

# Inclusive Policy on Maternal Health is Needed to Attain Sustainable Development Goal (3.1) in Pakistan

Adil Zarif

Department of Community Medicine, North West School of Medicine

Globally, a woman dies every two minutes during pregnancy related causes or during childbirth. This painful fact has been highlighted in a recent report “Trends in Maternal Mortality” by partner UN agencies. The maternal mortality ratio has increased in most parts of the world. Sub-Saharan Africa tops the figure with 70pc fatalities, of which Nigeria accounts for 82,000.<sup>1</sup>

The report tracks maternal deaths globally from 2000 to 2020, has estimated 287 000 maternal deaths worldwide in 2020. This reflects meager decrease from 309,000 in 2016 when Sustainable Development Goals began. The UNFPA executive director termed lack of progress on maternal mortality figure as “unconscionable”.

The report has also revealed that globally one third of women do not attend “mandatory” four out of eight antenatal checkups, neither do they have access to essential postnatal care; above all, 270 m women lack access to modern family planning methods.

Nevertheless, regional MMR has shown a significant decline in South Asia over the years, including Pakistan. Though it has dropped from an estimated 276 deaths in 2017 to 154 deaths per 100,000 live births in 2020, it still remains a significant public health concern, as 9,800 women died during pregnancy or childbirth. In comparison during this period, MMR for India was 103; Bangladesh was 123. Most regional nations have fared better than Pakistan in improved MMR outcomes<sup>1,2</sup>.

Considerable disparity exists between rural (26pc) and a lower MMR figure in urban areas. Several factors contribute to the high maternal mortality rate in Pakistan, including inadequate access to quality healthcare, limited availability of skilled birth attendants, and cultural and social barriers that prevent women from seeking care<sup>2,3</sup>

As per Pakistan Maternal Mortality Survey (PMMS) 2019, the disparity is alarming province wise: 157 for Punjab, while Balochistan MMR is 298. This reflects unacceptable inequity in human development indicators across the national level. Moreover it also

underscores Pakistan’s lack of investment in human development goals<sup>4</sup>

Cultural and social barriers further contribute to maternal mortality in Pakistan. Exercising control over their reproductive health is important—particularly decisions about the size of family and number of children to ensure that women can plan and space childbearing and thereby protect their health. However, only 10pc women play a role regarding these lifesaving decisions.<sup>5</sup>

Women belonging to conservative regions lack the freedom to travel or make decisions about their healthcare and are reluctant to seek medical care due to fear of stigma. In some cases families may prioritize the health of the baby over the mother, leading to delayed or inadequate care which further compounds risk factors for pregnant women giving birth to underweight babies or still births.<sup>6</sup>

Community-based interventions to improve maternal health have gained recognition in reducing maternal mortality in Pakistan, such as training traditional birth attendants and increasing awareness about maternal health issues.<sup>7</sup>

While some progress has been achieved in reducing maternal mortality in Pakistan, inclusive policies are needed to improve access to quality healthcare, address cultural and social barriers to adequate and timely care, in order to ensure that every woman has the opportunity to give birth safely. For Pakistan to meet the Sustainable Development Goal 3.1, the MMR must decline further to 70 deaths per 100,000 by 2030.<sup>8</sup>

## References

1. <https://reliefweb.int/report/world/trends-maternal-mortality-2000-2020-estimates-who-unicef-unfpa-world-bank-group-and-undesapopulation-division-enarruzh>
2. World Health Organization. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.

3. Pakistan Demographic Health Survey 2018-  
[https://www.pbs.gov.pk/sites/default/files/population/publications/pds2020/pakistan\\_demographic\\_survey\\_2020.pdf](https://www.pbs.gov.pk/sites/default/files/population/publications/pds2020/pakistan_demographic_survey_2020.pdf)
4. Hanif M, Khalid S, Rasul A, Mahmood K. Maternal mortality in rural areas of Pakistan: challenges and prospects. *Rural Heal.* 2021 Jun 7; 27:1040-7.
5. Aziz A, Saleem S, Nolen TL, Pradhan NA, McClure EM, Jessani S, Garces AL, Hibberd PL, Moore JL, Goudar SS, Dhaded SM. Why are the Pakistani maternal, fetal and newborn outcomes so poor compared to other low and middle-income countries. *Reproductive Health.* 2020 Dec; 17:1-2.
6. Fahim F, Fahim WB, Burki F, Raees M, Lakhta G. Trends in Maternal Mortality in Tertiary Care Hospital, Peshawar Pakistan-A Follow up study. *Pakistan Journal of Medical & Health Sciences.* 2022 Oct 16; 16(08):754-.
7. Anwar J, Torvaldsen S, Morrell S, Taylor R. Maternal Mortality in a Rural District of Pakistan and Contributing Factors. *Maternal and Child Health Journal.* 2023 Jan 7:1-4.
8. Bauserman M, Thorsten VR, Nolen TL, Patterson J, Lokangaka A, Tshetu A, Patel AB, Hibberd PL, Garces AL, Figueroa L, Krebs NF. Maternal mortality in six low and lower-middle income countries from 2010 to 2018: risk factors and trends. *Reproductive health.* 2020 Dec;17:1-