

Women's Health Crisis in Pakistan

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Women's health is a significant crisis within Pakistan's overall healthcare system, affecting approximately 120.7 million citizens i.e. 50% of the population, according to the 2023 census.¹ This disparity arises primarily from two factors: the lower societal status of women, and their specific reproductive healthcare needs. Both of these factors are deeply influenced by cultural, economic, and systemic factors.

The lower status of women in society is indeed tragic. There are alarming disparities faced by women in every aspect of life at every age. In 2024, Pakistan earned the dubious distinction of being ranked 145th out of 146 countries in the Global Gender Gap Index, according to the World Economic Forum.² In the 18th edition of the Global Gender Gap Report, Pakistan has a gender gap index of 0.57. This index ranges from 0 to 1. A country with no gender gap would have an index of 1. It is calculated with the help of the data across four important dimensions of women's lives: economic participation and opportunity; educational attainment; health and survival; and political empowerment. The index, of course is a way to reflect the situation, the actual crisis is even worse. The reasons for poor status of women in society are multidimensional, intricate and intertwined.

Lack of attention to the health of women, including their reproductive healthcare needs, is one of the causes as well as a consequence of poor status of women. Poor health further weakens the capacity of women to develop and take control of their lives. For any girl, health issues reduce educational opportunities, which are crucial for her future well-being. Poor health makes her more prone to domestic violence and sexual abuse. She has to follow her destiny decided by others, in terms of early marriage and the number of children she will have, and even decisions about the lives of her children. Repeated sickness negatively affect their chances in life to become part of workforce, become economically independent, participate in decision making at all levels, assume leadership positions and appropriately nurture the next generation. And as it happens, the broad base of this pyramid is firmly cemented in poverty.

Poverty and disease are in vicious relationship, one feeds on another. Precarious health of women in Pakistan

is evident throughout her life-course. The quality of health information in Pakistan is generally poor, with gender-disaggregated health data being particularly scarce and of low quality. Equity is often overlooked in data discussions, and when considered, the commitment level is inadequate. Based on available information, it is evident that women's health in Pakistan is in a dire state. Approximately 40% of children in Pakistan are stunted, and notably, a significant proportion of these children are girls. This disparity highlights the severe nutritional and health challenges faced by female children in the country.

In addition to stunting, malnutrition among children under five is alarmingly high, with 53.7% of children affected by anemia.³ This condition is particularly prevalent among female children, underscoring the gender disparities in health outcomes. Children with low-weight for height (wasting) and low-weight for age (underweight) are as high as 23.3% (Sindh) and 41.3% (Sindh) respectively.⁴ Half of these children are girls. More than half the children under 5 years of age in Pakistan are anemic. 56.6% of adolescent girls are anemic in the country.⁵ One in seven women (14.4%) in reproductive age (15-49) are undernourished and as a result are underweight for their age. Sindh has the highest 22.6% underweight women.⁶

They give birth to underweight children who are malnourished and get stunted. About 41.7% to 57% of women reproductive age (15-49) are anemic. Around 30% deliveries are conducted by untrained birth attendants, and around 34% of deliveries take place at home. The total fertility rate (TFR) in Pakistan is 3.6 births per woman. Mothers living in rural areas, on average, bear one more child than mothers in urban areas. This is one of the highest TFR in Asia.

The contraceptive prevalence rate is only 34% of currently married women age 15-49. 66% are not using any contraceptive. Every fourth women who undergoes childbirth also undergo perinatal depression which in 90% of cases remain untreated.⁷ Pakistan has the highest rate of breast cancer in Asia.⁸ Every ninth women is in danger of developing breast cancer. Years lived with disability due to breast cancer in girls and women aged 10-24 years in Pakistan are the highest in the world and the burden is increasing across female age groups.

Beyond reproductive health, women face significant challenges from communicable and non-communicable diseases, exacerbated by their disadvantaged status. Many of these health issues are preventable or manageable with early intervention. However, societal norms, patriarchy, poverty, and systemic neglect hinder progress. The economic implications are profound. An alarmingly low percentage of women participate in the workforce, and they earn 10% to 30% less than men for equivalent work.⁹ Improving women's health necessitates systemic healthcare reforms emphasizing governance, financing, responsiveness, and delivery, alongside addressing inherent gender biases to create a more equitable society.

Improving women's health necessitates enhancing the overall healthcare system in governance, financing, responsiveness, and delivery, with a heightened sensitivity to women's health needs. Addressing gender biases in healthcare is essential to effect meaningful change.

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