



Faculty of Social Sciences and Humanities

**Influencing of Cultural Factors in Women Maternal Health
Care: A Case Study in Tehsil Jampur, District Rajanpur of Punjab,
Pakistan**

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Influencing of Cultural Factors in Women Maternal Health
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A thesis submitted

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DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Malaysia Sarawak. Except where due acknowledgements have been made, the work is that of the author alone. The thesis has not been accepted for any degree and is not concurrently submitted in candidature of any other degree.

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ABSTRACT

Reproductive health significantly influences the overall health of individuals and society. It has been the subject of increased attention from a health viewpoint. In 2014, World Bank also emphasized the reproductive health issue by revealing that globally, 287,000 women die from complications in pregnancy and childbirth each year. This is still one of the leading causes of death and disability among women of reproductive age in low-income countries including South Asian developing countries. Pakistan is in the South Asian region with poor health indicators coupled with high poverty and illiteracy. In Pakistan on average eighty women die every day because of pregnancy-related complications. Pakistan holds the fifth position throughout the world in accordance with population. The maternal mortality ratio in Pakistan is 186 deaths per 100,000 live births. The ratio is nearly 26% higher in rural areas as compared to urban areas. (Pakistan Maternal Mortality Survey, 2019). Design of study is qualitative to use the appropriate methods and document the maternal health services, common traditional/ Indigenous practices relating to pregnancy, childbirth, and the postpartum period. The study also explores the gender and prevailing decision-making beliefs in Pakistani rural cultures. Purposive sampling used to collect data from forty-two respondents through In-depth interview and in five group discussions. Sample was the married women from age group 15-49 and have at least one child. Twenty key informant / cultural consultant (Health Professional, Health Worker, TBAs, and experienced community men and women) were interviewed for data support in Tehsil Jampur District Rajanpur. Thematically the study was analyzed on the bases of structural-agency theory and delays Modal. Study observed the maternal health services, cultural beliefs such as food habits, gender norms, religious and behavioral taboos and herbal and traditional healthcare practices in all three stages of maternity, prenatal, natal and postnatal. The study also discovers the

systemic structural delays in care-seeking, household hierarchical system which marginalized the women in decision making. Male supremacy and dominance effect the women decision-making power in healthcare-seeking and clinical intervention. Duality in faith was observed where both traditional /herbal remedies along with allopathic medicine were used simultaneously. Facility-based challenges were present in the health institutions and faced by participants including lack of equipment's, medicine and professionalism. Financial constraints and poor road infrastructure make it a gloomier. In the light of these finding, there is a need to adopt the gender mainstreaming policy and empower women culturally at household and community level. There is also a dire to involve and strengthen the role of man in women healthcare program.

Keywords: Reproductive health, cultural beliefs, maternal healthcare, gender, decision making, male dominance, dualism, ethno-medicine, home remedies

Pengaruh Faktor Budaya dalam Penjagaan Kesihatan Ibu Mengandung: Kajian Kes di Tehsil Jampur, Daerah Rajanpur Punjab, Pakistan

ABSTRAK

Kesihatan reproduktif sering kali mendapat perhatian kerana dikatakan mempunyai hubungan dengan kesihatan secara keseluruhan. Tahun 2014, Bank Dunia mendedahkan, sejumlah 287,000 wanita meninggal dunia kerana komplikasi kehamilan dan kelahiran. Ini menjadi salah satu sebab kematian wanita di Pakistan, negara yang mempunyai petunjuk kesihatan yang kurang baik dengan kemiskinan dan buta huruf yang tinggi. Di Pakistan, purata 80 orang wanita meninggal dunia setiap hari akibat komplikasi yang berkaitan dengan kehamilan. Kadar kematian akibat kehamilan adalah 186 kematian bagi setiap 100,000 kelahiran – dengan hampir 26% peningkatan di kawasan pedesaan dibandingkan dengan kawasan perbandaran. Kajian ini dibuat secara kualitatif dengan menggunakan kaedah-kaedah yang bersesuaian termasuk penggunaan dokumen rasmi berkaitan perkhidmatan kesihatan berkaitan kehamilan, amalan etno perubatan dalam hubungannya dengan kehamilan, kelahiran, dan tempoh selepas bersalin. Kajian ini menjejaki isu berkaitan gender dan pengambilan keputusan di kawasan pedesaan. Pemilihan sampel bertujuan digunakan melibatkan 42 orang responden kajian, dengan pengumpulan data melalui wawancara selain lima diskusi berkelompok. Responden terdiri daripada wanita yang berkahwin berumur di antara 15–49 tahun dan sekurang-kirangnya mempunyai seorang anak. Seramai 20 orang pemberi maklumat utama juga diwawancara di sekitar Tehsil Jampur, District of Rajanpur. Kajian mendapati, perkhidmatan kesihatan semasa kehamilan dan kepercayaan berkaitan budaya kehamilan diamalkan sepanjang proses kehamilan dan kelahiran yang meliputi pemilihan makanan, norma budaya dan agama, pantang larang dan sebagainya. Kajian juga menemukan adanya keterlambatan struktural

dalam pembuatan keputusan berkaitan jagaan kesihatan dan sistem hirarki rumahtangga yang menafikan wanita dalam pembuatan keputusan. Sifat ketuanan lelaki dan kesan dominasi mempengaruhi pembuatan keputusan dalam kalangan wanita dalam hubungannya dengan pencarian jagaan kesihatan dan intervensi klinikal. Walau bagaimana pun, kedua-dua kaedah pemulihan tradisional dan kaedah allopathic digunakan secara bersamaan. Cabaran berkaitan dengan kemudahan di institusi kesihatan ditemukan dalam kajian ini selain daripada cabaran kewangan dan sistem jalanraya yang kurang baik. Kesimpulannya, ada keperluan untuk menambahbaik dasar berkaitan peranan gender dan memperkasa wanita di peringkat keluarga dan komuniti. Terdapat juga gesaan untuk mengikutsertakan dan memperkuat peranan lelaki dalam program-program jagaan kesihatan terutama yang berkaitan dengan wanita.

Kata kunci: *Kesihatan reproduktif, kepercayaan budaya, jagaan kesihatan ibu, gender, pembuatan keputusan, dominasi lelaki, perubatan etnik, rawatan rumah*

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
BHU	Basic Health Units
CAM	Complementary and Alternative Medicine
CBO	Community Based Organization
CGS	Center for Graduate Studies
CMW	Community Midwife
CPR	Contraceptive Prevalence Rate
CSDH	Commission on Social Determinants of Health
DC	Delivery Care
DHQ	District Head Quarter
DNC	Dilation and Curettage
EmONC	Emergency Obstetric and Newborn Care
EoC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
FGD	Focus Group Discussions
FP	Family Planning
FWW	Family Welfare Worker
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GIS	Geographic Information System
GoP	Government of Pakistan
HC	Health Care

HIV	Human Immunodeficiency Virus
HM	Herbal Medicine
ICPD	International Conference on Population Development
ICRW	International Center for Research on Women
IDI	In-Depth Interview
IEC	Information Education and Communication
IRMNCAH&N	Integrated Reproductive, Maternal, Newborn, Child & Adolescent Health and Nutrition
IUD	Intra Uterine Device
IYCF	Infant & Young Child Feeding
KM	Kilometer
KP	Pakhtunkhwa
LFPR	Labor Force Participation Ratio
LHS	Lady Health Supervisor
LHV	Lady Health Visitors
LHW	Lady Health Workers
LHWP	Lady Health Workers Program
MCH	Mother and Child Health
MCHC	Maternal and Child Health Center
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health

NATPOW	National Trust for Population Welfare
NGOs	Non- Governmental Organizations
NIPS	National Institute of Population Studies
PCP	Pregnancy, Childbirth and Postpartum
PDHS	Pakistan Demographic and Health Survey
PDHS	Pakistan Demographic Health Survey
PHC	Primary Health Care
PIHS	Pakistan Integrated Household Survey
PIHS	Pakistan Integrated Household Survey
PNC	Postnatal Care
RH	Reproductive Health
RHC	Rural Health Centre
RHCRA	Reproductive and Healthcare Rights Act
RMNCH	Reproductive, Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals
SRH	Sexual Reproductive Health
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
THQ	Tehsil Head Quarter
TM	Traditional Medicine
UC	Union Council
UNDP	United Nation Development Program
UNFPA	United Nation Population Fund

UNICEF	United Nation International Child Fund
UNIMAS	University Malaysia Sarawak
UNO	United Nation Organization
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter begins by providing an overview of the significance of women's maternal health care worldwide. There is a brief description of cultural factors and how they influence women's maternal health. It also provides a description of important aspects of Pakistani society particularly the Rajanpur district on women's maternal health status. This chapter provides the problem statement, aims and objectives of the research study and also highlights the significance and scope of the current research.

1.2 Background of the Study

Reproductive health refers to the ability to enjoy a responsible, satisfying and safe sex life in association with all matters of the productive system, its functions and its process which is accomplished in a state of complete physical, mental and social well-being without any disease or disability (WHO, 2017). Reproductive health is not just about enjoying healthy sexual relationships but also about the ability to reproduce and safe fertility regulation concerning with accomplishment of reproduction, survival, infant healthy growth as well as sound pregnancy. The reproductive health of a woman is not just confined to reproductive years, which are generally from the age of 15 to 49, rather it is associated with different stages (Sully et al., 2019). These stages include infancy, adolescence, adulthood, and older age as the foundation of health in adult life is based on the well-being in earlier stages (Sully et al., 2019). In these stages of women, there are different reproductive health behavior and needs. Safe Pregnancy, childbearing, motherhood in teenage, postnatal, antenatal care, advice on family planning, post-delivery, place of delivery, infant care:

neonatal and post-neonatal mortality, intended births, unwanted births, abortion and maternal mortality are all main aspects of reproductive health of women.

In general, issues of reproductive health (RH) of women can be categorized into three types. That is intended or unintended births, childbearing and safe pregnancy, and healthy sexuality (Sully et al., 2019). The first two types are the major concern of the research study because these major issues lead to exposing the aims of the study. For example, if a woman gives birth to a child early, frequently or too late, her health is at risk. Maternal reproductive health is the focal concern of this research that emphasizes the pillars of safe motherhood including improved antenatal care, guideline towards family planning and delivery by skilled professional and obstetric care.

Women play a key role in developing society and up till now, they are facing these issues in terms of reproductive health (Fathalla, 2011). Women's health and its associated issues have been a topic of concern globally for decades. This concern is underscored because of women's unique role in the socio-biological construction and reproduction of society. Women's health is an indicator of the development of a nation. Reproductive health and rapid population growth have strong linkages with sustainable social development and economic growth (Pillai & Maleku, 2015). This viewpoint can be explained as if there is rapid population growth against scarce resources then it would be a major problem concerning socio-economic stability that is still being faced by most countries in the world today. Women's health would be affected as well because of scarce resources it is hard to maintain good healthcare (HC) facilities for them which may lead to endangering safe motherhood. So, it is important to build a secure healthy environment with all concerning facilities and amenities for women to improve their reproductive health. Such as safe