

Birth Rates and Healthcare Preferences in Pakistan: Exploratory Analysis of Pakistan Demographic Survey (PDS)

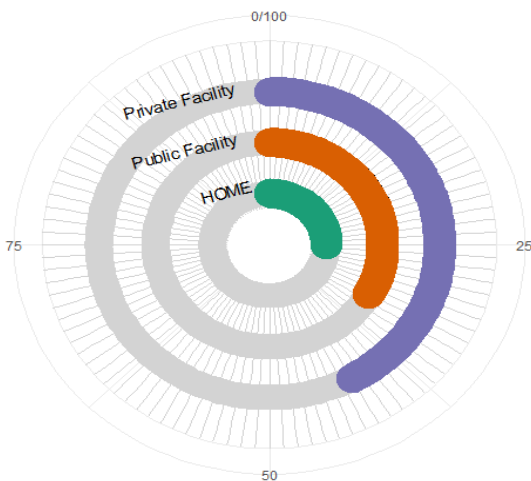
Introduction

Pakistan does not have a functional birth and death registry system. Assessment of population growth and trends have conventionally been done through census data and Pakistan Demographic Surveys with the limitations of costs, large scale survey management and data analytics. Understanding patterns of birth, deaths and causes of death are important to shape policies and allocation of resources. This policy brief looks at PDS data to describe births and birthing practices.

Findings

Between 2018 and 2020, a total of 14.18 million births took place. Public sector facilities accounted for 33% (4,708,905) and 42% (5,895,714) occurred in private health facilities. A quarter of births happened at home (Figure 1). The decision of birthing place is based on personal preferences, access to health facilities, costs affordability and birthing order.

Figure 1: Survey Results: Participant Preferences for Childbirth



When health facilities are selected, deliveries were conducted by doctors in 60% (public) and 85% (private) of the cases and Lady Health Workers/Nurses/CMWs for 22-40%. 63% of home births are facilitated by LHWs (Figure 2).

Conclusion

Private healthcare facilities are generally preferred in Pakistan, home births are also common, and skilled birth attendants such as LHWs and nurses play crucial roles in maternal and child health. Adequate birth spacing is essential for maternal and child health outcomes, as it reduces the risk of complications during pregnancy and childbirth.

¹Khan, A., Zaman, S., & Johnson, F. (2015). "Maternal and Child Health in Pakistan: Challenges and Opportunities." *Journal of Health, Population, and Nutrition*, 33(3), 369-379.

²Bhutta, Z.A., Yakoob, M.Y., Lawn, J.E., & Rizvi, A. (2012). "Stillbirths and neonatal deaths in Pakistan: analysis of a survey dataset." *The Lancet*, 379(9823), 2203-2210.

Learnings

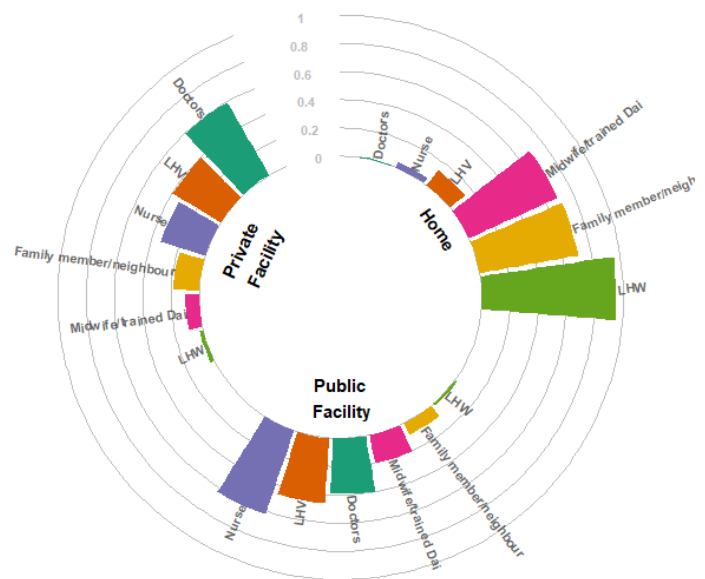
- Pakistan has a high rate of infant and neonatal mortality, with over 800,000 children dying within year 1 (majority within 30 days).
- Births at home are 25% as compared to 75% births in health facilities.
- Private sector births are 42% as compared to public sector (33%).
- Percentage facilitation by Lady Health Workers and nurses are 60% for deliveries at home.
- 20% of births have interval less than 12 months with consequences for maternal-child wellbeing.

Recommendations

1. LHWs should promote a birthing plan and awareness to the importance and safety of birthing in health facilities during their household visits to all married women well before their pregnancy or birthing needs.
2. The cadre of non-doctor health care providers (CMWs, LHV, LHWs, Nurses) with competencies to provide safe birthing in public and private facilities should be increased to 80% and more.

Survey data such as PDS may be supplemented with real time vital records such as those in the National Database and Registration Authority (NADRA) to register all births and deaths. Having both real time records and survey data are important complementary sources of vital statistics.

Figure II: Aiding Childbirth: Skilled attendants provide maternal care



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