

CHILD BIRTHING PERCEPTIONS AND PRACTICES: WHAT ARE VOICES FROM THE COMMUNITY SAYING?

Pakistan has a high MMR of 274/100,000 live births and is one of the six countries that contribute to 30% of the maternal mortality worldwide. Lack of access to health facilities and skilled birth attendance (SBA) are the leading causes of maternal mortality in developing countries¹. In Pakistan, despite an extensive network of public and private sector health facilities, only 39% of all deliveries are conducted in a facility and of these only 5% are in the public sector.

The Government of Pakistan and donors have invested an estimated USD 350-400 million since 2007 - in order to shift deliveries from unskilled to skilled providers.

This policy brief examines data from communities to understand the factors that influence women when choosing the place of delivery and their perceptions on child birthing.

Policy makers must improve service quality and functioning of health facilities to encourage births at health facilities

METHODOLOGY

Using mixed (qualitative and quantitative) methods we collected data on the child birthing perceptions and practices of 2200 married and unmarried women from three rural communities in Pakistan².

KNOWLEDGE OF CHILD BIRTHING OPTIONS

- Rural women are **well aware of the two common birthing options**: home-based by dais or in a health facility (local private clinic or public facility). The choice of facility used is based on “personal observations” of practices rather than any formal knowledge of the benefits (or risks) of any particular option.
- **Child birthing** is perceived as a natural and safe process and women remain unaware of serious/ potential complications.
- **Ante-natal care** during pregnancy is not recognized as a critical element of safe delivery.

SELECTION OF CHILD BIRTHING OPTION

- **Quality of services** – Most of our respondents reported “disarray” and “lack of functioning” services at their local public sector facilities. The relatively affluent opt for private facilities that provide more choice and better quality of services. The poor are unable to afford private health care and in the absence of public services have no choice but to deliver at home.

POLICY AND PROGRAM IMPLICATIONS

- **Counseling and Information** – at the program level (LHWs and MNCH Program) educating women more systematically on pregnancy danger signs and symptoms, benefits of SBA and facility deliveries, and safe providers would be useful. Specifically asking households/women where the last birth happened, helping them make “alternate” arrangements for SBA and linking them up with facility support including transport, will help in encouraging a shift in practices towards facility based deliveries and potentially reduce Pakistan’s high MMR.
- **Promote Skilled Birth Attendance** and strengthen links to referral facilities. Simultaneous CMWs and health facility based deliveries has resulted in conflicting and diluted messages. Policy makers should select and promote one program in one location based on what works in the **local context**.
- **Emerging Role of the Private Sector**. We found an increasing role of private skilled providers in delivering children. In more remote areas private providers are the mainstays of service provision, and are likely more cost-effective than underutilized (non-functioning) public sector facilities. Measures such as competency training, regulations and incentives to public sector providers to serve in poor communities need to be strengthened. In addition, the private sector can be effectively engaged through vouchers and other instruments to make birthing more accessible and cost effective.

Engaging the private sector with vouchers and other financial instruments to promote birthing in remote areas can help improve access to safe child birthing and reduce investments in fixed facilities

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¹ World Bank and WHO reports

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