

Maternal and newborn health in Pakistan: risks, challenges, and the way forward



*Pakistan's health indicators reflect a poor state of mother and child health, writes **Dr Nadia Agha**, who argues that rural women's health crises must be addressed to ensure a liveable environment for new mothers and their babies.*

Babies in developed countries particularly those from Japan, Iceland and Singapore have the greatest chances of survival due to strong education, health and welfare system. However, the efforts of reducing mortality under one month do not meet with similar results in other nations. Among the worst countries, Pakistan has the highest proportion of newborn deaths – worse than Afghanistan, Somalia and Central African Republic.

Pakistan's health indicators reflect a poor state of mother and child health. [The current report of UNICEF on child mortality highlights early death risks faced](#) by newborns in developing countries. Unfortunately, Pakistan stands first in this list with highest newborn mortality rate where [newborns face one in 22 chance of dying in the first month of their birth](#).

As numerous studies have [illustrated, a child's health depends](#) on how [healthy the mother is](#). These deaths are preventable if women's, particularly rural women's, health crises are addressed by being sensitive towards women's nutrition, their access to healthcare and quality services and ensuring skilled birth attendance. [Pakistan has made improvements to healthcare services over the recent past such as the country's commitment of meeting SDGs, introduction of basic health units and rural health centres](#) in order to reach out to the rural population are evident. [The introduction of Benazir Income Support program, which is a social protection program and provides life and health insurance for women, also aims at assisting women socially](#). However, the extension of quality services to rural and remote areas remains elusive. Currently, Pakistan needs a well-integrated healthcare system which may protect all citizens, regardless of class, location and gender, from health and financial risks of illness.

[Mother's health as well as the opportunities she has for safe motherhood are important determinants in relation to the baby's survival](#). There are great disparities in health when it comes to the rural urban divide. Women living in rural and remote areas face several challenges such as poverty ridden life which makes them work longer than men. Dominance of male power results in gender inequality and denies them access to the social sphere, giving them less access to healthcare. Furthermore, accessing quality healthcare in a place where they suffer from food insecurity, walk miles to fetch water and produce energy from cow dung to light the stove seems more like a privilege than a basic right.



A mother and baby at a polio vaccination camp in Punjab, Pakistan. Photo credit: [CDC Global](#), [Wikimedia Commons](#), [CC BY-2.0](#).

Poor delivery system, weak infrastructure and low spending in health, particularly on nutrition, have threatened the survival of the world's poorest babies. Anemia is the prominent cause of maternal and child mortality across the world. Given that, [Pakistan's spending on nutrition is the lowest in South Asia. Unlike urban areas, most of Pakistani women belonging to rural areas are associated with agricultural labour.](#) These women belong to poor households and face a higher risk of being malnourished and underweight. Their unpaid and unregistered labour adds more to their plight. [The Global Nutrition Index suggests that about 52% mothers of reproductive age in Pakistan are anemic.](#)

Although antenatal care has witnessed an improvement over the years, there are still class and rural urban discrepancies. For example, it is higher in urban than rural areas, more common among educated and young women and more frequent among women in rich households than poor ones.

[According to WHO, the minimum of four antenatal check-ups are recommended.](#) However, the Multiple Indicator Cluster Survey 2014 found that about 80% women in Sindh had antenatal checkup only once by skilled birth attendant. This figure goes down to 41% when it comes to more than one check-ups. Although antenatal care should continue through the entire pregnancy, many women in rural areas of Sindh remain deprived of this: about 19% women do not receive any antenatal care.

The ratio of deliveries by skilled birth attendants is the major indicator to assess maternal and newborn health. Due to socio-economic constraints, women in rural and remote areas of Pakistan are less likely to use skilled birth attendance which contributes a great deal towards saving mother and newborn's lives. The access to skilled birth attendance becomes more difficult in rigid, less developed and conflict-ridden areas. Furthermore, lack of access to the skilled attendance has its toll on women's health; it results in morbidity leading to infertility, fistula, chronic pelvic diseases and most importantly psychological disorders. [It has been estimated that over 3,000 to 5,000 cases of obstetric fistula are developed every year in Pakistan.](#)

Conclusion

For ensuring a liveable environment to newborns, rural women's health crises must be addressed. An enhanced budget for health, on nutrition interventions, well integrated programs for mothers and newborns, provision of safe and clean drinking water, skilled birth facilities and access of midwives and trained practitioners to remote areas are mandatory in this regard.

The community midwife's role is fundamental in promoting maternal health and safe motherhood which resultantly guarantees newborn's health. Midwives have played a central role in ensuring mother and child's health in developed countries. Midwives in Pakistan have yet to perform their significant role. Replication of the programs that have contributed to promote mother's and child's health in other countries such as Afghanistan is also important in Pakistan. For example, according to a [UNICEF annual report](#), women and children in Afghanistan have been enabled increased access to healthcare services and routine immunisation. The country is close to polio eradication. Considering the high prevalence of anaemia among women, an initiative was launched in Afghanistan in 2016 through which 81% of school going girls from 10 provinces were given iron and folic acid supplements weekly. [Vitamin A supplements were also given during polio campaigns to the children aged between 6-59 months.](#) It is high time to make such interventions in Pakistan not only to improve nutrition but also skilled birth attendance. A malnourished mother is highly likely to produce an underweight baby. By spending more on nutrition, Pakistan can make the journey of women to motherhood less dangerous.

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Dr. Nadia Agha is an academic from Pakistan. She has a PhD in Women's Studies from University of York. Her research interests are in the field of kinship, gender, the girl child and gender and health. She has written extensively on Pakistani women. Her recent research publication highlights the issue of son preference in Pakistan. She tweets [@AghaNadia](#)