

# WHAT WOMEN WANT!

*Demands for Quality  
Reproductive and Maternal  
Healthcare from Women and Girls*



**LISTEN AND ACT ON THE DEMANDS OF  
PAKISTAN'S WOMEN AND GIRLS!**

## What Women Want

### Demands for Quality Healthcare from Pakistan's Women & Girls

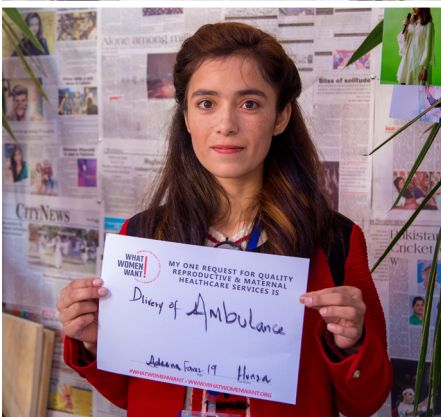
Approximately 300,000 women and girls die during pregnancy and childbirth every year. In Pakistan, where the maternal mortality rate stands at 140 per 100,000 live births (WHO 2017), changing this picture begins with women and girls. When women and girls are involved in identifying the barriers and solutions to healthcare, progress accelerates. As quality has a huge impact on whether a woman or girl will seek care, the heart of the *What Women Want* campaign is about understanding quality from women's and girls' perspectives.

Beginning on 11 April 2018, International Maternal Health and Rights Day, and continuing for one year, 359 partners asked nearly 1.2 million women and adolescent girls in 114 countries: **what is your top request for your maternal and reproductive healthcare?** Led by White Ribbon Alliance Pakistan, 244,752 of these demands were gathered in Pakistan alone through the tireless efforts of community health workers and volunteers asking about and amplifying the needs of women in their communities.

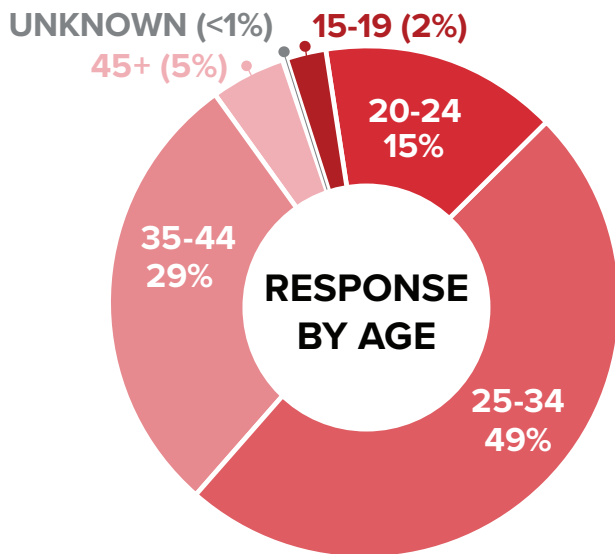
The *What Women Want* campaign is unique in that it asked women and girls in Pakistan to set the agenda, as opposed to beginning with a premise of what is important or asking them to decide among a set of options. For example, **[insert Pakistan example]**. Theirs' are voices and concerns often lost, but which are vital to providing services which women want and use.

A resounding call for better quality health services as defined by women and girls, this brief provides the top ten demands of those who participated in the *What Women Want* campaign from Pakistan. If the hope and expectation is for women and girls to visit health centres, adhere to recommended advice, and collectively pursue better health outcomes, it follows their agenda must become everyone's agenda.

**Women and girls  
have spoken,  
now it's time to listen.**



# 244,752 DEMANDS



To learn more about the methodology and analysis of these results, visit: [whiteribbonalliance.org/whatwomenwant](http://whiteribbonalliance.org/whatwomenwant) to download the complete summary report.

## TOP TEN DEMANDS

1. Increased, fully functional and closer health facilities: **9.55%\***
2. Antenatal information, personnel, services and supplies: **9.27%**
  - Availability of ultrasound machines and services\*\*
  - Provision of iron supplements during pregnancy
3. Water, sanitation, and hygiene: **7.47%**
  - Availability of clean drinking water
  - Clean toilets in health facilities
4. Food and nutrition information, personnel, services and supplies: **5.82%**
5. Medicines and supplies: **5.51%**
  - Availability of quality drugs
  - Increased medical equipment and tools
6. Labor and delivery information, personnel, services and supplies: **5.44%**
7. Increased, qualified, closer and better supported female providers: **5.2%**
8. Transportation infrastructure: **4.74%**
9. Family planning information, personnel, services and supplies: **4.63%**
  - Availability and access to modern family planning methods
10. Free and affordable services and supplies: **4.58%**

\* While the *What Women Want* campaign's focus was on maternal and reproductive healthcare, the request for improved services for children was a top concern for Pakistan's women and girls: the demand for improved child health services made up 9.95% of responses, and the demand for improved schools made up 4.97%.

\*\* Represent top sub-categories of demands.

# LISTENACT

Listening to women is a radical act.

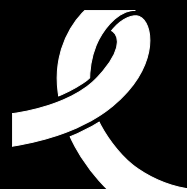
But acting on what we hear is revolutionary.



Tell us how you are listening and acting on women's and girls' demands:

[whiteribbonalliance.org/whatwomenwant](http://whiteribbonalliance.org/whatwomenwant)

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**WHAT  
WOMEN  
WANT!**

DEMANDS FOR QUALITY HEALTHCARE FOR WOMEN & GIRLS