

Improving Family Planning and Reproductive Health (FPRH) Practices of Women in Livestock Sector

Objectives

Livestock sector plays a very important role in the agro-based economy of Pakistan. Livestock is the biggest sub sector in Agriculture, which is the largest sector of Pakistan's economy. Livestock sector is defined as persons and entities, or group of persons and entities associated with raising domesticated animals mainly cattle, buffaloes, goats and sheep in an Agriculture setting. Livestock has a 55.1% share in the Agriculture Sector, and grew 4.04% in 2011-12. It contributed 11.6% to National GDP and provided a net source of foreign earnings. (Pakistan Economic Survey, 2011-12) About 40% of the rural households in Pakistan own livestock, which provides 11% of their income.

This study examines the current state of Family Planning and Reproductive Health (FPRH) behavior of women associated with the Livestock Sector in Gujranwala District, Pakistan; a village named Pull Shah Daula was selected for data collection. Statistics show that women and children play an active role in the Livestock Sector. This research aims to focus on the FPRH needs of women engaged with or employed in the Livestock Sector.

Methodology

The research methodology was primarily qualitative and of exploratory nature.

Primary Research: Approximately, 206 people were engaged in the fieldwork.

- Focus Group Discussions (FGD) were held to better understand the daily chores women perform and their impact on their FPRH; separate groups of men and women were formed. The field team conducted four FGDs with men and five FGDs with women. Caste specific focus groups were also conducted while there were two mixed caste focus groups to establish commonly held perceptions about socio-economic status.

- A total of seven in-depth interviews were conducted with key informants. This provided an insight into the daily duties of women in animal husbandry and the resultant health issues. Interviews were conducted with Lady Health Visitor, Village Lady Health Worker, Veterinary Doctor and Veterinary Assistant, Qualified Dispenser and Imam of the Mosque.
- In addition to this, one oral autopsy was done with the husband of a woman who had died in pregnancy.
- Direct observation of the operational activities performed daily by the women.
- Documentation Mechanism: The primary questions were outlined beforehand and responses from the participants were captured in the form of raw field notes. These raw field notes were compiled into two detailed "Field Research Reports"; one based on the interaction with women groups and the other based on interaction with men groups.

Secondary Research: A detailed literature review was conducted which included existing books, research publications and reports on women's participation in the upkeep of Livestock and their FPRH issues.

Findings

- Livestock related work is mostly done by women; they cut green fodder and prepare it, feed and water the animals, milk the cattle, collect dung and make dung cakes.
- Women spend 7-8 hours daily on physical activities leading to a negative impact on their health.
- Women engage in all agricultural and livestock activities even during their pregnancies, leading to miscarriages in some cases.
- Women are involved in flooding water irrigation methods, which results in cold fever to them and their infant babies.
- The poor quality of roads and transport system is a major deterrent to access to health facilities; during emergencies, women are transported in tractors or rikshaws which, in some instances, resulted in them losing their babies or even dying.
- There is only one government primary school which lacks basic facilities like drinking water and latrines; students use open fields for toilet facilities.
- The poor caste (Changers, Deendar) are characterized by larger number of children. Whereas, family planning has become a common practice with Kamboh caste.
- There is awareness and information about a range of contraceptives and the commonly used methods are: condoms, IUDs, other injectable contraceptives and tube ligations on completion of family size.
- Ante natal check-ups are a routine matter with women, however, post-natal checks are not common.
- There have been 3 maternal deaths in the last 5 years.
- Caesarian deliveries seem to be on the rise.
- Marriage age of girls among different castes vary; Kamboh: 20-25 years, Deendar: 18-20 years and Changar: 14-15 years.

- 'Quality of services' is the biggest obstacle which prevents the maintenance of good RH; non-availability of medicine, absence of doctors, non-existence of basic equipments and corruption; insistence by staff to visit private clinics.
- People prefer trust/ charity hospitals over those run by the government.
- Vaccinator ensured that all children and even pregnant women are vaccinated.
- The zoonotic diseases reported in Pull Shah Daula do not transmit to human beings
- General family health expenses are normally above PKR 2,000 per month, not including antenatal, delivery and postnatal health services.

Factors Contributing to FPRH Issues

- Inadequate civil infrastructure
- Social pressure to have more children
- Lack of awareness of FPRH
- Limited financial resources; low socio-economic status
- Unplanned pregnancies
- Fear of side effects of contraceptives and medicines
- Family opposition to birth control methods
- Poor health infrastructure
- Heavy workload
- Early marriages

Reproductive Health Issues of Women

- Common miscarriages
- Negative consequences of Caesarian Section
- Still borns
- Death during child birth
- Sexually Transmitted Infections
- Abortions
- Vaginal discharge
- Menstruation
- Lower abdominal pain
- Anemia

Recommendations:

- Education: students should get access to secondary education, while existing physical infrastructure should be improved. Students should also be educated about general and reproductive health.
- Awareness: men and women should be made aware of FPRH, importance of education, best practices in animal husbandry and zoonotic diseases.
- Legal Intervention: legal age of marriage should be enforced, fair wages must be implemented, women should be able to exercise their right to own and control assets like arable land, and legislation empowering women to take FPRH decisions should be enforced.
- Medical Infrastructure for Humans: quality of service in government hospitals needs to be improved including eradicating corruption and basic equipment should be available in BHUs, emergency arrangements should be made for pregnant women, and health services should meet needs of adolescents.
- Medical Infrastructure for Animals: basic equipments and medicines should be available in government facilities, training sessions should be conducted for workers, and corruption needs to be eradicated in veterinarian health sector.
- Civil Infrastructure: Transport system needs improvement, safe water provision, and an ambulance service should be available in the village.
- Role and Bargaining Power of Women: Women should be given ownership of assets, employment opportunities need to be created and entrepreneurial ventures should be encouraged through microfinance.
- Sponsorship: development programs need to be initiated for women empowerment, education, and health and poverty alleviation.
- Networking: formal and informal networks of women should be developed, and successful women in all fields should serve as a source of information and learning.