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FROM POLICY TO PRACTICE: A LEGAL AND MEDICAL ASSESSMENT OF PAKISTAN'S COMPLIANCE WITH INTERNATIONAL OBLIGATIONS TO REDUCE MATERNAL MORTALITY

Nimra Arshad[*1], Dr. Tansif Ur Rehman[2], Dr. Aisha[3]

[*1]*Department of Law, Dadabhoy Institute of Higher Education, Pakistan*
[2]*Teaching Associate, Department of Sociology, University of Karachi, Pakistan; and Visiting Faculty, Department of Law, Dadabhoy Institute of Higher Education, Pakistan*
[3]*Women Medical Officer, Civil Hospital Naushahro Feroze*

[*1]nemraharshad@gmail.com, [2]tansif@live.com, [3]aishasolangi786@gmail.com

[2]https://orcid.org/0000-0002-5454-2150

Corresponding Author: *
Nimra Arshad
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ABSTRACT

A complex mix of legal, medical, social and institutional factors contribute to the problem of maternal mortality in Pakistan. Household-level inequalities between commitments and achievements hinder efforts to improve maternal health. While Pakistan has ratified international agreements like SDGs, structural issues in healthcare access, quality and governance continue to impede development. Poor legal accountability, policy inconsistencies and shortage of resources also play a role in the unnecessary deaths of mothers. Also, sociocultural constraints such as limited movement, gender disparities, barriers to accessing or obtaining care aggravate the vulnerabilities of women especially in rural and underserved areas. Although the laws and policies at the national level are formal to support the cause of maternal health, there is still a huge gap between what is intended by law and what is demonstrated in practice. The continuing issues make it very important to question whether Pakistan can fulfill its global obligations and provide fair and safe maternal health services in the nation.

Keywords: *challenges, historical context, laws, opportunities, theoretical context*

INTRODUCTION

Maternal mortality in Pakistan is a significant medical and legal issue as it is an intricate combination of systemic, social, and institutional determinants, which undermine developments in the context of global health commitments (Ahmad et al., 2025). Even though Pakistan has national policies that seek to improve maternal healthcare, the country has been facing the challenge of aligning its practices and policies with those of the international community that aims at protecting the health of women (Midhet et al., 2025). These obstacles can be divided into structural inequalities, the inability to access the necessary services, and weaknesses in the management, which impede the successful introduction of maternal health defenses (Asif et al., 2023).

Delayed access to convenient medical care significantly contributes to disparities in maternal healthcare, which is a major factor in the number of maternal deaths that could be avoided (Sarikhani et al., 2024). Such delays can be based on poor emergency obstetric care and resources, as well as irregular service provision across provinces (Arif & Alam, 2023). There are additional barriers to safe and accessible maternal care due to sociocultural norms and territorial disparities that face women in rural and marginalized populations, posing immense challenges to women (Memon et al., 2023).

One of the key issues in the Pakistani maternal health environment is the long-standing disparity between legislative promises and actual practice, which has contributed to creating unequal maternal outcomes in the country (Anwar et al., 2023). While national policies have focused on delivering better services and protecting patients, the lack of proper accountability mechanisms has perpetuated uneven outcomes for mothers across the country (Singh & Raza, 2023). Consequently, a considerable number of maternal deaths can be prevented, and this fact suggests that the related shortcomings stem from the flaws of the system instead of the inability to avoid adverse situations (Parveen et al., 2024).

Research Justification

The study of the attempts undertaken by Pakistan in mitigating maternal mortality is significant since the country is still grappling with severe challenges in delivering safe and risk-free maternal healthcare. The women continue to suffer a lack of access to skilled birth attendants, emergency treatment, and proper antenatal services resulting in avoidable deaths. It is these loopholes that have necessitated the need to look into the extent to which the laws and health policies of Pakistan have been conducive to the right of women to safe motherhood and whether the state is fulfilling the commitments that it has made internationally.

Strong legal protection, improved medical systems and equal access to maternal care are some of the international agreements that Pakistan has made. Getting a feel of how these obligations are translated into a real practice can make one see where the system is functioning and where it is still failing. The regional inequalities in social and economic status also influence maternal health outcomes and therefore there is significance in researching the effects of the inequalities that restrict women's access to quality and timely healthcare.

This is needed to determine the discrepancy between policy and reality. Although Pakistan has made legislation and initiatives to improve maternal health, the outcome has been uneven. Through the analysis of the legal system and the real medical services provided, the study will contribute to the identification of the areas where improvement is needed in order to preserve the lives of women and guarantee the substantial adherence to the international standards.

Literature Review

The problem of maternal mortality is a severe social and human rights problem in Pakistan, whose causes include legal, medical, and social factors (Ahmad et al., 2025). When the structural inequalities in a country, the limited access to healthcare, and the difficulties in governance are the issues, it is necessary to investigate the disconnect between the policy and the practice to understand the level of compliance with the international commitments (Midhet et al., 2025). The literature review is a synthesis of the study of maternal health, including the challenges in healthcare delivery, gaps in the policy implementation, the barriers of sociocultural importance, and the role of legal frameworks in maternal rights protection (Asif et al., 2023).

Studies point to dysfunctions that are characterized systemically in the delivery of health care as a leading cause of maternal deaths. Delays in care-seeking, care-reaching, and care-receiving are some of the key predisposing factors in causing preventable mortality (Sarikhani et al., 2024). Lack of emergency obstetric services, resources, and unequal distribution of skilled staff contribute to the increased risks, especially in rural and marginalized regions (Memon et al., 2023). Poor monitoring and fragmented health service delivery contribute further to the inefficiency of national policies concerning maternal health (Arif & Alam, 2023).

Even though legal and policy frameworks of Pakistan are consistent with the international maternal health commitments, the practice is inconsistent (Willcox et al., 2023). Enforcement and accountability are weak resulting in barriers to accessing care that exist due to sociocultural factors particularly among vulnerable populations of women (Singh & Raza, 2023). The maternal health outcomes are also affected by community norms, gender inequalities, and geographic inequities (Ahmad et al., 2025). In general, these analyses also indicate that there is still no consistency between national policy promises and practice at the ground level regarding the implementation of maternal health, and it is challenging to understand how Pakistan can meet the international maternal health standards (Midhet et al., 2025).

Historical Context of Pakistan's Compliance with International Obligations to Reduce Maternal Mortality

The history of maternal health in Pakistan is connected to the colonial healthcare systems, which offered minimal services in maternal and child health and did not have well-established policies (Ahmad et al., 2025). The nation received a disillusioned healthcare system with a low level of infrastructure after gaining independence in 1947, and maternal mortality was not properly addressed (Midhet et al., 2025). The lack of maternal care in the first interventions, as demonstrated by the prevailing status of the public health planning in the early days was limited in nature (Asif et al., 2023).

As time went by, Pakistan implemented policies that are in line with the international standards and benchmarks in matters of maternal care and incorporation of global health commitments, including the Sustainable Development Goals (Sarikhani et al., 2024). The national laws and recommendations were intended to control the delivery of services and guarantee accountability and equitable access to maternal health care (Memon et al., 2023). Audits and surveys pointed out the gaps in the implementation and informed reforms to implement in order to prevent avoidable deaths in childbirth (Parveen et al., 2024).

These measures do not eliminate the problem of political instability, resource constraints, and sociocultural obstacles to proper implementation (Willcox et al., 2023). Access to care is also limited due to geographic disparities and uneven implementation, and, consequently, it is not possible to ensure that Pakistan meets its international maternal health requirements fully (Singh & Raza, 2023).

Theoretical Context of Pakistan's Compliance with International Obligations to Reduce Maternal Mortality

The conceptual basis of evaluating the effort made by Pakistan to curb maternal mortality is based on conceptions of how a state needs to respond when it takes international obligations. Among the principles is the obligation of states to guard fundamental rights. By developing a moral and legal obligation through signing the world agreements on maternal health, Pakistan has to ensure that women obtain safe pregnancy and childbirth care. In this perspective, one of the solutions that Pakistan will have to adopt is one that explicitly enhances maternal health, which includes access to emergency care, prompt referral, and qualified birth attendance. Unless these actions are able to reach the women particularly in rural or low-income sectors the state will not be attaining its personal ethical objectives.

A third approach is fairness. It also demands equal treatment of women, irrespective of place, income, or social status. The practice raises the gaps in the health system of Pakistan where women continue to find it difficult to access safe and respectful care. A combination of these theories assists in assessing the likelihood of the laws and medical practices in Pakistan being consistent with the international promises the Pakistani government makes.

Laws Regarding Pakistan's Compliance with International Obligations to Reduce Maternal Mortality

The initiatives of Pakistan to slow down maternal mortality are supported by various laws and policies that establish the role of the state in the health and safe childbirth. These legal instruments determine the manner in which the health services are supposed to be, the way the rights need to be

maintained, and how Pakistan is supposed to fulfill the objectives it has committed to at the international level. They also assist in connecting the plan to action, hence women are offered safer care during, after, and before delivery.

1. Constitution of Pakistan, 1973: The provision of the right to life and dignity provides the foundation of all maternal health work. The right implies that the state should ensure that women have access to safe care during pregnancy and childbirth. It also implies the ability of the health units to manage risks, provide timely treatment, and avoid untimely deaths. Courts have usually interpreted this right broadly with an emphasis that life and dignity should be provided with access to basic health.

2. National Health Vision Pakistan (2016-2025): Sets specific objectives for maternal and reproductive health. It seeks to reduce maternal deaths through the construction of better health units, employment of trained personnel, and emergency care. It is also driving towards closer connections between provinces and enhanced monitoring of health outcomes.

3. Pakistan Maternal, Newborn and Child Health (MNCH) Programme: Target in actual service provision. It equips competent birth workers, modernises labour rooms, and constructs referral systems that are fast in case of high-risk cases. The programme is also standardized across the world hence ensuring that Pakistan remains on track with the world health goals.

4. Lady Health Workers Programme: Operates at the community level. LHWs provide antenatal examinations, instruct women on the danger signs, and refer women to care in good time. Their trips save time and enhance promptness in rural and remote locations.

5. Maternal, Neonatal, and Child Health (MNCH) Policy Framework: Clear rules and steps that are applied to safe pregnancy, delivery, and postnatal care are provided. It assists in transforming legal requirements into practice by developing standards and checklists and training requirements, which will aid in reducing avoidable maternal mortality.

Challenges for Pakistan's Compliance with International Obligations to Reduce Maternal Mortality

Inequitable access to quality healthcare services is one of the greatest problems facing the quest by Pakistani to reduce maternal mortality. Proper hospitals, trained staff, and emergency obstetric care are not available in many rural and remote locations preventing prompt treatment during the delivery of a child. The small pool of qualified birth attendants and the absence of essential drugs increase the risks of maternal deaths that can be prevented. These gaps provide a distinct barrier wherein women in low-income or marginalized groups are at an extremely greater risk than urban women.

The other significant problem is the policy practice gap. Although national laws and policies provide definite plans on how to reduce maternal deaths, the reality on the ground is disproportional. The cost of transport and treatment is out of reach of many women and insufficient knowledge of their right to maternal health keeps them seeking no better treatment. Meanwhile, there are loose links between legal regulations, health departments, and community interventions such that it is difficult to impose the standards of safe motherhood in every setting. All these social, financial, and system-level factors combine to slow down the development of Pakistan in transforming its maternal health policies into actual outcomes, which continues to keep the number of preventable maternal deaths too high.

Opportunities for Pakistan's Compliance with International Obligations to Reduce Maternal Mortality

One non-negligible opportunity where Pakistan can enhance maternal health is the fact that there are powerful national policies and programs that provide a strong foundation upon which to act. Programs like the National Health Vision and the MNCH Programme provide definite ways of improving the number of maternal health services, educating qualified birth attendants, and

improving emergency birth services. With these programs made stronger and implemented with the required concentration, Pakistan may reduce the number of preventable maternal deaths and increase the overall maternal health outcomes within the country. The other opportunity is community-based health systems, particularly the Lady Health Workers Programme. This initiative targets women in rural and most inaccessible regions through the provision of antenatal services, simple health education, and on-time safe delivery referrals.

Conclusion

Pakistan has been finding it very difficult to reduce the maternal deaths though there are laws, policies, and international requirements that have been established to ensure safe motherhood. These discrepancies between the legal policies and the actual healthcare delivery of services negatively affect the effectiveness of the maternal health programs and particularly in the rural and underserved areas. The biggest sources of preventable maternal deaths include poor access to skilled birth attendants, emergency obstetric services, and working health facilities, and they mostly affect marginalized women. Sociocultural barriers also restrict access to care for low literacy levels of females, gender norms, and ignorance of maternal health rights.

Recommendations

It is not enough to concentrate on legal framework, the health care systems must also be strengthened to ensure the implementation of the policies for enhancing maternal health in Pakistan. Regular audits, reporting and reviews can be conducted to track any progress and to ensure that such national programmes as MNCH Programme and Lady Health Workers Programme can reach the target population and provide quality and timely care.

Another priority is to increase access to skilled birth attendants and emergency obstetric services. Delay of care can be minimized by training additional health workers, equipping rural health facilities, and enhancing the referral systems to avoid avoidable maternal deaths. The underserved areas should be given particular consideration as they have the least healthcare infrastructure and women are at the greatest risk in these areas.

It is also important to address any sociocultural barriers and awareness gaps. Using a collaborative approach between healthcare practitioners, local government and community members will support safe practices, support to families and reduce the negative traditional values that hinder women's access to care. Reform can be led by national policy formulation in alignment with international commitments, e.g., CEDAW and SDGs, and by improving resource distribution and the care of the mother, which is equitable and equal. By bringing the legal enforcement, healthcare and community together, Pakistan can play a significant role in reducing and continuing to safeguard women's health in the country.

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