in 1995 reinforced the ICPD Platform of Action and gave specific guidelines to countries on ways to broaden the issues to include the social and economic empowerment of women.

Unfortunately, nothing substantial happened in many developing countries during the intervening period up to 2000. However, the Millennium Development Declaration gave further pre-eminence to the problem, with the enunciation of the Millennium Development Goals by World leaders in 2000. Of the eight goals, one was specifically devoted to the promotion of maternal health, with a specific target to reduce maternal mortality by 75% by the year 2015. This maternal health goal, is often referred to as “the heart of the MDGs”, because of the recognition that if it fails, the other goals will also fail. Unfortunately, to date there is little evidence that this goal is being systematically achieved in many developing countries.

Effective interventions to promote maternal health and reduce maternal mortality are now well known. These include interventions that increase women’s access to family planning, antenatal care, skilled birth attendants and emergency obstetrics care. They also include the promotion of women’s education, elimination of extreme poverty, the eradication of harmful traditional practices and the economic, social and political empowerment of women. While these interventions are known, what is lacking in many developing countries is the political will and foresight to apply these interventions for the promotion of women’s health[10].

In conclusion, the persisting high rate of maternal mortality in many developing countries is unacceptable, and is evidence of a continuing denial to the right to health for women in developing countries. Governments of developing nations are urged to prioritize the provision of maternal health as a major part of their developmental agenda. Clearly, future assessment of the quality of life and economic attainment in developing countries will be based on the extent to which governments guarantee the attainment of these basic human rights to women in their territories.

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