**[Adverse maternal health outcomes](https://www.dawn.com/news/1761278/adverse-maternal-health-outcomes)**

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MATERNAL health vulnerabilities, particularly in low-income countries, are a great cause of concern. UN agencies estimate that globally a woman dies every two minutes due to complications during pregnancy or childbirth. Despite significant interventions made during the last two decades, newborns and mothers still die from otherwise preventable causes. According to the WHO, about 287,000 women died in 2022 during and following pregnancy and childbirth. Although maternal mortality witnessed a decline of 44 per cent between 1990 and 2015 globally and 64pc in southern Asia between 1990-2013, sub-Saharan Africa and South Asia still carry a heavy burden of these mortalities — ie, 86pc of the total number of global maternal deaths.

More than 90pc of maternal deaths occur in middle- and low-income countries and among women living in rural and underprivileged areas. Young girls aged between 10 and 14 years face a higher risk of maternal death. Pakistan, one of the low-income countries, ranks high on the list of infant and maternal mortality rates. It has an MMR of 186 deaths per 100,000 live births — alo­ng with the current neonatal mortality rate of 40 per 1,000 live births. As part of the UN’s Sust­ai­n­able Development Goals, the goal is to reduce MMR to less than 70 per 100,000 live births and neo­­natal deaths to 12 per 1,000 live births by 2030. Given the current socioeconomic crisis, soc­ial structure and exposure of Pakistan to climate-related disasters, this goal looks unattainable.

There are several factors influencing maternal health in Pakistan that result in adverse health outcomes. These elements are not isolated but influence and complement each other in various ways. Poverty, poor education and place of residence top the list. Poor socioeconomic conditions are major contributors to women’s unmet nutritional needs before, during and after pregnancy. Climate change, socioeconomic disparities, conflicts and disasters bring additional challenges to women’s health and well-being by enhancing the risks of complications and poor outcomes during pregnancy and childbirth.

One of the important factors influencing maternal health is the place of residence. Literacy among women living in underdeveloped areas is alarmingly low. They are unaware of different methods of contraceptives, the importance of regular check-ups, blood investigations, scans and of following diet plans. Women living in remote areas cannot develop their capabilities, individually or collectively, to improve their lives. Sociocultural barriers further complicate young women’s lives since the discussion on reproductive health and the use of contraceptives is taboo for young unmarried girls.

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Antenatal care has a positive association with improving maternal and child survival. This is subject to health education and awareness. Women living in rural areas have weak social indicators. Lack of literacy is a barrier to reading and understanding brochures and flyers carrying important information. Disinformation around family planning and maternal health and flawed beliefs and perceptions place barriers before women’s access to maternal health services.

When these factors combine with gender inequality, they create an adverse environment for mothers and babies. The household power structure and gender inequality greatly impact maternal health. Young and childbearing women often find themselves at the bottom of the power hierarchy where their access to healthcare services is subject to the family elder’s approval. Mobility while being accompanied by men or elderly women is subject to their availability. Studies suggest that gender inequality is the key driver of negative maternal health outcomes, preventing women from accessing health facilities and benefiting from interventions.

A newborn’s health is related to the mother’s health but there are stark disparities in healthca­re access. Skilled care can save the lives of many women during pregnancy and childbirth, but it’s not available to all indiscriminately. Distance to the healthcare facility also determines women’s frequency of visits. The lack of quality healthcare services further bars women from accessing mat­e­rnal health services. It is particularly important that deliveries are attended by skilled professionals. Unfortunately, socioeconomic conditions and larger distances discourage people and make home deliveries the preferred choice of poverty-ridden people.

Pakistani women already face various maternal health challenges with one of the highest maternal mortality rates in South Asia. The recent floods in Pakistan devastated the country and plunged it into a humanitarian crisis of huge proportions. The floods increased maternal health challenges in Sindh and Balochistan — with domestic violence and poor maternal health outcomes at an all-time high. For example, these floods not only limited women’s access to safe food and drinking water but also exposed them to polluted settings, unhygienic feeding and infections and the outbreak of waterborne diseases. The flood-hit areas also witnessed a rapid surge in malaria and skin diseases. Similarly, neonates, children and pregnant women are highly likely to experience detrimental negative impacts on their health due to climate-related disasters.

Maternal health outcomes cannot be improved with interventions in health alone. Rather, socioeconomic, political and geographical factors must be taken into account while planning interventions and policies. Most of Pakistan’s population lives in rural areas where poverty, lack of literacy and inadequate health facilities impact maternal health vulnerabilities; gender inequality, sociocultural and geographical barriers aggravate the situation further. Therefore, any intervention designed to address maternal health must take into account all related factors influencing maternal and child health.

There is a need to introduce pro-poor policies and interventions to reduce gender inequality in health, especially in underdeveloped areas. Maternal health-related needs of rural women must be prioritised; awareness of and access to antenatal care, provision of skilled birth attendants and supplies, and tele-clinics can guarantee safer pregnancies and positive maternal health outcomes.

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