



LIVED EXPERIENCES OF WOMEN REGARDING MATERNAL HEALTH-CARE SERVICES IN RURAL BALOCHISTAN

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Abstract

According to multiple national and international reports Balochistan is the most underdeveloped province of all other provinces of Pakistan. It is lagging behind in terms of education, development, advancement, awareness, health, health services and facilities and in many other spheres of the life. Maternity health and access to maternal health-care services is one of them. Balochistan is quite a sparsely populated province, depriving its inhabitant approach to the modern life facilities and avail job opportunities. The trouble is doubled further by its geographical hardships. The mountainous ranges, low-lying terrines, plateaus and distant and disperse population are the barriers impeding people to live easy and facilitated life. While keeping in view the panic situation this study was conducted to focus the hardships women face in the rural areas of Balochistan regarding their access to maternal health-care services. The study outlines alarming situation in this respect, and portraying the picture of no or very scant maternity health-care services in the research locale. Besides this the data resulted of the acute unavailability of health practitioners and shortage of medicines. The study further concluded that the far distances, geographical hardships, the socio-cultural stigmas and malnutrition for pregnant, antenatal and postnatal women were the other complexities exacerbating the women's pain. The data was collected from the pregnant, antenatal and postnatal women through the female moderator.

Key Words: - Lived experiences, Women, Maternal health-care, Pregnancy, Antenatal, Postnatal

Introduction

The status of a society whether it is stable or unstable is judged through the physical health of the individuals of that society. It is further evident that equal health care facility maintains good health, which is totally dependent upon the income of the people and the expenditure allocated for quality health care (Siu et al, 2012). But the situation is exacerbated when there is acute shortage of maternal health services like prenatal, child birth and postnatal care. Though the health care facilities and infrastructures have been improved in developing countries to some extent over the last some years, however, still women facing difficulties to receive adequate treatment owing to their poor economic condition (McLeish, 2020). The prenatal, delivery and postnatal care are the critical circumstances crucial for the women and child survival and be considered seriously. The studies in this regard argue that the antenatal care minimize the maternal and children mortality and morbidity rate (Souza et al., 2013; Zhao et al., 2020).

It is moreover suggested that if there are no constraints, the high level prenatal care at the pregnancy time is more important than any other time. These included physical checkups, physiotherapy, immunization and the family planning for the healthy life of mother and the new born baby should span for the period of six weeks (Akhtar et al., 2018; Fekadu et al., 2018). In this context over half of million women die per annum owing to inaccessibility to the health care at the time of pregnancy and childbirth. It is indeed a threatening issue for the developing societies especially. Despite hike in the health relevant facilities during the recent decades the phenomenon is subverting rapidly (Sarfraz et al., 2015). In this scenario the maternal mortality rate in Pakistan recorded 154 deaths per 100000 live birth by the year 2020 (PMMR, 2000-2023). Access to health care is directly proportional to the mother and child survival and also the population mortality patterns (Comfort, Peterson & Hatt, 2013). Thus in this regard it is important to comprehend the perception of the mothers first for the purpose to

enhance the quality of facilities delivered, and make the women accept services, which undoubtedly effect the maternal and newborn outcomes to the desired level (Srivastave et al., 2015).

Review of the Literature

The World Health Organization (WHO) argues that the maternal health signifies the women's health during pregnancy, childbirth and postpartum period (Kolahdooz et al., 2016). It is contended that in the developing counties the above mentioned health issues are very common (Hassan et al., 2020). Over 95% across the 75% of the low and middle-income countries facing the problem of acute maternal and infant mortality, however, many countries in this regard are now struggling to boost up the mother-child health condition and working on the family planning, prevention of HIV, malaria and TB etc. (Luckow et al., 2017). But more attention is required to reduce maternal illnesses and the death rate (Daniels et al., 2013). Additionally, the absence of the basic facilities like vehicles and the worse conditions of roads keep the women miss the health care facilities (Olayinka et al., 2014). Moreover, the cultural restrictions regarding women or gender discriminating them in terms of provision of balance diets, and meals at the scheduled time during the pregnancy and the postpartum period (Kebbe et al., 2021; Omer et al., 2021). The statement is seconded by Mahmood and Bashir (2012) that in this situation the women are left without consultation, which culminates on a number of issues associated with the pregnancy, childbirth and postnatal health. Furthermore, the societal norms restrict the women's fundamental health care on gender grounds (Lowe, 2016).

The maternal mortality is a global concern. The problem is more severe in the south African countries. The facilities or services provided at antenatal and delivery do not fulfil the criteria set by the WHO. A study found that the women were quite unaware about their maternal health facilities owing to no accesses for the trained medical workers and proper transportation (Daniels et al., 2013). The same situation is prevailing in other parts of the developing countries. In Bangladesh a study concluded that the social, organizational and geographical barriers were spotted as attributing factors triggering delay in accessing healthcare centers on time and receiving required treatment (Banik, 2016). Additionally, lack of interest and absenteeism of husbands at the time of pregnancy, the other contributing factors like poverty, household responsibilities and taking for granted the maternal healthcare on the social level were the leading factors to poor antenatal care service use (Mutowo et al., 2021). Nonetheless, the traditional beliefs play significant role in causation of poor health service utilization, which as a result effecting maternal and newborn health seeking behavior. The statement is justified by Asim et al (2020) in such a way that traditional beliefs, religious dogmas and gender cultural dynamics resulting barriers hindering women approach to maternal healthcare and necessary services, which ultimately leading to poor condition of antenatal and postnatal care. Moreover, the perceived poor quality of medical care facilities are the other contributing factors barring women reach medical services. So, in this regard while saving maternal lives the policy makers are required develop strategies to overcome these barriers and make easy way to approach the high-quality health care services in rural areas (Qureshi et al., 2016).

In Pakistan like other developing countries the problem is aggravating. Reports argue that the unchecked fertility spike and low literacy are in line with the high sickness and mortality rate. The infant mortality ratio is 86 per 1000 live births and alarmingly the mortality rate at the maternity level is 186 per 100,000 live births (Hassan et al., 2020). Furthermore, the ratio is higher in the rural areas than the urban as witnessed by the fact that it is higher by 26% than the urban areas in the rural areas (Arif et al., 2022). Additionally, it is further subverting in Balochistan where it has surpassed the all other provinces in this context. The mortality rate

among the mothers, new born babies is increasing disproportionately (Santangeli, Sattar & Huda, 2015). It is moreover claimed that in Balochistan like other sectors of life the gender disparity is also not the least to discriminate women in terms of their insincerity regarding their maternal health, proper and balanced diet at this time etc., which ultimately reflected in the high maternal mortality rate, decreasing women longevity and premature death rates (Achakzai, 2021). The situation is quit alarming in the rural Balochistan, where the male dominance is still highly in vogue. The males are given more importance and women are kept repressive (Mumtaz et al., 2015) which nevertheless limits women access to basic health services.

Justification of the study

Maternal healthcare is a serious phenomenon across the globe, however, the advanced countries have handled this issue in a befitting manner, but in the developing societies it is still an alarming one. A huge number of women fall victim of this situation. The corrupt and insincere government functionaries are showing disinterest in this aspect. Reports indicate that total 30,000 women die in Pakistan during pregnancy, child birth and in the post 40 days of delivery. The statistics is quite alarming and eye opening for the policy makers and the implementing authorities. In this context, it is necessary to take this issue seriously and the situation is demanding for prompt and sincere action to tackle the problem. The purpose of the study was to highlight the problem and instigate the concerned authorities to come forward and minimize the intensity of high mortality rate at the maternity stage, and also provide basic and required facilities and services at the pregnancy, antenatal and postnatal stages.

Research Methodology

This research study is characterized by the qualitative research method of social sciences, focusing the lived experiences of the rural women regarding their access to maternal healthcare services and the hurdles they face in this way. The study is based upon the phenomenological approach of qualitative research, where data was collected from the women who had passed through the process of antenatal and postnatal stage or were in the pregnancy phase. The data was collected from the informants through in-depth interviews (IDIs). In this regard a female moderator was employed to fetch rich, saturated and relevant data. Contextually, the research locale for this study was the rural areas of Balochistan while focusing district Musakhail specifically, situating in the far east of the province. For this purpose, judgmental sampling method of non-probability sampling technique was adopted as a method for data collection. Moreover, interview guide was applied as a tool for gathering relevant data from the study participants. The sample size for the study was Eighteen (18) key informant women. The data was collected from the informants at their homes as the tribal nature of society carrying much restrictions with itself in this regard while approaching women outside their homes. After data collection, it was analyzed on the major as well as minor themes to derive conclusions. The collected data was later on interpreted accordingly for public dissemination.

Results and findings

Musakhail is a backward district in terms of fundamental healthcare service delivery. The condition of government hospitals and basic health units (BHUs) are so pathetic, that they could not provide even basic treatment to the general public. Recent reports reveal that Musakhail is one the most aggravated and backward among some other districts of Balochistan in terms of various socio-economic indexes and basic health facilities. It (the district) is situated quite far from the provincial headquarter. The doctors and other healthcare practitioners avoid employee in the said district. So, in this way the people who reside outside of the city are more susceptible to healthcare service accessibility. Even though the tribal and traditional nature of the society

further jeopardize the women health in terms of maternal facilities, antenatal health, newborn baby and others. The highly patriarchal society takes the women health for granted both no thing to care for the women necessary healthcare and requirements.

This study was carried out in the locale where the people were more ignorant and unaware about the seriousness and sensitivity of the maternal health care and the related diseases. The data was collected from the women who were pregnant or in the postnatal phase. They were completely uneducated, housewives and restricted to their homes. To collect relevant and saturated data a moderator was employed to interview them in the common language, so that they could frankly and easily communicate and understand each other.

The participants' views about the health care services

Like mentioned earlier women in this district are more unaware of the health facilities, and moreover, the unavailability of medical facilities and services further aggravating the situation in this regard. Religious beliefs are the major source of people solacing for granting health and assistance. Furthermore, the male members of the community are not conscious about the maternal, pregnancy, prenatal and antenatal lives of their women members. In this regard one of the participants communicated that

Besides unawareness we feel the barriers of language and communication. She added that during my delivery when we visited to the nearest hospital along with my brother in law, as my husband was out of the city. We confronted with the language barrier. We could not communicate our plea to the doctors, resultantly I could not attend my antenatal check-up and unluckily I lost my baby.

This is not the issue of a single case but a large number of women are and have been passing through this process. Education is the first and foremost need of any society to aware about the basic health services, but the political figures of the area are not interested to provide education to the masses so that they could live comfortable life. Another desperate informant argued that

Being uneducated it has posed a serious challenge to their overall life and the maternal health especially. In this context she explained that when I reached the hospital closed to our homes. The doctors referred me to the other hospital far from our homes. My husband denied to go to that hospital owing to lack of information and unawareness about the situation.

The malnutrition and diet deficiency among the pregnant women

Research studies indicate that proper and balance diet is more necessary for pregnant women than the others. Many cases are subverted at the time of delivery due to insufficient diet and malnutrition. The women pass through iron, folic acid and anemia deficiencies affecting the mother and child health severely. In this context an annoying woman complained that

We have cows and goats in our homes, but the milk, butter and yogurt are used by the male family members. We are provided these things when all the male members saturate to their capacity and also the male children then we are offered. Moreover, we don't have fruit shops in our village. So that we could purchase fruits, which are indeed more necessary to our health.

Besides the above mention facts, the rural population are mostly affiliated with the agriculture and to some extent with the livestock. Thus in this respect they have less approach to variety of foods and definitely keep negative impact on their physiological life. The nutritionists claim that the seasonal food, fruits, vegetables and even dry fruits are mandatory for each individual to live a healthy life but in the case of pregnant women these are even more important. However, a deprived woman in this way explain

In our village very limited food items are available. The people consume only these limited items throughout the year. Nevertheless, there are many other items we have just seen and listened their names, but still deprived to eat them. The statement was extended to say that the doctors and other specialists' advice to eat healthy diet during pregnancy. As I am pregnant but I don't get the required and prescribed food, because my family is not in the mood to provide me those nutrients and food items. Furthermore, I have many domestic chores force me to work for long hours which ultimately keep alarming impacts on me and my coming baby's health.

Another participant of the study seconded the assertion

As in the patriarchal society the status of the women remains always on stake. They do not get enough food and diet. The women during the pregnancy and antenatal and postnatal phases need health and balance food, but in their community it is not a culture to provide the required food to take care of the woman and her child.

The transportation and geographical challenges hindering maternity services and facilities

Balochistan while having a vast geography is a sparse populated province. The network of roads and communication sources are very scant. Further, the mountainous landscapes and terrains further harshening the complexities. Consequent to the situation the people in general and pregnant women in particular experience the worse condition to approach the health care centers. The nearest hospitals to the village are even not less than one or one and half hours of the distance. But still there are no proper medical facilities and services in these hospitals.

Contextually a woman shared her painful story

When I was in labor pain. I was taken to the nearest hospital, but unluckily there was no doctor. Thus ultimately I was rushed to far flung hospital in rickshaw. It was indeed a very bitter experience of my life and it was bleeding during the way which was further aggravated by the jolts of rickshaw. After some while I had lost my senses then I don't know that how and which time we had reached hospital.

Nearly same experience was shared by another study participant and contended that

I was carried to far hospital situated in the city by motorbike. It was quit far from our village. The distance was about 2 to 3 hours. During this travel my feet numbed, and I was unable to sit more on bike. After check-up the doctor advised for the second term check-up in the other coming month, however, the hectic traveling made me not to visit the hospital again and I did the same.

The condition of roads is worse than the imagination. The unpaved roads and causeways multiplying trouble for the drivers. The mountainous ranges having more terrains for flood destroying the already poor conditioned roads. In this regard an aggrieved women expressed her story

The roads of our village to the main road are so deplorable that when I go for check-up on bike there are a number of spots where I am to get off of the bike and travel the distance by foot. Additionally, the other parts of the roads are also in very bad condition keeping adverse impacts on the physiology of people and especially the pregnant women.

Accessibility to healthcare centers during postnatal and antenatal period

Accessibility to healthcare centers is indeed a big challenge for women during the maternity phase. The frequent and thorough check-ups increase the life expectancy of the mothers and the babies to come. However, in the rural areas of the research locale the women find no way to reach the centers on the required time. Though they are aware of the importance of the

prenatal and postnatal check-ups but due to inaccessibility in terms of financial crunches, distant hospitals, and lack of cooperation from the family members the women rest behind to visit the centers at the time of need. In addition to this, the carelessness of women especially at postnatal stage also creating troublesome for the women. A women negligently expressed

In our village it is a common culture that the women usually visit the hospital when they are in pain, but other than this very rare cases are evident when women are carried to hospital for checkup. However, after giving the baby birth, consulting hospital is not in vogue in their culture. Besides this the people in rural area are economically weak and are not in the position to bear the extra Burdon.

The people take for granted the hospital visits. In this way a participant viewed that

It is my forth delivery. In the first three deliveries I did not visit the hospital, but at this turn I feel some trouble. So, I wish I could visit the healthcare center. Moreover, she explained that women never visit the centers until and unless they feel some difficulty.

The unavailability of required medical practitioners and medicine in the healthcare centers make people disappointed, which resultantly create the atmosphere of mistrust among the folk and leading them to discard the visits. The informants in a large numbers confessed

In the village health care units there are no proper gynecologists or lady health workers to deal with the maternity cases. Even there is no medicine in these medical centers.

The pregnant women travel to city hospitals for checkups and other necessary medicine.

The prescribed medicines by doctors many time found scant or even unavailable which nevertheless causing women left without complete treatment.

Discussion

This phenomenological study was carried out in the rural areas of Balochistan, so that to comprehend lived experiences of the women confronting complex situation in the critical time. During the study it was found that women e.g. pregnant, the antenatal and postnatal were not more aware about the facilities and services of maternity life. It is because these services are unavailable in their localities. The women most often depend on their traditional treatment and the religious beliefs and practices solacing them relieve from pain. Additionally, patriarchal nature of society is letting them concern more about the women's issues. In this same way women face communication challenges during their visit to healthcare centers. They cannot understand the health practitioners in a satisfactory way in terms of language differences. The poor economic condition of the rural women keeps them away from availing better treatment opportunities unluckily. Moreover, the malnutrition and absence of balanced diet further aggravating the women condition. Furthermore, in the rural areas the women do not get the required diet and nutrition like meat, fresh fruits and minerals. This deficiency in turn not only keep adverse impacts on the physical health of mothers also effect the health condition of the newborn baby. Additionally, the data in the study originated that the geographical locations and communication ways were an other obstacles hindering women approach the health services. The distant villages and unpaved roads make the situation more devastating. The women during the study shared that they are feeling bitter and panic experiences in this context. During the data collection the women confessed that the required visits during antenatal and postnatal is much necessary for the safe health of mother and the child; however, they are not availing this facility, because of their male family members carry them to hospital when they are in pain or in critical condition only. In addition, the postnatal visit is very rare in their community, because a mother once gave birth to a child, the family doesn't bother to carry her to hospital for postnatal consultancy ironically.



Conclusion and Suggestions

Access to maternity healthcare services are the utmost responsibility of a state. The government is to provide these services and facilities at the door step to the people, however, in the research locale the condition was worse than the imagination. The inhabitant on the one hand were victimized by the crushing poverty and backwardness but on the other hand lagging the health facilities and especially the maternal and child care services and facilities. In this scenario the maternity and child mortality rate is high than the urban areas. The women are deprived of their fundamental rights and not provided the required treatment. Similarly, the socio-cultural and economic barriers doubling their troubles. Thus in this way it is necessary the government should show seriousness and provide all necessary and possible services and facilities. Health and education are the two basic rights, should be provided by the state at any cost. So, in this respect the government should ensure these services and facilities to all its inhabitants, so that it may prove useful in decreasing the maternal and child mortality rate. Furthermore, the rural areas are already in tight grip of poverty, starvation and deprivation. The absence of these basic needs could further devastate the situation.

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