

MATERNAL HEALTH AND REPRODUCTIVE RIGHTS IN PAKISTAN: A LEGAL HUMAN RIGHTS APPROACH

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ABSTRACT

The paper will adopt a legal and a human-rights approach to this problem of maternal health and reproductive rights in Pakistan. It looks at constitutional provisions, legal provisions and international agreements that Pakistan is a signatory to and assesses the differences between the provisions of the statutes and actual access to maternal health services, contraception and safe abortion in Pakistan. The paper has presented systemic obstacles based on the recent case law and empirical studies including gender discrimination, poverty, and poor health infrastructure. According to it legal protections, reproductive accountability and autonomy measures, must be enhanced to aid in the reduction of the maternal mortality and morbidity. According to the research, there are certain reforms proposed: the codification of reproductive rights, the improvement of the delivery of services, the education and protection of healthcare workers, and the adaptation of domestic legislative acts to international human rights principles. By setting the recommendations within the socio-political reality in Pakistan, the paper presents a viable roadmap to be adopted by the policymakers, practitioners in the field of law and health practitioners with an interest in ameliorating the maternal health situation and state obligations. It points out signs of progress which are pressing and quantifiable.

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

INTRODUCTION

The fact of high use of the health-care system mediates between the existence of strong constitutional guarantees of equality, life, and dignity and their very low implementation in practice, impacting reproductive-rights knowledge and contraceptive use (Saeed et al., 2021). The gap between knowledge of reproductive rights and the practice of contraception is immense in Pakistan (scholarly literature on maternal health and reproductive rights in Pakistan consistently highlights that even though the constitution

implicitly extends reproductive-rights protections to maternal health under the right to life, and the international obligations to the state through the CEDAW and ICCPR are viewed as important leverage to reform by Pakistan, but the lack of enforcement mechanisms remains conspicuously weak (Malik et al., 2021).

Scholars believe that these treaties pose positive obligations on the state to provide affordable, stigma-free reproductive health care, but implementation mechanisms are conspicuously weak. Comparative research can get useful

blueprints of how such commitments are already implemented in other signatory countries. However the empirical data stipulates the fatal outcomes of such lapses: the high maternal mortality rate in rural Sindh is directly related to the lack of facilities and stifling sociocultural traditions (Ilyas, 2023). whereas disadvantaged women in urban areas have a serious barrier to family planning services because of stigma and misinformation, as well as the lack of supply (Ali et al., 2025).

Normative legal scholarship proposes a holistic human-rights-oriented take on the issue, which includes broad-based constitutional interpretation, internalization of international commitments, clear legislative enshrinement of reproductive right, proactive judicial monitoring, intensive government investment in health, and grassroots constitutional awareness campaigns to eventually make constitutional and international vows binding to Pakistani women.

Research Justification

The research on maternal health and reproductive rights in Pakistan based on a legal human rights perspective is necessary because of the existing disparities in health outcome of women and gaps between policy and practice. Even though Pakistan ensures a healthy population through constitutional assurances and is bound to abide by international human rights tools, maternal mortality levels, lack of access to quality reproductive health services, and socio-cultural constraints are still a threat to the well-being of women. Through the human rights procedure of investigating these issues, one can gain a better insight into the responsibilities of the state and structural inequalities that do not allow women to practice their reproductive autonomy.

The value of this research is that it emphasizes the practical issues of poor law enforcement, ineffectiveness, and lack of awareness regarding reproduction rights. It also gives evidence-based information on how legal changes, more effective accountability resources, and rights-based policies can help improve the outcome of maternal health. Moreover, the research also adds to the academic literature by incorporating legal, social as well as public health aspects, hence, providing a

multidimensional approach to reproductive rights in Pakistan.

With the country-wide emphasis on the attainment of Sustainable Development Goals, especially SDG 3 on health and well-being, this study is in time and topical. It is geared towards educating policy-makers, health providers and the legal professionals who would like to enhance the reproductive rights of women and ensure they have equal access to maternal health care.

Literature Review

The studies concerning maternal health in Pakistan demonstrate that there are still issues of poverty, unavailability of medical treatment, and gender discrimination. The studies indicate that still-bad birth-, and unequal services, particularly between urban and rural areas, continue to make the death rates of women high (Makacha et al., 2020). They observe that the existence of strong cultural regulations and the dominance of males in decision-making makes it difficult for women to move or have power to decide on pregnancy, which contributes to unnecessary health hazards and increasing mortality rates. In short, these results provide an association between poor health outcomes and encroached social oppression.

The difference between the legislation and the reality on the ground is quite broad as far as reproductive rights in Pakistan is concerned. Despite the presence of the constitution that protects women, and Pakistan being a signatory to CEDAW and ICESCR, the rights are practically not being implemented due to poorly functioning institutions, bureaucracy, and the absence of political will (Ilyas, 2023). This study claims that family-planning, safe motherhood, and personal choice of women are always undermined by inconsistent regulations, poor application, ineffective teamwork, and lack of understanding in women (Majeed et al., 2024). In essence, we are in dire need of a tougher legal crack down, more vigilant regulation and a health system with more rights.

Recent scholarly discussions apply a comprehensive human-rights perspective to discuss what Pakistan is due its women health-wise. According to these works, the state should respect, protect and bring to life reproductive

rights, and at the same time, they note that weak laws, continued under-funding, and the lack of judicial support continue to prevent the real progress (Makacha et al., 2020). Increasingly, there is a competition among researchers that human-rights concepts be fully incorporated into provincial health policies, particularly following the 18th Constitutional Amendment that granted increased powers to the local governments. On the whole, the literature indicates that legal change, more powerful institutions, good cash flow, and increased community awareness are necessary for Pakistan to be effective in protecting maternal and reproductive rights (Sathar et al., 2025).

Historical Context of Maternal Health and Reproductive Rights in Pakistan

The history of the maternal health in this nation begins immediately after gaining independence. The messed-up colonial health system that the new nation received was solely about curing stuff rather than preventing its occurrence (Midhet et al., 2023). The government attempted to address the sky-high birth rate with big family-planning programs in the 1960s and 1970s, only to face the wall of cultural resistance, political anarchy, religious opposition, and the complete absence of facilities and funds. The country has a long way to go to achieve those sustainable development goals in the field of maternal health, not only due to the majority of the population being unable to access the services, but also because many women simply do not know where to find help or who to discuss the matter with (Jafree et al., 2024).

The Cairo International Conference on Population and Development of 1994 was, in fact, a game-changer. It compelled Pakistan to reformulate its policies such that they were in line with a world that is concerned with reproductive choice, body autonomy, and equitable access to safe motherhood services (Asim et al., 2025). In the 2010s, the provincial government took over health responsibilities, as the 18th Constitutional Amendment granted it. That generated a bit of local creativity and innovation, but it also generated its disparities in capacity, disparities in resources, and coordination headaches that transformed the manner in which maternal health

and rights-based care are provided throughout the nation (Majeed et al., 2024).

Theoretical Context of Maternal Health and Reproductive Rights in Pakistan

The concept of the theoretical framework of the study of maternal health and reproductive rights in Pakistan is rooted in the Human Rights-Based Approach (HRBA) according to which health is not a privilege; instead, it is a fundamental right and enforced right. HRBA stresses the values of dignity, equality, participation, accountability and non-discrimination. According to this framework, the state has three highlighted responsibilities; to uphold the reproductive autonomy of women, to guard against the negative social and institutionalized practices, and to guarantee women their right to safe motherhood and access to the necessary reproductive services. This strategy also emphasizes that reproductive rights are related to the right to life, privacy, information as well as equality before the law.

Feminist legal theory also goes even further to reinforce this starting point by indicating the role of the patriarchal norms, gender power relations, and institutional discrimination on women regarding their reproductive decision-making. It contends that the real reproductive freedom involves the breakdown of the socio-cultural barriers that hamper the decision-making and movement. Furthermore, the theory of public health connects reproductive rights to lack of determinants like education, income, geographic accessibility and investment in the health system in general. It underlines the fact that reproductive justice is impossible to attain without these structural inequities. Combined, these theoretical approaches conceptualize maternal and reproductive rights in Pakistan as multidimensional problems that need legal, social, and institutional changes based on human dignity and equality.

Laws Regarding Maternal Health and Reproductive Rights in Pakistan

The legal system of Pakistan on the subject of maternal health and reproductive rights is not unified, and the explicit understanding of reproductive autonomy is barely present. The

Constitutional protection of the right to life expressed in Article 9 of the Constitution has been interpreted by courts through the indirect provision of access to health services, and the related rights to dignity (Article 14) and non-discrimination (Article 25) give Article 9 a constitutional foundation of maternal health protection. These are however general and wide-ranging and no specific federal legislation exists that explicitly ensures reproductive or maternal health to all women though there is an increasing demand to have a clear and enforceable standard. This gap is filled by provincial laws. The Punjab Reproductive, Maternal, Neonatal and Child Health Authority act, 2014, provides an authority that focuses on maternal and child health activities and family planning, supervision of service delivery, and better coordination of activities between the public health agencies. Likewise, the Sindh Reproductive Healthcare Rights Bill 2019 broadens the reproductive services provision that is characterized by voluntary access, confidentiality, and no form of coercion. Such laws reflect meaningful provincial initiatives and at the same time illustrate a lack of a consistent national policy structure. The Pakistan Penal Code prohibits abortion (*isqat-i-haml*) except under the condition of saving the life of the woman or to permit the required treatment before the fetus organs are developed. This strict legal permissibility puts elective or socially indicated abortion under criminal prosecution, subjecting women to unsafe abortion practices and reimbursement of inequalities in the accessibility of necessary reproductive care. Particularly, informed consent to reproductive interventions is not guaranteed by a specific law, and the lack of this resource creates a large loophole in safeguarding bodily autonomy and patient rights. Pakistan as a state has international commitments by the CEDAW and by ICESCR to non-discriminative access to reproductive health, maternal care, as well as family planning services. To reconcile national legislations with these commitments, it is necessary to codify the reproductive rights on a national basis, harmonize the best practices adopted by the provinces, enhance the mechanisms used to hold to account

and ensure that the mechanisms that will enforce the maternal health as a fully justiciable right are established. Devoid of such reforms, the legal protections will be rather symbolic, and the health outcomes of mothers will still be poor in the entire country.

Challenges for Maternal Health and Reproductive Rights in Pakistan

Although constitutional guarantees and the international human rights treaties prescribe the same, there are still various obstacles that are impeding the achievement of maternal health and reproductive rights. Inequalities in access to healthcare, especially between the rural and urban regions, are the greatest impediments. The rural communities experience shortages of trained medical care providers, insufficient emergency obstetric medical care, and poor infrastructure, which are directly related to preventable maternal morbidity and mortality. In marginalised areas, women usually cover long distances in seeking simple reproductive care, which is against their right to access and enjoy timely healthcare.

A significant role is also played by the social-cultural norms. Strong patriarchal beliefs deny women the freedom to make their own reproductive choices such as the use of birth controls, birth spacing and seeking medical attention without the male approval. These standards negatively affect the right to life since women have little control over their bodies and health decisions. Poor access to maternal health services is also aggravated by early marriage, low educational levels and gender based discrimination.

Weak legal implementation and gaps in governance is also another major challenge. Despite a number of laws and policies, the political will, fragmentation following the 18th Amendment, through lack of funds, and monitoring mechanisms, among others, all lead to inconsistent enforcement. Lack of knowledge about legal rights of women is one of the indicators of the gaps in the education of the population and the role of the state in raising awareness. Financial limitations also worsen the reproductive health problems. Women are limited in terms of poverty to spend on quality health

services, means of transport, nutritious foods and accessibility to essential medicines during pregnancy. Out-of-pocket costs are an added strain on the low-income family, leading to deferred or avoided healthcare.

Finally, inappropriate data collection and stigma are some of the obstacles. Reproductive and sexual health social taboos make it difficult to openly discuss the issue, restrict policy modification and efficient service provision. Evidence based planning and resource allocation are other problems that cannot be realized due to weak data systems. To tackle these issues, there is a need to enforce the law, health policies that are gender sensitive, more investments and the human rights approach to guarantee dignity, and safe motherhood to all women in Pakistan.

Opportunities for Maternal Health and Reproductive Rights in Pakistan

Although the issues still exist, nevertheless, there are also several opportunities to advance maternal health and reproductive rights in Pakistan through legal human rights perspective. Some of the opportunities include provisions in the constitution that declare the right to life, dignity, equality and privacy. These clauses provide a decent legal ground to maternity services and reproductive autonomy enforcement by the courts, policymakers and the civil society. The activism of the judiciary through the public interest litigation has also given space to the judiciary to interpret these rights in a wide manner that has improved the legal climate of reproductive justice.

The other major opportunity is the 18th Constitutional Amendment that devolved health to provinces. The provinces have gained more freedom to formulate context-based policies on maternal health, tailor the family planning programs and form credible mechanisms of monitoring. Such decentralization enables localized and innovative methods of counteracting local challenges, particularly in underserved regions. The international mechanisms that the states such as CEDAW, ICESCR and Sustainable Development Goals have made are other avenues to render Pakistan more responsible and bring the national policy of the country in line with the

international human rights standards. The non-discriminatory and rights-based health services may also utilize these promises as advocacy mechanisms provided by the civil society organizations and development partners.

Opportunities are also opened by advances in technology. Telemedicine, mobile health applications, and online awareness campaigns can be used to enhance reproductive information, antenatal care and emergency services in rural areas. NGOs, women rights networks, health based organizations are also increasingly involved in active activities to raise awareness, empower women, and influence the change of policy. Finally, the fact that more issues concerning gender equality, reproductive health and other body-related concerns are being discussed, particularly by the young and educated populations, means that people will be open to acknowledging the rights of women. By applying the political commitment and developing the budget appropriately, and policy changes based on the rights, half of the opportunities can be tapped by Pakistan to make a significant change in the maternal health outcomes and reproductive justice to all women.

Discussion

The study of maternal health and reproductive rights in Pakistan shows that there is a multifaceted interaction between laws, socio-cultural beliefs and institutional changes. Although there is a solid foundation of the Constitution and international human rights commitments that support the identification of reproductive rights as a fundamental right, the actual implementation of these rights is not even around the country. The issues of low access to healthcare, patriarchal system of decision-making, poor law enforcement, and economic constraints still pose a threat to the autonomy of women's reproductive health and their maternal health. These problems point to the disparity between policy making and efficient service delivery. Simultaneously, the new opportunities imply the possible avenues of development. The 18th Amendment allows decentralization, which in turn will empower provinces to formulate specific strategies that can be applied to local maternal

health requirements. Innovative such as telehealth and digital awareness campaigns can be used as technological solutions to marginalized populations. Also, the international commitments of Pakistan as stipulated in CEDAW, ICESCR and SDGs can be tapped to advance accountability and demand rights-based changes.

The discussion reveals that any significant change in maternal and reproductive health would necessitate concerted action- a combination of law enforcement, gender sensitive policymaking, community participation and resource mobilization. A human rights approach is still valid in closing current gaps, as well as in ensuring safe motherhood and reproductive freedom of all women in Pakistan.

Conclusion

The fertility choices and well-being of mothers in Pakistan is one of those areas that requires a period of time to be tackled legally and revisited in respect to the general changes in the policy. Although it is true that the Constitution and other international human rights instruments acknowledge the fact that women should be accorded dignity, equality and safe motherhood, there is still a significant gap between the promise written on paper and the reality on the ground. Structural factors such as poor access to healthcare facilities, socio-cultural constraints, poor governance, and persistent shortage of resources, as well as ignorance of reproductive rights, continue to negatively influence the reproductive autonomy of women.

However, the new horizons are provincial autonomy after the 18th Amendment, health digitization, new community projects, and strengthened international commitments in CEDAW, ICESCR, and the SDGs, which are all possible avenues of new development. The approach to take by Pakistan in achieving meaningful change requires a holistic human rights-based approach, which is inclusive of law, policy and community participation. There is a need to empower all women to exercise their reproductive right and to receive safe equitable maternal healthcare by improving accountability, investing in resilient health systems and gender equality.

Recommendations

In order to empower the health and reproductive rights of the mothers in Pakistan using the legal human rights approach there are a number of strategic measures that are necessary. To start with, proper enforcement of the existing laws should be in the forefront. This is in the sense of seeing to it that the constitutional provisions of life, dignity and equality are implemented by enhancing monitoring procedures, providing precise policy directives and establishing the liaison of the federal and provincial governments. Enhancement of institutional strength especially at provincial level is very essential in enhancing service delivery. Second, the accessibility to quality healthcare services must be improved by investing more in maternal health facilities, placing skilled birth attendants, emergency obstetric services, as well improving referral systems in rural and disadvantaged communities. Telemedicine and mobile health platforms may be further integrated to assist the women who cannot move easily or have geographic access.

Third, there is a need to create awareness and educate women to learn about their reproductive rights and be empowered to exercise them. Gender equality and the challenge of harmful socio-cultural norms through community-based programs, school programs, media campaigns, etc. can be encouraged. Fourth, Pakistan ought to use its obligations in CEDAW, ICESCR and SDGs in order to enhance accountability and conform to international standards. Advocacy can be enhanced by cooperating with NGOs and women rights organizations. Lastly, the evidence-based policymaking and specific interventions require extensive information gathering regarding maternal health outcomes to implement effective strategies.

Research Limitations

Although this is a comprehensive study on the issue of maternal health and reproductive rights in Pakistan, there are various limitations associated with this study. Most of the existing information on maternal health indices, as well as, reproductive right, are either out-dated or not uniformly reported by the provinces thus limiting

the capability of drawing up complete and comparative evaluations. Second, the study is over-reliant on secondary sources such as policy documents, reports and academic literature, which can be biased towards institutions or ideologies. The study did not have time to collect primary data and, therefore, could not gather first hand views of women who have been affected and medical practitioners.

Third, the legal and policy context in Pakistan is dynamic, especially following the 18th Amendment, and quick changes in policy could make certain findings time specific. Also, socio-cultural determinants of reproductive rights are not similar in all regions and communities, and it is difficult to draw conclusions on a nationwide scale in a comprehensive manner.

Research Implications

The research has far reaching implications on the policymakers, law practitioners, health practitioners and human rights lobbyists in Pakistan. The study has demonstrated the need to shift the existing policy into a more rights based one to internalize the constitutional guarantees with the provision of practical services by filling gaps in the legal undertakings and the realities on the ground. The findings justify the fact that the maternal health should be improved not only with the aid of the better healthcare infrastructure but also with the aid of the better legal regulation and the gender-oriented governmental system and the community-based awareness. The study will provide the policymakers with a foundation through which they can formulate certain interventions with an aim of alleviating the structural imbalance as well as enhancing accountability regimes. It also brings attention to the constitutional litigation and human rights constructs viability to those in the legal community as a way to promote reproductive autonomy.

In addition, the research also encourages collaboration between health practitioners and NGOs in the realization of reproductive awareness, socio-cultural norms breaking and policy adaptation in line with the international human rights demand. Generally, this study assists

to promote fair, sustainable, and justice-based maternal healthcare in Pakistan.

Future Research Directions

Subsequent studies about maternal health and reproductive rights in Pakistan ought to concentrate on producing more detailed, region-specific, and recent information that will serve as a better understanding of disparities among provinces and communities. Field surveys, interviews, and community-based evaluations would be done as primary research to provide more information about the lived experiences of women, service delivery effectiveness, and socio-cultural challenges on reproductive autonomy. Another research area that needs further investigation is the effect of provincial health policies post-18th Amendment in examining the effects of decentralization on maternal health. Moreover, the studies of the importance of digital health technologies, such as telemedicine and mobile applications, may serve as a source of useful information concerning the innovative solutions to the problem of access to reproductive care. Best practices in rights-based maternal health systems in Pakistan can also be determined by making comparative studies with other countries in the similar socio-economic context. Finally, interdisciplinary studies integrating law, public health, gender studies, and social sciences have a potential of enhancing more comprehensive, pragmatic policy suggestions.

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