

new title

***Women's Reproductive Health in India* Editors: Radhika Ramasubban and Shireen J. Jejeebhoy Rawat Publications, Jaipur and New Delhi Price Rs.725 (hard bound), ISBN 81-7033-636-8 Published in 2000 Pages 460.**

The book under review has nine articles, and an introduction which presents summaries of the articles. Some of the articles are revised versions of material published elsewhere. Others are reviews of published material on the subjects chosen. For readers acquainted with developments in the field, there is not much new that is reported in the book.

The definition of reproductive health advanced by international agencies such as the United Nations, the World Health Organisation and the International Planned Parenthood has been accepted by the editors: (p.15) This definition covers reproductive health only of sexually active individuals and has strong population control biases. The definition "implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, and how often to do so. Implicit in this last condition are the rights of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples the best chance of having a healthy infant."

Accordingly, reproductive health care is defined as a constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.

Such a view does not discuss the health problems that women face because of life-long discrimination, or rather even before they are born. It is well established that much of women's morbidity and mortality is rooted in the malnourished and diseased conditions that they live in.

Such discussion also ignores the hazards that women face due to currently used contraceptives and the promotion of abortions. As shown by data from the National Family Health Survey (NFHS) and as supported by other research, currently used contraceptives have many problems. Abortion is shown to increase the risk of breast cancer because it abruptly discontinues the hormonal cycle.

India is the only country that promotes population control through sterilisation. The government promotes patriarchy by concentrating on sterilising women. The NFHS, which collected data representing over 90 per cent of the population, reports that the most used method of contraception in India is female sterilisation. The median age at sterilisation is 26 years. Over 80 per cent of these

women have never used any other method before being sterilised. About 25 per cent of sterilised women, and one in five users of the IUD and the pill, develop health problems due to the methods they are using. Even after knowing the problems that women face, health services do not feel ethically constrained from promoting these methods. Most women undergo sterilisation at government family planning services.

NFHS-2, conducted in 1998-99, reports that 34 per cent of pregnant women received no ante-natal check-ups, and 66 per cent delivered without access to health facilities.

None of these issues are discussed when reproductive health is presented. Even discussion on adolescent health concentrates on their sexual behaviour. Problems with menarche, menstruation, menopause and so on find no place in the discussion on women's reproductive health. Till they reach menopause, women are biologically stronger because they have two immuno resistant X chromosomes. Post-menopausal women have many serious health problems. Indian women face worse problems in their post-menopausal years, because of discrimination faced in childhood which affects their normal growth and development.

Like all other health systems, reproductive health covers the lives of individuals from 'womb to tomb'. Any discussion on only one part of human life is incomplete, not only because it ignores other parts but also because health can be understood only if one looks at the human being as a whole. The book therefore has a serious population control bias.

Doctors involved in the population programme seem to blindly believe the messages of population controllers. Reviews in the book such as the one on maternity or the quality of health services show that the current situation is grossly unsatisfactory. Doctors' knowledge of the subject, if correctly applied, will point to the improvements needed in services. Doctors need to realise that their main responsibility is not to promote population control but to treat the health problems of the sick and to provide preventive and promotive care.

By promoting sex selective abortions and hazardous contraceptives on the excuse that preventing pregnancy is better than facing the risk of maternal morbidity and mortality, the medical profession is shirking its moral responsibility. India's maternal mortality ratios are disgraceful — 400-500 maternal deaths per 100,000 births. The safe motherhood programme promoted by the population lobby does not talk about the social conditions leading to high risk pregnancies. A holistic approach to health care calls for involvement of the family, the community and knowledge from non-medical disciplines.

If read with an open mind the contents of the book under review can help understand the problem.

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