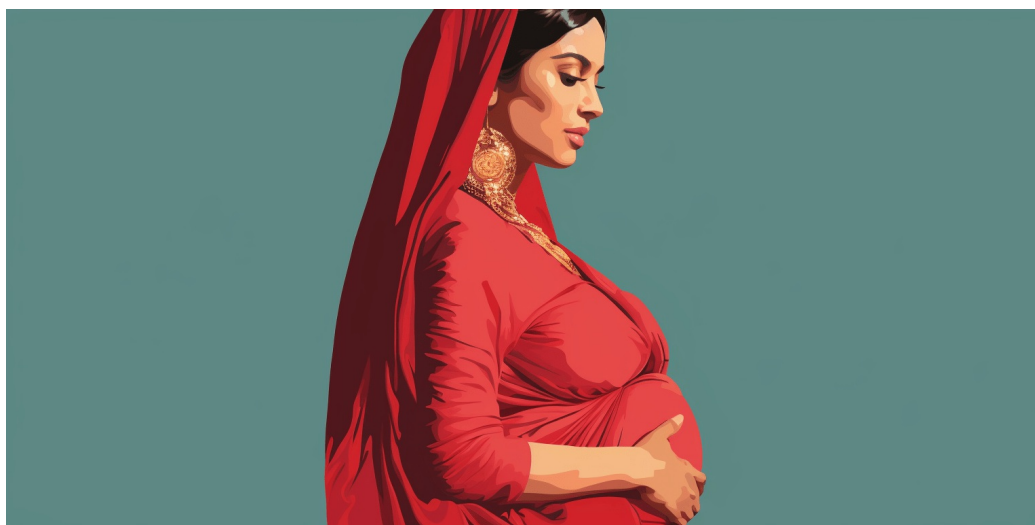


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Challenges in Reducing Maternal Mortality Rate in Pakistan

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Abstract

With only seven years until the 2030 deadline, Pakistan has a long way to go to meet the Sustainable Development Goals. Pakistan ranks 125th out of 163 nations in terms of meeting the SDGS (Sachs et al., 2022). One of the important goals is the third Sustainable Development Goal (SDG 3), which focuses on boosting the health and well-being of people of all ages (United Nations, 2015). Target 3.1, which aims to reduce maternal mortality rates to less than 70 per 100,000 live births, is a critical goal for improving maternal health internationally (WHO, 2021). It is a worldwide health concern and critical to achieving long-term development goals (WHO, 2021).

In Pakistan, the maternal mortality rate (MMR) is 186 maternal deaths per 100,000 live births (WHO, 2021). Although Pakistan has made progress in lowering maternal mortality rates (MMR) since 1990, with the MMR falling from 521 in 1990 to 178 in 2021 (Bongaarts, 2015; WHO, 2021), much more work is needed to address this critical issue. However, several challenges must be overcome to achieve this goal, which will be explored in this essay. Furthermore, effective strategies to assist Pakistan in overcoming these hurdles and making significant progress in lowering its MMR will be presented.

Introduction

With only seven years until the 2030 deadline, Pakistan has a long way to go to meet the Sustainable Development Goals. Pakistan ranks 125th out of 163 nations in terms of meeting the SDGS (Sachs et al., 2022). One of the important goals is the third Sustainable Development Goal (SDG 3), which focuses on boosting the health and well-being of people of all ages (United Nations, 2015). Target 3.1, which aims to reduce maternal mortality rates to less than 70 per 100,000 live births, is a critical goal for improving maternal health internationally (WHO, 2021). It is a worldwide health concern and critical to achieving long-term development goals (WHO, 2021).

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Discussion

The Sustainable Development Goals (SDGs) are a global agenda established for 2030 that intends to address a wide range of concerns confronting humanity, including promoting health & well-being, stimulating economic advancement, and protecting the environment (United Nations, 2015). These goals seek to create a more sustainable future for everybody by serving as a framework for countries to collaborate on common goals (United Nations, 2015). Unlike the Millennium Development Goals, which focused on specific elements, the SDGs take a more holistic and multifaceted approach to development (Pradhan et al., 2017). The SDGS encourages nations to recognise the interconnectedness of various global challenges and collaborate to address them through a holistic approach to development.

The Sustainable Development Goal 3 (SDG 3) of the United Nations strives to provide healthy lifestyles and well-being for all people, regardless of age (United Nations, 2015). The SDGS target 3.1 aims to reduce the maternal mortality ratio (MMR) to fewer than 70 per 100,000 live births by 2030 (UN, 2019). This goal emphasises the crucial importance of lowering maternal mortality and improving maternal health outcomes globally.

Understanding Maternal Mortality Rate

Maternal mortality is defined by the World Health Organisation (WHO) as death during pregnancy or within 42 days of termination of pregnancy. The cause of death is unrelated to the length and location of the pregnancy and may be caused by any ailment connected to or exacerbated by the pregnancy or its management, but it is unrelated to unintentional or incidental causes (Maternal Mortality, 2021). The maternal mortality rate is calculated as the number of deaths per 100,000 live births. The number of live births is used to estimate the population of pregnant women at risk of maternal death because it can be precisely counted, whereas the number of pregnancies can only be estimated (Callaghan, 2012).

Several biological, economic, and societal factors contribute to the complexity of maternal mortality. Medical causes of maternal mortality include severe bleeding, infections, elevated blood pressure, and obstructed labour (Mubeen et al., 2019; WHO, 2019). In contrast, maternal mortality is affected by broader socioeconomic factors as well as medical factors. Only a few examples include economic disparities, limited access to healthcare services, a dearth of information and awareness, cultural and societal norms, and gender disparity (Omer et al., 2021).

Pakistan's Current Status of Maternal Mortality

Even though many countries in the Asia-Pacific region have made progress in reducing maternal mortality, Pakistan has a high maternal mortality rate (MMR) of 186 per 100,000 live births as of 2019 (Pakistan Maternal Mortality Survey, 2019). This rate is significantly higher in certain provinces, such as Balochistan, where the MMR is 298 per 100,000 live births (NIPS & ICF, 2020).

Challenges Faced by Pakistan in Reducing Maternal Mortality Rate

1. Ineffective government policies and their implementation

Poor government policy and implementation have contributed to maternal mortality remaining a prominent issue in Pakistan. Even though a national programme to prevent maternal mortality exists, its execution has been insufficient, particularly in rural areas. The country's low healthcare expenditures, particularly for maternal health, show a lack of political will and attention to maternal health. This is apparent in the insufficient infrastructure and manpower levels of rural health institutions. The situation is exacerbated by the low accessibility and availability of necessary obstetric treatment and emergency obstetric care in rural locations (Koblinsky et al., 2017). Furthermore, the government's concentration on curative rather than preventative health care services, along with an insufficient budget, has resulted in a lack of attention on maternal health and family planning services (Jafarey et al., 2021). The lack of proper monitoring and evaluation methods decreases the efficacy of government initiatives, making it harder to track progress and identify problem areas (Koblinsky et al., 2017).

The government must prioritise maternal health and increase spending in this area to reduce maternal mortality. Rural areas require immediate infrastructural and staff improvements, as well as the provision of necessary obstetric care and emergency obstetric services. It is critical to consistently monitor and assess policy success in addition to implementing policies to enhance knowledge and utilisation of maternal health and family planning services (Jafarey et al., 2021).

2. Impacts of Conflicts, Terrorism, Insecurity, and Instability

Conflict, terrorism, insecurity, and instability are major impediments to Pakistan meeting its maternal mortality rate target. These factors have a multifaceted impact, affecting both direct healthcare delivery and the larger social and economic determinants of maternal health. Decades of conflict have led to the displacement of millions of people, the destruction of infrastructure, and the disruption of essential services like healthcare (World Bank, 2021). Because they also contribute to

disruptions in health services, relocation, and an increase in poverty, these factors have contributed to poor maternal health outcomes and high maternal death rates in Pakistan (UNFPA, 2020). The situation is particularly bad in conflict-affected regions such as Balochistan, Khyber Pakhtunkhwa, and the Federally Administered Tribal Areas (FATA), where access to healthcare is limited and the quality of care is inadequate ([Médecins Sans Frontières](#), 2021).

Terrorism's rise in the country exacerbates the harmful impact of conflict and insecurity on maternal health. Terrorist assaults on healthcare institutions have destroyed hospitals and clinics and killed healthcare workers ([Médecins Sans Frontières](#), 2021). This has weakened the country's already frail healthcare system, making it more difficult for pregnant women to obtain quality care.

To address these concerns, the Pakistani government must prioritise the provision of healthcare services in conflict-affected areas while also ensuring the security of healthcare facilities. To improve population health, the government should also address the core causes of conflict, such as poverty and inequality. The international community can also help by providing financial and technical aid to healthcare providers in conflict-affected areas. To guarantee that all women have access to adequate healthcare services, the government, civic society, and the international community must work together.

3. Early marriages are common, and there is a lack of family planning

Marriage before the age of 18 is a serious violation of human rights and a major hindrance to women's and children's health, as it is typically induced by poverty and societal reasons. This is among the world's highest rates in Pakistan (Macro International, National Institute of Population Studies, 2007). In Pakistan, where early marriage is popular, parents with low socioeconomic resources may see it to relieve financial stress. Nonetheless, early marriage frequently leads to early pregnancy, which contributes to high rates of parity and maternal mortality.

Furthermore, cultural norms and customs usually limit young girls' access to family planning and maternal healthcare. Access to family planning services is a significant hurdle to lowering maternal mortality in Pakistan (Hanif et al., 2021). Inadequate contraceptive knowledge and opposition from spouses or families contribute to family planning method failure and increase the risk of maternal mortality (Sultana & Qazilbash, 2004).

4. Limited Education and Women's Empowerment

A lack of female education and empowerment contributes considerably to maternal mortality in Pakistan (WHO, 2021). The education and economic levels of women and their spouses have been identified as key factors impacting hospital delivery in Pakistan (Agha & Carton, 2011). The parental education levels are important in decision-making, with the likelihood of giving birth at home reducing as the parents' education levels rise (Javed et al., 2013). Women's low literacy rates and lack of decision-making power restrict their access to maternal health treatments, continuing the cycle of poverty and poor health outcomes.

A study conducted in Pakistan revealed that women with some secondary school education were more likely to give birth in a medical facility (73%), compared to those with no secondary school education (36%). Similarly, women whose

spouses had attained some level of higher education were more likely to give birth in a medical facility (57%) compared to those whose husbands had not attained any level of higher education, which was 34% (Husnain et al., 2018).

Even though prenatal care (ANC), postnatal care (PNC), and family planning can significantly lower the risk of maternal death, their utilisation in Pakistan is limited due to illiteracy (Campbell & Graham, 2006).

To minimise maternal mortality in Pakistan, efforts must be made to promote women's education and empowerment, boost access to family planning services, and raise ANC, PNC, and family planning technique utilisation.

5. Inadequate Health Infrastructure and System

Because health facilities lack skilled personnel, equipment, and supplies to offer key maternal health services, Pakistan's health infrastructure and health system severely limit the provision of maternal health services (Majrooh et al., 2014). Furthermore, the fragmented healthcare system and lack of coordination among healthcare facilities worsen the problem. In Pakistan, the delivery of reproductive health care is hampered by corruption and incompetence, as well as a lack of political commitment to invest in the health system (WHO, 2020). The problem is exacerbated in rural regions by a shortage of qualified health professionals, which limits rural women's access to healthcare facilities (Sarwer et al., 2020). As a result, Pakistan must invest in its healthcare system, expand the number of qualified healthcare workers, and improve healthcare resource distribution.

6. Religious, cultural, and social norms

Religious, cultural, and societal standards have a significant impact on maternal mortality in Pakistan (Hou & Ma, 2013; WHO, 2021). Women's responsibilities are usually limited to the home, and their decision-making authority over their health and well-being is limited, which can lead to delays in obtaining maternal health treatments (Hou & Ma, 2013). Traditional practices such as home births and untrained birth attendants are still common in many areas of Pakistan, increasing the risk of maternal death (WHO, 2021).

Furthermore, religious beliefs and practices may influence women's health-seeking behaviour (Gul et al., 2015; Hou & Ma, 2013). Many rural Pakistanis believe that pregnancy is a natural process, and that medical intervention should be avoided (Hou & Ma, 2013). Religious beliefs and practices can restrict women's mobility and access to healthcare, as some women must obtain permission from male family members before obtaining medical care (Gul et al., 2015). Women are frequently unable to seek medical care without the consent of male family members, resulting in delays in accessing needed care (Gul et al., 2015). Furthermore, some women may face social stigma or discrimination if they seek medical attention for maternal health problems (Hou & Ma, 2013).

Policymakers must study the impact of cultural and social norms on maternal mortality in Pakistan to address these challenges (Hou & Ma, 2013). Strategies to enhance maternal health outcomes should include engaging with local communities and challenging cultural attitudes that may impede women from obtaining maternal health services (Hou & Ma, 2013). Furthermore, measures to improve women's position in society, such as improving access to education and work opportunities, can empower women to make health and well-being decisions (Hearld et al., 2018).

7. Financial difficulties

In Pakistan, budgetary constraints make it difficult to meet the maternal mortality rate (MMR) target. The public healthcare system in Pakistan is under-resourced and lacks enough funding for maternal health services, resulting in restricted access to vital drugs and a paucity of competent health personnel, such as midwives and obstetricians (Samnani et al., 2017). High out-of-pocket expenditures for maternal health treatments, as well as a lack of insurance coverage, further limit access to care, particularly for low-income families (Mumtaz et al., 2003).

Furthermore, the expansion of unregulated private health facilities, which are frequently expensive and do not meet minimum standards of care, exacerbates the problem of insufficient maternal health services. It has been established that these private clinics contribute to Pakistan's rising maternal death rates (Asim et al., 2021).

To solve these financial challenges, the Pakistani government must prioritise maternal health in its budget, boost public funding for maternal health services, and develop a health insurance system that includes maternal health services. Implementing efficient financial and social protection measures, such as conditional cash transfers, might assist poor populations in lowering out-of-pocket expenditures for maternal health care (Mumtaz et al., 2014).

8. The potential impact of COVID-19

The COVID-19 pandemic has disrupted global healthcare systems, reduced maternal healthcare access, and increased maternal mortality. Disruptions in maternal healthcare in Pakistan have reduced the number of women seeking care (UNFPA, 2020). This decline in maternity care may increase maternal mortality. Pakistani maternal health may also be affected by pandemic economics. The pandemic's job losses and economic upheavals have left many families struggling. Due to financial constraints, fewer women may seek maternal healthcare services.

Policymakers, healthcare providers, and communities must work together to prevent pandemics from disrupting maternity healthcare in Pakistan. This could include boosting maternal health awareness and education, providing financial support to families who cannot afford treatment, and ensuring that healthcare facilities have the capacity to deliver quality maternal healthcare during pandemics. Promoting safe and appropriate care-seeking during pregnancy, labour, and postpartum reduces maternal mortality.

Conclusion

To address the challenges of reducing maternal mortality rates in Pakistan, a complex interplay of factors such as financial constraints, conflict and insecurity, government policies, early marriages, limited education and empowerment of women, insufficient health infrastructure and health systems, and cultural and social norms must be considered (Khalid et al., 2022). A comprehensive strategy must include improving access to maternal health services, expanding educational and employment opportunities for women, addressing cultural and social norms that limit women's decision-making power and mobility, and strengthening the health system and infrastructure (Sarfraz et al., 2016). We can only hope to lower maternal mortality rates in Pakistan and ensure women have access to quality maternity healthcare services by using a

diversified strategy.

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