

SOCIO-CULTURAL CONSTRAINTS TO REPRODUCTIVE
HEALTH OF WOMEN



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ABSTRACT

A major public health concern in Pakistan has been high rate of maternal deaths as estimated maternal mortality ratio (MMR) is 276 per 100,000 live births, the millennium development goal 5 set this ratio to be reduced to 140 per 100,000 live births (PDHS 2012-13). About 529,000 women die of pregnancy related complications every year with majority of them living in developing countries. Moreover evidence finds out that for every woman who dies from a pregnancy related complication, at least 30 suffer from disability (USAID, 2005). Despite the acknowledgement of high rate maternal mortality by the government and the non-governmental organizations, little research has been done on the causes of this issue. This research aimed to determine the social and cultural constraints to reproductive health of women as well as to explore the concept of patriarchy and its consequences for female reproductive health. In a society like ours, one of the chief organizing principle is Gender. The values embedded in the local traditions and culture determine our social values which leads to a wide division between genders, their roles and the responsibilities and their attitude towards seeking different health services. This study was an attempt to examine those socio-cultural values that act as a constraint and hinder reproductive health care of females, leading to higher risks of maternal mortality by looking at the perspectives of females, their family members and the doctors that are concerned with the provision of health care services. Women are not simply at higher risks of mortality during pregnancy and after child birth but rather a series of events and socio-cultural barriers lead to high maternal mortality rate. The literature shows that the main causes behind the high maternal mortality rate are complications during pregnancy, unsafe abortion and infection in low resource settings, however this study looks at the various other factors from societal and cultural perspective that act as a hindrance.

Three hospitals of the Federal capital of Pakistan, Islamabad are taken as the locale of the research. Expecting mothers as well as doctors were interviewed to gather qualitative data and focus group discussions were conducted. After carrying out Descriptive and Thematic analysis on the collected data, the results indicated that the socio-cultural constraints to reproductive health of women is not the patriarchal framework of our society, where men are the primary authoritative figures. The

major factors that act as a constraint to female reproductive health are negligence of women themselves, stress and nutritional deficiencies. However, the factor which stood out was religion support treatment which was found out to have a strong impact on expecting mothers due to which mothers believe that humans have no power in issues such as child birth since its Allah's will hence there's no need to be cautious and take extra care. Furthermore, it was found out that women lack autonomy not because of male dominance or their subordinate status as all the respondents were made a part of decision making process by their husbands but the lack of autonomy was seen more in extended family and joint family system where the decision making power lies within the elders of the family particularly the females.

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