Women Get Short Shrift in Health Priorities

By Qurratul Ain Tahmina

Miru, her husband, three children and mother all live in a tiny, windowless hole in a congested slum in the outskirts of Bangladesh's capital. The area is accessible through narrow lanes overflowing with tannery wastes.

Yet to the rent of this home goes two-thirds of the pittance she earns—1,500 taka (US$25)— as a domestic worker of three wealthy families.

Because Miru is the family's main provider, she cannot afford to be ill. But she recently had to spend one whole day —and nearly half her month's earnings—to get treatment for her more urgent chronic ailments.

Some problems had to be left alone though. "I have been suffering from white discharge for years," Miru says, "but I got to live with this. Can't afford to see a doctor for each and every problem."

Only one of 10 women in the poor communities of Dhaka has given birth in a clinic. The others were attended by unskilled or semi-skilled midwives, or family members. Nearly all have lost a child or two before the child reached the age of five.

Miru's medical check-up calls attention to dreadful statistics in this country of 140 million people:

- Three women die every hour from pregnancy-related complications —the world's highest maternal mortality rate.
- Nearly 80 percent of deliveries take place without a skilled attendant.
- About 77 of every 1,000 new births die before reaching the age of five.

Women's health needs usually are at the lowest end of the priority ladder, says a group of South Asian researchers and activists who discussed the issue of women's health and its relationship to globalisation at a meeting in late May. The event was organized by the regional network of the Rome-based Society for International Development (SID) to mark the International Day of Action for Women's Health.

At the meeting, experts pointed out that while women have taken on a lot of economic and other roles, this has not translated to better quality of lives—or even basic health services—for them. "That women are increasingly entering the market is hardly a choice or opportunity for them," says Khawar Mumtaz from Pakistan. "In cities across South Asia, women are becoming the breadwinners of the very poor families migrating from rural areas."

However, because of the increasing privatisation of the health sector that comes with market reforms, essential public health services have become inaccessible for the poor, especially the women. The introduction of user fees in the government-run hospitals, for example, has decreased women's visits. The quality of public-sector services, too, are appalling.

"It takes hours, even days, to get any treatment in a government hospital," says Miru, "and that means losing work." A fundamental issue is that whether a woman goes to a private or government health facility, she has to buy her own medicines.

Miru's experience mirrors how globalisation is shaping the contours of two societies in South Asian countries—that of the few elite, and that of the majority population. An example is the dualism in the health service. "One is to be bought by money," says economist Rehman Sobhan, "the other is what the vast majority gets in the public sector—bad services and profound mismanagement."

"Unfortunately," says Wendy Harcourt from SID Rome, "the agenda of reproductive rights and health of the 1994 International Conference on Population and Development is increasingly being sidelined by the economic policies of today's free world."

For Bangladesh activist Farida Akhter, the Bangladesh government's reproductive health services should focus on providing contraceptives. "There are too many women taking on the responsibility of contraception, at the cost of their reproductive health," says Akhter.

The women in the slum communities of Dhaka may not understand the complex discourse of reproductive rights, or the lack of these, but they feel the impact in their everyday lives.

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