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SOCIOLOGICAL ATTEMPTS TO ENHANCE WOMEN'S REPRODUCTIVE HEALTH IN RURAL AREAS OF PAKISTAN

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ABSTRACT

Issues related to human reproduction and reproductive health traverse multiple domains, from medicine and technology to morality, law, and culture. On the one hand, they relate to the most private and intimate aspects of an individual's life, especially that of a woman's. On the other hand, they connect with very broad social phenomena, such as sustainable development and the role of men and women in society. The present brief is an attempt to unravel some of these issues, including those related to family planning, abortion, and maternal health, in the context of Pakistan's society. The brief advocates a human rights and "life-cycle approach" to reproductive health as a means to making technically and ethically sound choices about future strategies and actions. To explore the reproductive health issue, researcher adopted a quantitative research methodology and got information by questionnaire. By a purposive sampling technique, Multan City was selected as the universe and five hospitals were selected as samples. The article concludes with thoughts on future areas of sociological research that may improve our understanding of men's influences on women's reproductive health.

Keywords

Reproductive health; Reproductive rights; Sexuality, Contraception; Pregnancy; Infertility, Reforms

Introduction

A state of total physical, mental, and social wellbeing, not just the absence of disease or infirmity, in all aspects connected to the reproductive system and its activities and processes. " People with reproductive health have the ability to have a pleasurable and safe sexual life, as well as the ability to reproduce and the freedom to choose when, how, and how often to do so. Men and women's rights to be informed about and have access to safe, effective, affordable, and acceptable methods of family planning, as well as other methods of regulating fertility that are not illegal, are implicit in this last condition, as are men and women's rights to appropriate health care. Access to appropriate health care services for men and women allows women to have a safe pregnancy and childbirth (WHO).

According to the World Health Organization, "Reproductive Health (RH) is a condition of total physical, mental, and social well-being, not just the absence of sickness or infirmity in all things related to the reproductive system and its function and process." Women in our society are denied reproductive rights, as well as misinformation about reproductive healthcare and nursing, unplanned pregnancies or family planning concerns, sexually transmitted diseases, birth spacing, and small family standards. Most women lack access to safe pregnancy and birthing facilities, as well as protection from violence or HIV, gender-based violence and torture, and early marriages. According to the United Nations, every birth must be planned, with birth spacing of at least two years. The child will be negatively affected, particularly in terms of growth, if the delivery is not planned and the husband and wife are uneasy about the pregnancy. It also depends on the health of the mother to determine whether or not she is capable of bearing a child. Gender-based violence, unexpected births, unsafe abortions, and a lack of understanding among men and women are all major concerns today (Iffat, 2011). With the establishment of the International Conference on Population and Development (ICPD) in 1994, it was recognized that it was time to shift away from a narrow focus on family planning and toward a more comprehensive concern for reproductive health geared toward meeting the needs of individuals and families.

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This advocated shift in population and development strategy, particularly in health, emphasizes the importance of providing services to women, men, and adolescents, with a particular focus on meeting women's health needs, protecting their reproductive rights, and involving men as equal partners in the goal of responsible parenthood. In this regard, the government has implemented a comprehensive population and development policy that includes a wide range of reproductive health services and integrates the operations of the population and health ministries in dealing with RH issues (United Nations 1995).

Objectives of study

- To raise awareness of the causes of Pakistani women's poor reproductive health.
- To communicate the negative impact of poor health on Pakistani society.
- To determine appropriate solutions to the problem.

The Significance of the Study

The purpose of this study is to look into activists' contributions to Pakistani women's reproductive health. As a result, the research team would like to learn more about the issue first. Pakistani women, particularly in rural areas, face a variety of health issues as a result of the country's development. After childbirth, approximately 1,600 women per 100,000 are expected to die. Lack of education, access to health care, and tribal norms that prevent women from participating in clinical exams are the main causes of this alarming figure. Women's reproductive health must be given special attention by the government. New hospitals, medical technologies, laboratories, and quick access to therapy are all critical. Men and women receive health and sexual education in a socio-cultural context. This research is expected to be unique and useful to future readers and academics.

Theoretical and Empirical Foundation

According to Berer and Ray (1993), the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) were first recognised as major women's issues in the late 1980s. However, there are still gaps between HIV/AIDS work and the broader women's health movement. This edited anthology covers current HIV/AIDS knowledge and experience from a female perspective. Interspersed with summaries of factual information on the major medical and social issues are AIDS prevention campaigns, personal accounts of women living with HIV, examples of women-centered grass-roots organizing, and reproductions of images used in mass media campaigns. At the end of the study, there is a list of groups, organisations, and resources. Subsidized distribution is a type of distribution that the government subsidies. Nancy Chodorow (1995) questioned social learning theory as being overly simplistic in explaining gender disparities. Instead, she believes that gender is the result of common parenting techniques causing the development of feminine and masculine personalities in early childhood. Chodorow claims that because women are the primary caregivers for small children, gendered personalities emerge in particular. Because mothers (or other prominent females) are more likely to care for infants, infant male and female psychic development differs. In a nutshell, the mother-daughter relationship differs from the mother-son relationship in that mothers identify more with their daughters than with their sons. As a result, the mother unconsciously encourages her son to develop well-defined and tight ego borders while the daughter is unconsciously prevented from individuating herself, resulting in the development of ego borders that are hazy and flexible. Young (1997) establishes a distinction between two types of realities. To begin, physical facts about female bodies, biological processes that occur in female bodies (menstruation, pregnancy, and childbirth), and social conventions that govern these biological processes (menstruation, pregnancy, and childbirth infertility, for instance). Second, gender-coded objects and practices, such as gender-coded things and practices, gender-coded representations, gender-based traditions, social gaps, inequality, dressing, cosmetics, housekeeping techniques, and kitchen tools, are all examples that have a direct effect on female health. As a result, because their lives and behavior revolve around female bodies and gender-coded items, women form a series. Their series is passively linked, and their unity isn't "indivisible."

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A global debate on female selective abortion (FSA) is gaining traction, according to Maya Unnithan Kumar (2009), as some Asian countries experience a growing imbalance in their sex ratios in favor of boys. While there has been an increase in demographic and sociological surveys on the topic, little is known about FSA as a chosen or contentious family-making activity in the places where it is practiced. The study draws on the perspectives of feminists, doctors, and poor and middle-class Hindu and Muslim women and their families in Pakistan to examine various perceptions and attitudes toward the FSA in the region. The paper also suggests that a common, pragmatic awareness of the economic realities of gender discrimination, as well as their social commitment as spouses to reproduce a specific type of patriarchal household, influences Muslim lower-middle-class women's decisions to abort female newborns.

S. J. Williams and L. Birke (2015) define "pregnancy-associated" deaths as deaths that occur during or within one year of pregnancy, regardless of the cause of death or pregnancy outcome (i.e., abortion, miscarriage, still birth, birth). The Study Group chose this broad definition to make it easier to identify deaths that were not caused by the specific causes listed in the "cause of death" codes. These case studies are now more important than ever in improving our understanding of the events that lead to maternal mortality and developing preventative measures. These reviews, hopefully, will help accelerate reductions in the United States.

Women's Rights in Islamic Marriage

Despite the widespread belief in Western countries that Muslim women lack or have limited access to basic human rights, Muslim women actually have more rights than their Western counterparts in practice, and especially on a theological level. Because addressing all aspects of women's rights in Islam would take up more space than a single essay (Abou-Bakr, 1999). This is not to say that one should accept cultural relativism to justify human rights violations in "Islamic culture" (Mayer, 1995), but rather that there are general human rights that can be devised, whether universal "man-made" rights or Divine rights, as Mayer argues. Based solely on Qur'anic verses, Muslims have the potential to achieve peace and harmony in marriages between men and women based on mutual respect, equality, love, and understanding. The truth is that real life in Islamic countries is far from being the foundation for a just and peaceful society as claimed by Islamic theologians. According to Lilia (2007), B As is the case with most ideologies, the Qur'anic ideal Muslim women are frequently oppressed and denied their Divine Rights, and they are sometimes treated as objects rather than full human beings. Although there are differences in the implementation of Islamic Family Law between Islamic countries, and they have been given more rights in recent years, it will likely take several generations to shake off the negative aspects of the (pre-Islamic) patriarchal society in terms of establishing marriage, the contract itself, polygyny, and the exercise of women's rights to divorce. When Muslim women and men are educated about the "true" interpretations and meanings of the Qur'an's verses, Islamic marriage could be the most important thing they ever do.

Methods of Research

Multan was chosen as the universe in which the researcher would investigate "the contribution of activism to the achievement of reproductive health for women in Pakistan." It was an exploratory study. The study's main goal was to uncover the causes, consequences, and solutions to Pakistani women's poor reproductive health. As a result, the researcher devised a survey-based quantitative study. The researcher created a questionnaire with relevant and detailed questions. The questionnaire is made up of 36 questions that are arranged logically. The questions were divided into three parts: the first part inquired about the causes of poor reproductive health, the second part inquired about the consequences of poor health, and the third part inquired about remedies. The researcher took a sample of five hospitals to get to the truth; the table below shows the full sample.

Table 1

Tabel regarding to names of Hospitals and Doctors

S.No	Name of Hospital	Name of Doctor
1	City Hospital	Dr Shzia
2	Nafees Medicare	Dr Uzma
3	Razia Iqbal Hospital	Dr Waseem Iqbal

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4	Fatima Medical Centre	Dr Maher un Nisa
5	Mariam Maternity home	Dr Mariam

(The researcher used pseudo names instead of real names for the doctors, but the hospital's names are authentic)

Table 1 shows the contribution of activism to the achievement of reproductive health for women in Pakistan. As a result, the researcher gained access to the respondents, collected data, and completed the questionnaire in a private and comfortable setting.

Data Analysis

After getting the data, next step is to analyze it. Researcher tried to show data in tabulated form, because it is the easy and more comprehensive way to convey the information to readers.

Table 2

Causes of the poor reproductive health status of women in Pakistan

S. No	**Hospital's name**	**Doctor's name**	**Biological Causes of poor reproductive health of women**					**Socio/cultural Causes of poor reproductive health of women**				**Economic Causes of poor reproductive health of women**		
			Genetically Unfit	Irregular Manstral	Miscarriage/ abortion	Use of contraceptive	Individual Problems	No facilities (govt)	Lack of awareness	Early marriages	Endogamy	Poverty	No hospitals	No free dispensaries
1	City Hospital	Dr Shazia	++	+	+	++	+	+++	++	+	++	+++	+++	+
2	Nafees Medi Care	Dr Uzma	++	+	+	++	-	++	++	+	+	+++	++	+
3	Razia Iqbal Hospital	Razia Iqbal Hospital	++	+	+	++	+	+++	++	+	+	+++	+	_
4	Kehkashan Maternity Home	Dr Kehkshn	++	+	++	++	+	++	+++	++	+	+++	+	-
5	Fatima Medical Cente	Dr Mah-e-Munir	++	+	++	++	+	++	+++	++	_	+++	++	+

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(Note, - - is for strongly disagreed, - is for Disagree , + +Strongly agreed(80%) ,(+++ is for 100% agreed) and + is for agreed)

Table 2 explores that the main reason of low reproductive health of woman is poverty, lack of Governmental reformations. Poverty is main factor of resistance of proper treatment. People have no money to survive contentedly and perfectly. Secondly, Government has no affection with public. There is lack of hospitals and health care centers. According to analysis, use of contraceptive and low level of awareness creates health problems. Due to un-awareness, women cannot understand the correct use of contraceptives. Miscarriage/abortions effect on women health, but not more because Miscarriage/abortions are very simple treatments now.

Table 3

Impact of the poor reproductive health status of women in Pakistan

S. No	**Hospital's name**	**Doctor's name**	**Biological impact of poor reproductive health of women**					**Socio/cultural impact of poor reproductive health of women**				**Economic impact of poor reproductive health of women**		
			Complicated pregnancy/delivery	High BP/sugar/low calcium/anemia/depression	Birth of weak / abnormal babies	Infant mortality	HIV AIDS	Big family size	Inapropriate socialization of children	Urbanization	Duel earning hands	Poverty	Increase in Population	High expenditure
1	City Hospital	Dr Shazia	++	+++	+	++	+	++	++	+	++	+++	+++	+
2	Nafees Medi Care	Dr Uzma	++	+++	+	++	-	++	+++		+	+++	++	+
3	Razia Iqbal Hospital	Razia Iqbal Hospital	++	++	+	++	+	+++	+++		+	+++	+	_
4	Kehkashan Maternity Home	Dr Kehkshn	++	++	++	++	-	++	+++	++	+	+++	+	-

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5	Fatima Medical Center	Dr Mah-e-Munir	++	+	++	++	+	++	+++	++	_	+++	++	+

(Note, - - is for strongly disagreed, - is for Disagree , + +Strongly agreed(80%) ,(+++ is for 100% agreed) and + is for agreed)

Table 3 explains that illness of women has great negative impact on society. In every patriarchal, woman is considered as concealed and subordinate. Woman has very low prestige. Actually she is the second half of society. She has direct influence on younger generation. Children are neglected be her poor health. She also participates in economy. She is helping hand of man. Poverty increases due to her illness. First reason that she cannot work, second is the expenditure of treatment.

Table 4

Solution of the poor reproductive health status of women in Pakistan

S. No	**Hospital's name**	**Doctor's name**	**Biological solution of poor reproductive health of women**					**Socio/cultural solution of poor reproductive health of women**				**Economic solution of poor reproductive health of women**		
			Provision of medical facilities /Population planning institutes	Free monthly check up	Build new hospitals/ laboratories/ x ray and ECG centers	Adopt /introduce new technologies	Provision of genuine medicines	Follow birth control measures	Provide education of sexuality	entertainments	Health team should survey	Poverty elevation programs	Control on Population	Remove Illiteracy and unemployment
1	City Hospital	Dr Shazia	++	+++	+	++	+	++	++	+	++	+++	+++	+
2	Nafees Medi Care	Dr Uzma	++	+++	+	++	-	++	++	+	+	+++	++	+
3	Razia Iqbal Hospital	Razia Iqbal Hospital	++	++	+	++	+	+++	++	+	+	+++	+	_
4	Kehkashan Mat	Dr Kehkshn	++	++	++	++	-	++	+++	++	+	+++	+	-

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	ernity Home														
5	Fatima Medical Center	Dr Mah-e-Munir	++	+	++	++	+	++	+++	++	_	+++	++	+	

(Note, - - is for strongly disagreed, - is for Disagree , + +Strongly agreed(80%) ,(+++ is for 100% agreed) and + is for agreed)

As table 4 shows that women's reproductive health requires special attention of Government. There is need of new hospitals. New technologies of treatment, new laboratories and easy access to treatment ere required immediately. With sociological context, we provide health and sexual education to men and women. Government should establish family planning programs and recruit female staff. Poverty, illiteracy and unemployment should be detached.

Table 5

An review of Institutes of services of reproductive health of women in Pakistan

NAME OF CITY	Name of institute	Doctor's name	Services
Lahore	LIFE Lahore institute of fertility and Endocrinology	Dr Rashid Latif	Cardiology, Fertility. Fetal services ,Endocrine, Painless delivery
	Kamran fertility center	Dr Kamran Salem	Fertility. Cardiology, Birth Control, Painless delivery
	Infertility center Lahore	Dr Haris Bukhari	Fertility. Cardiology, Birth Control, Painless delivery
Islamabad	Selema Khaleel Medical Center	Dr Salma Khaleel	IVF specialist**.** Fertility. Cardiology, Birth Control, Painless delivery
	Al-Maroof Hospital	Dr Noman	Fertility. Cardiology, Birth Control, Painless delivery
	In-Verto-Fertilization Center (IVF)	Dr Ijaz	Sexual health. Fertility. Cardiology
Karachi	Agha Khan Hospital	Team of Doctors	IVF specialist**.** Fertility. Cardiology, Birth Control, Painless delivery
	Noor Clinic	Team of Doctors	IVF specialist**.** Fertility. Cardiology, Birth Control, Painless delivery
	Infertility center	Team of Doctors	IVF specialist**.** Fertility. Cardiology, Birth Control, Painless delivery

A brief overview of women's health in Pakistan's rural areas based on an analysis

According to government estimates, about 24% of Pakistan's rural population is poor. The main health concerns for rural women are sexually transmitted infections and infections of the reproductive system. Not only is a woman's education important for her own health, but it is also important for the health of her children (Statistics of population, 2013).

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Women's Reproductive Health Problems in Rural Pakistan

The number of women of reproductive age (15–49 years) in Pakistan is estimated to be 28.5 million, accounting for nearly 46% of the total female population. This, as well as a large number of young adolescents approaching reproductive years, would be vulnerable to pregnancy and childbearing issues. (Tsui *et al*,1997).

Safety of Pregnancy

If a woman has a child "too early, too late, or too frequently," her health is said to be jeopardised. Due to socio-cultural norms, all of these dangers are posed to women in Pakistan. There is still social pressure to marry off daughters at a young age. As a result, many young women marry young and are expected to have a child soon after marriage and continue childbearing into their later years. Below are some of the issues surrounding women's marriages and childbearing behaviour.

Early marriages are indeed a tradition

Females (aged 25–49 years) marry at an average age of 18.3 years. It does not exceed 20 years in major urban areas. Many women are exposed to the biological and social demands of marriage and childbearing when they marry at a young age. It also puts women at a disadvantage in terms of having a say in seeking appropriate health care when compared to their husbands and in-laws. Rural residents and those with little or no education are more likely to have a teen mother. The problem is exacerbated by a lack of relevant knowledge, as discussing and seeking information about sexuality and childbearing prior to marriage is generally considered taboo in society (Bakr, 1999).

Delivery Environment

Complications resulting from a lack of proper hygiene and medical care can be life-threatening for both the mother and the baby. The age-old tradition of giving birth at home is still alive and well in Pakistan, with the majority of births taking place at home. Traditional childbirth is more affordable and convenient because it eliminates travel costs and time, as well as the need to leave one's home.

Secure delivery process and Infant Care

If any problems arise during the delivery process, an emergency plan should be in place.Pakistan has a very high infant mortality rate (around 90 per 1000 live births), with neonatal mortality having a major share of it (Association of Maternal and Child Health Programs). Urban women show much higher antenatal and postnatal care received than their rural counterparts. Complications of pregnancy and delivery are accompanied by health problems that affect the child, especially in the case of neonates. Endogenous causes of neonatal and post-neonatal mortality are common, with their roots in the mother's poor reproductive health. Pregnancy and delivery complications are often accompanied by health issues that affect the child, particularly neonates. Pakistan has a high infant mortality rate (around 90 per 1000 live births), with neonatal mortality accounting for a significant portion of it (Association of Maternal and Child Health Programs).

Legal Abortion

Abortion is now legal in Pakistan if it is used to treat a pregnant woman who is in the early stages of her pregnancy. Previously, the Pakistan Penal Code permitted abortion only if it was necessary to save the pregnant woman's life. According to section 338 of the Penal Code, amended by Criminal Law Amendment Act No. 1 of 2005, "Whoever causes a woman with a child whose organs have not been formed to miscarry, if such a miscarriage is not caused in good faith for the purpose of saving the woman's life or providing necessary treatment to her," The inclusion of the clause "providing necessary treatment" gives abortion more legal leeway and makes it more difficult to get a conviction (Lilia B, 2007).

Safe Contraception

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The findings of a national study published by the Population Council in 2013, Post-Abortion Care in Pakistan, show that Pakistan has made significant progress in the area of sexual and reproductive health (SRH). However, we still have a long way to go because a large percentage of women still have unmet contraception and safe abortion needs (as high as 20%, according to the latest PDHS); a large percentage of women are still experiencing post-abortion complications (an estimated 15 per 1,000 women of reproductive age); and the contraception prevalence rate is still very low (the approximate level of contraception use among married women aged 15–49 is as low as 30%), according to the latest PDH (Statistics by Khan, 2003).

Financing for Health Care in Pakistan

Pakistan's total health expenditure (THE) is 0.35 percent of GDP. The largest source of financing for health care in Pakistan is private out-of-pocket or self-financing. Only urban areas and large cities have government-funded tertiary care health services. The current health-care delivery system is the result of a gradual privatization process that began in 1998 when the country was hit by a severe financial and currency crisis (Berg C, Danel I, Atrash H, et al.).

Fertility Ratio

According to the Pakistan Demographic and Health Survey 2012–2013, the total fertility rate (TFR) in Pakistan has decreased over the last decade. Between 1994 and 1996, the fertility rate averaged 5.4 children per woman. It's worth noting that women with no education had two more children on average than women with a secondary education. The level of education of the women had a significant impact on fertility rates (Jawad, 1998).

Key Findings

Identified Social Factors of Women's Poor Health

- Poverty and a lack of government reforms are the primary causes of women's poor reproductive health. Poverty is the primary cause of treatment resistance. People do not have the resources to live happily and perfectly. Second, the government has no love for the people. Hospitals and health care centers, particularly women's health care centers, are in short supply.
- The environment in rural and slum areas is unsanitary. Even in hot weather, women take care of animals and work in fields with their husbands, cutting crops and grass. They ignore influenza and fever because they believe they are common illnesses. However, these common disorders can quickly escalate into serious health problems.
- People in rural communities value having a large family because it confers prestige. Women have a longer fertile period and a better chance of having more children when they marry when they are young. As a result, women's reproductive systems deteriorate, increasing the risk of producing sick, disabled, or abnormal children.
- Women in rural areas are unaware of how to use medicines. They have to create various health issues as a result of their ignorance. According to research, the use of contraceptives combined with a lack of consciousness leads to health issues. Women are unable to understand the proper use of contraceptives as a result of their lack of awareness, which leads to miscarriages and other complications. Miscarriages and abortions have a negative impact on women's health, but not as much as they used to because they are now very simple treatments.
- The scarcity of government hospitals leads to a disregard for women's health; private hospitals are prohibitively expensive, and poor rural women cannot afford to pay for treatment. As a result, she'll have to deal with her illness for the rest of her life.
- The early marriage system is also a major source of reproductive power loss for women.

- Male child preference is a major traditional tragedy that has a negative impact on women's health. She has to give many baby girls in order to have a male child. Women, in addition to biological issues, face psychological issues too.
- Women's poor health has a significant negative impact on society. Every patriarchal society considers women to be hidden and subordinate. As a mother, a woman has a direct impact on her children. Her ill health causes her to neglect her children. She is unable to properly socialize her children and also to provide sufficient care for their health. Infertility is regarded as a disease. Poor infertile women have no way of treating themselves because their husbands would rather marry again than treat their wife's infertility. Another tragedy that occurs frequently in rural areas is that men believe that they will never be infertile. They never treat them well and blame women for everything.
- Rural women are not allowed to contact to Family Planning Institutes because it is considered the matter of shame.
- In rural areas, people prefer to give birth at home, and the delivery should be performed by a senior export lady known as “Dai”, who is not a doctor. It is too dangerous to deliver a child at home. The majority of women die during delivery because there are no facilities available if something goes wrong.
- She also works in the economy. She is a man's helping hand. As a result of her illness, her poverty level is rising. The cost of treatment is the first reason she is unable to work.

Conclusions

According to the findings, Pakistani women and men face a variety of reproductive health issues. The maternal mortality rate is one of the highest in the world, and it is primarily caused by complications during pregnancy and childbirth as a result of mothers' own failure to seek appropriate health care. High MMR is also caused by social and economic barriers to accessing services, as well as inadequacies in the health-care system for obstetric emergencies, particularly in rural areas. To improve this situation, women's awareness of the danger signs that indicate the need for immediate medical attention must be raised, as well as information about the availability of such services in their area. Furthermore, reproductive health education is important. Furthermore, reproductive health education programmes should be improved to increase awareness of RH issues. Men's knowledge and attitudes about RH are primarily focused on family planning and related behaviours, with little information on STDs, male potency, or sexuality. Men have many misconceptions about these issues and a low level of awareness about them, which leads them to seek unsafe and traditional health care. In this regard, information about various perspectives on sexuality, as well as appropriate health behaviour is required, in addition to raising awareness about their wives' reproductive health risks. As a result, effective IEC and support programmes are required to dispel common RH myths and misconceptions, as well as to raise awareness of RH issues among both women and men.

Recommendations /Suggestions

- The government must pay special attention to the reproductive health of women.
- Recognize that gender equality and universal sexual and reproductive rights are essential for long-term social and economic development and use the human rights framework to address stagnant RH indicators and work proactively to provide universal access to RH while upholding citizens' rights and dignity and addressing various unfairness and inequalities.
- New hospitals are desperately needed. New treatment technologies, laboratories, and easy access to treatment are all urgently needed.
- Pakistan's public health care system is divided into three levels: primary, secondary, and tertiary. Rural health centers, basic health units, and community outreach programmes such as Lady Health Workers and Community Midwives are examples of primary level facilities. Teaching hospitals are the only tertiary-level facilities found in major cities. At all levels, services for maternal health, contraceptive distribution, and family planning counseling are available.
- Access to high-quality services for the treatment of complications caused by unsafe abortions. Abortion should be made safe in cases where it is legal. Family planning counselling and services should be made available after an abortion.

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- The State's resources to implement a comprehensive intervention to ensure safe delivery for all births at home and in institutions through an effective referral system, including Emergency Obstetric Care through registered nurses, to make information and affordable and high-quality care easily accessible to all women at all stages of their lives and across locations (home, community, and health facilities). Introduce post-abortion care policies at the national and provincial levels.
- To address the health needs of young people, we review, amend, and implement laws and policies. Create adolescent-friendly health programmers and increase service providers' awareness and capacity to meet young people's health needs, such as client-centered counseling and health care. Young people should receive comprehensive sexuality and reproductive health education.
- Resolve the social determinants of health that prevent women from receiving high-quality reproductive health care. Deterrents to achieving the goals include a strong patriarchal society, deeply rooted discriminatory attitudes, violence and fear of violence, harmful traditional practises, and parallel legal systems.
- To improve effectiveness, strengthen health system governance to ensure accountability and transparency mechanisms at the central and implementation levels; the collaboration of bureaucracy and technocracy; the prioritization of health equity principles; evidence-based decision making; and weaknesses in policy, planning, health information, and surveillance units.
- There have been no mechanisms developed to reach out to young people seeking HIV treatment. Treatment and information about prevention mechanisms are available to young people at tertiary level HIV treatment and care centers located throughout the country. There are few youth-friendly awareness campaigns and services available. This issue should never be overlooked.
- The national strategy framework for HIV/AIDS prevention and treatment in Pakistan includes provisions for including reproductive and HIV education in the curriculum and in educational institutions. However, due to political and cultural conservatism as well as general bureaucratic indifference, no implementation has yet taken place. There is a lot of stigma associated with discussing sexual issues in public. A future that focuses on raising awareness and creating a conducive and enabling environment for young people to improve their sexual and reproductive health through education. Several other initiatives spearheaded by civil society organizations aim to provide young people and adolescents with basic reproductive health and rights education.
- Infertility is a serious problem for women's reproductive health. Family planning servers should pay attention to born babies not only to control birth but also to the menopause period, which has many complications. This stage of the reproductive cycle should never be overlooked.
- Reproductive tract infections, including sexually transmitted diseases, HIV/AIDS prevention, and the availability of low-cost condoms
- Ensure the availability of affordable essential and non-essential drugs, as well as the quality, uniformity, and accountability of private sector services and pricing systems.
- Prenatal, intranatal, and postnatal care, as well as emergency obstetrics care, is provided throughout the maternity cycle.
- Include systems for monitoring and annual reporting, as well as maternal death surveillance.
- In educational institutions, information, education, and counseling on human sexuality and reproduction should be given top priority.
- Referral services for infertility and all related morbid conditions, such as cancers of the reproductive system and breast, are available.
- Adolescents receive appropriate sexual and reproductive health information and culturally acceptable services.
- The abolition of harmful cultural practices such as child marriage and violence.
- In a sociological context, we provide health and sexual education to men and women. The government should establish family planning programmers, and female employees should be hired (Association of Maternal and Child Health Programs).

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QUETIONNAIRE

personal profile of respondent
Name:
Job:
Experience: (above 15 years)
Workplace:

Causes of poor reproductive health of women

Biological Causes of poor reproductive health of women

- Genetically Unfit
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Irregular Menstrual
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Miscarriage/ abortion
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Use of contraceptive
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Individual's physical problem
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed

Socio/cultural Causes of poor reproductive health of women

- No facilities from government
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Lack of awareness
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Early Marriages
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Endogamy
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed

Economic Causes of poor reproductive health of women

- Poverty
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- No hospitals
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- No free dispensaries
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed

Impact of poor reproductive health of women

- **Biological impact of poor reproductive health of women** Complications in pregnancy/delivery
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- High BP/sugar/low calcium/anemia/depression
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Birth of weak / abnormal babies
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Infant mortality
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- HIV/ AIDS
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed

Socio/cultural impact of poor reproductive health of women

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- Big family size
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Inappropriate socialization of children
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Urbanization
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed

Economic impact of poor reproductive health of women

- Duel earning hands
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Poverty
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Population increase
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- High expenditure
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed

Solution of the poor reproductive health status of women in Pakistan

Biological solution of poor reproductive health of women

- Provision of medical facilities/Population planning institutes
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Free monthly check up
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Build new hospitals/laboratories/ x ray and ECG centers
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Adopt /introduce new technologies
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Provision of genuine medicines
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed

Socio/cultural solution of poor reproductive health of women

- Follow birth control measures
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Provide education of sexuality
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Entertainments
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Health team should survey
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed

Economic solution of poor reproductive health of women

- Poverty elevation programs
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Control on Population
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed
- Remove Illiteracy and unemployment
  (a)Agreed (b) Strongly agreed (c) Disagreed (d) strongly disagreed