

# Falling short of the mark on maternal health in Pakistan

January 31 2014, by Andrea Lauder

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The clock is ticking on the United Nations' [Millennium Development Goals](#) as the 2015 deadline approaches. For University of Alberta researcher Zubia Mumtaz, that raises a lot of questions about her area of research—maternal health—and how it will be addressed.

There are eight Millennium Development Goals, which include reducing poverty and the incidence of HIV/AIDS, and ensuring universal primary education. According to Mumtaz, assistant professor in the U of A's School of Public Health, the focus is beginning to shift to what will become of the goals after 2015.

"What has emerged from the data on these goals is that some countries have been successful at reducing maternal mortality, but the countries with the highest burden have been the least successful," says Mumtaz.

In her latest research, published recently in *The Lancet*, Mumtaz focused on Punjab, Pakistan, and the status of [maternal health](#) directly related to the fifth development goal, which calls for improving maternal health and reducing by three-quarters the maternal mortality rate between 1990 and 2015. Mumtaz notes that [maternal mortality](#) rates have improved for the upper and middle classes in Pakistan, but have barely moved in the lowest classes of society.

"If you don't address the poorer populations, the MDGs cannot be met," says Mumtaz. She has found through her research that there is not a lack of knowledge among poor women regarding services for maternal

health. "The extremely poor in Pakistan are being excluded from health services completely or, when they access services, they're treated badly because they're not valued by society as a whole."

When services are offered, too often it's only the rich that end up using them. There are also other social, political, cultural and economic factors that continue to keep poor women marginalized in society.

"The argument of my paper is that if we want to really start making an impact, we need to start including the poorest people in our data," states Mumtaz, noting that poor people make up 25 per cent of Pakistan's overall population.

"Advocating on behalf of these poor people is an uphill battle," says Mumtaz. "Everyone likes hearing about the poor, but when you get into the details about exactly who these people are and what their burdens are, you begin to make people uncomfortable. It is a large elephant in the room that no one wants to talk about."

Mumtaz doesn't mind making people uncomfortable with her research. She especially hopes that she makes policy-makers uncomfortable, so they can address the attitudes and discourse about how poor people are dealt with.

Beyond 2015, the worry for Mumtaz is that maternal health may fall off the global agenda, but thanks to other researchers addressing the issue of poverty through education and labour markets, there is pressure to keep things like maternal health and poverty on people's radar.

And though the status of maternal health for poor women in Pakistan still lags, Mumtaz is confident that attitudes and treatment of the poor can change. As researchers and policy-makers continue to work together to include [poor people](#) in data reporting, they can capture a more

accurate picture and propose more specific interventions.

Next, Mumtaz plans to look at interventions that have been successful with poorer populations in smaller settings, and how they can be adopted at broader levels.

"Women have been doing these interventions for themselves, so now I'm interested in how we as researchers and policy-makers can support them."

**More information:** "Addressing invisibility, inferiority, and powerlessness to achieve gains in maternal health for ultra-poor women." Dr Zubia Mumtaz PhD, Sarah Salway PhD, Afshan Bhatti MSc, Prof Lynn McIntyre FRCPC. *The Lancet* - 2 October 2013. [DOI: 10.1016/S0140-6736\(13\)61646-3](https://doi.org/10.1016/S0140-6736(13)61646-3)

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