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Maternity Care In Pakistan: Exploring Cultural Beliefs And Resource Allocation

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Abstract: *This article aims to shed light on the dynamics of Maternity Care in Pakistan by examining the relationships of cultural beliefs and resource allocation with it. It provides suggestions for improving the standard, accessibility of resources for pregnant women as well as exploring the diverse cultural beliefs women experience during pregnancy.*

The complex relationship between cultural perspectives and resource allocation in Pakistan's maternity care has an important effect on pregnant mother's experiences and outcomes. It explores the web of cultural norms, traditions, and socioeconomic factors that influence women's experiences and access to healthcare in Pakistan. Drawing upon a comprehensive review of existing literature and qualitative data, this study also explores the different elements of the cultural beliefs surrounding pregnancy also shedding light on traditional practices, familial influences, social networks and new medical inventions.

Moreover, this article also investigates the problems caused by the distribution of resources in the Pakistani healthcare system, including disparities in infrastructure, the behavior of the staff towards patient, and availability of maternal services regarding health. The method of data collection has been qualitative.

Approximately twenty-five Islamabad's locals, including mothers, pregnant women, and medical professionals, participated in in-depth interviews that provided the data about the insights of the cultures. The literature review was done to analyze the situation of hospitals for maternity care in Pakistan and the budget

Keywords: Pregnancy issues, Cultural beliefs surrounding pregnancy, Maternity Care & Resource Allocation, Women's Health, Childbirth & Postpartum Care

Introduction

In Pakistan, maternal health is found at the center of cultural values and resource distribution, creating an environment of change that significantly influences the experiences and results of pregnant women. Women handle pregnancy, labor, and postpartum care within a diverse combination of cultural practices and healthcare reality, all within a diverse array of customs, cultural norms, and socioeconomic factors. This article investigates the complex relationships that shape maternity care in Pakistan, examining the ways in which cultural values and resource distribution interact to shape women's experiences and access to the healthcare system.

The purpose of this article is to shed light on the complex relationships that exist between cultural values and the distribution of resources in Pakistani maternity care. We aim to identify the fundamental elements that influence women's experiences during pregnancy, labor, and the postpartum period by reviewing the literature that has already been published as well as qualitative data.

Pakistan, a nation with a wide range of ethnic and cultural backgrounds, is proud of its rich cultural legacy, which has a profound impact on the experience of becoming pregnant and giving birth. Cultural beliefs influence all aspects of the motherhood experience, including the period from birth to postpartum customs. The basic structure of maternity care delivery is shaped by these ideas, which influence not just individual decisions and actions but also healthcare-seeking patterns, family dynamics, and community support structures. However, in addition to cultural factors, the distribution of resources within the healthcare system has a big influence on how maternity care is provided in Pakistan.

Some Cultural beliefs surrounding pregnancy that are most practiced in our communities are:

1. Postpartum practices: Though there are many differences in cultural perspectives on the postpartum period, similar themes include the value of relaxation, isolation, and certain eating habits to promote nursing and promote healing. In addition, customs and ceremonies to officially welcome the baby into the family are performed. The mother will be prepared as a bride in honor of welcoming the baby, sweets and different goodie bags are distributed.
2. Gender preferences: Pregnant women's experiences are influenced by cultural preferences regarding the gender of the unborn child. Pregnant women may face extra pressure or opposition to bear a male heir in certain civilizations where there are strong preferences for male offspring.
3. Astrological considerations: There are considerations and rituals around the time and good fortune, luck, fortune of childbirth in cultures where astrology is highly valued. It is possible to check birth charts and astrological consultations to determine the ideal time for delivery.
4. Dietary restrictions: Pregnant women are obligated to abide by certain food restrictions based on cultural beliefs. For example, there are certain people that share the opinion that eating foods — like spicy or "hot" foods — should be avoided when pregnant and after giving birth to ensure the health of the unborn child or to avoid future complications. Commonly used foods include liquids which is easy to digest, oats, cereals, fruits, dry fruit mixtures, and proteins.
5. Traditional birth attendants: The importance of traditional delivery attendants — often elderly women with experience assisting with childbirth — is highly valued in many cultures. To ease labor and guarantee a smooth delivery, these attendants use traditional cures, ceremonies, and methods that have been passed down through generations. Some people still think that giving birth at home is safer and healthier for both the woman and the child. They maintain the belief that giving birth in a hospital is never a smart choice.
6. Evil eye protection: It is a common cultural idea that pregnant women and their unborn children are prone to the "evil eye" — evil looks from other people. Protective talismans, such as amulets and charms, are sometimes used to keep away this perceived threat. Rituals including prayers and blessings are also carried out, and some people even wait and don't tell their relatives until the seventh or eighth month of pregnancy in fear of catching the evil eye.
7. Avoiding looking at ugly or bad objects: Some cultures have a superstition that pregnant women should not look at objects that are ugly or deformed because it is thought that if they do, the baby may be born with those same traits. Women should look at beautiful images and pictures and think positively, or else the child will not be attractive or have wonderful qualities.
8. Predicting baby's gender by "The Linea Nigra": Some cultures think that the Linea Nigra, which is a dark line that frequently appears on a pregnant woman's abdomen, can indicate the gender of the unborn child. It is thought that the baby will be a male if the line extends below the belly button and a girl if it extends above the belly button.

9. Avoiding solar eclipse: Pregnant women are advised to stay out of the sun during solar eclipses, according to some cultures, since the eclipse may have a negative impact on the pregnant woman and the unborn child's health. Women are obligated to spend the entire solar eclipse in their rooms and must lie down.
10. Avoiding sharp objects and scissors: There are myths in some people that say pregnant women shouldn't use scissors, knives, or other sharp objects because doing so could hurt the unborn child or cause issues during delivery. Meanwhile, it is important for postpartum women to keep scissors or other sharp object tools next to the infant — in case that child experiences any nightmares they will keep the infant safe.
11. Influence of the moon and lunar phases: Some cultures share the belief that a woman's fertility and chances of conceiving can be influenced by the phases of the moon. For example, there is a myth that says being pregnant during a new moon favors a girl's birth while getting pregnant during a full moon raises the probability of a boy.
12. Resource availability: The distribution and allocation of resources, especially in hospital settings, have a significant impact on the cost and quality of maternity care services in Pakistan. However, ensuring equal access to facilities, medical equipment, and skilled healthcare workers all crucial resources for maternal health remain a struggle. Additionally, the state of the government hospitals is poor, and private facilities are far more expensive. Maternity care services in Pakistan are severely impacted by a lack of qualified medical professionals, including physicians, gynecologists, midwives, and nurses. Despite taking initiatives to upgrade healthcare infrastructure, many Pakistani hospitals still lack the necessary space and equipment to offer safe and efficient maternity care. This is especially true of government hospitals. The standard of care given to expectant mothers is made worse by shortages of vital supplies such emergency obstetric drugs, prescriptions, and sterile birth kits. Maternal and newborn health is also at risk due to the poor sanitation and hygiene standards of certain healthcare facilities. On the other hand, access to private healthcare services is frequently restricted to those who can pay for it out of pocket, depriving many low-income and vulnerable women of access to high-quality maternity care.

In the study of Kanwal, N., Hameed, F., & Riaz, M. (2017), In both public and private gynecology outpatient departments, a cross-sectional study was carried out on expectant mothers receiving prenatal care services. Between July 2016 and September 2016, 300 patients were chosen at random, 150 of them were each from government hospitals (GH) and private hospitals (PH) in Lahore, Pakistan. During the interviews, a prepared "data-collection-form" was completed. Data on patient satisfaction with many areas of prenatal care, such as healthcare provider communication, waiting times, service accessibility, cleanliness, and overall experience, were gathered using a structured questionnaire. In conclusion, the overall antenatal facilities and the interactions between the medical and paramedical staff at private hospitals contribute to patient satisfaction. Poorer hygiene, longer wait times, and unpleasant behavior from healthcare professionals tend to lower patient satisfaction in government hospitals. According to initial findings, private healthcare settings offer better overall patient satisfaction with antenatal care services than do government institutions. Private healthcare facilities received higher marks for perceived cleanliness, shorter wait times, and clearer communication. On the other hand, in government hospitals, patients face hygiene issues, waiting time during pregnancy, issues with doctors' behavior.

LITERATURE REVIEW

A review of the literature on this topic has been completed for this study and is a crucial component of this study. Fatima, Mamdani et al. conducted a comparative study with an emphasis on government and private facilities to evaluate the quality, efficiency, and patient

satisfaction levels of maternity and child health care centers (MCHCs) in Karachi. They collected information on healthcare quality indicators, the effectiveness of service delivery, and patient satisfaction levels using a mixed-methods strategy that included surveys and interviews. Significant disparities were discovered between public and private MCHCs about staffing, infrastructure, accessibility to necessary resources, and patient satisfaction. Government MCHCs had difficulties because of resource limitations and inefficient service delivery, while private MCHCs often received better ratings for both patient satisfaction and service quality. These results emphasize the importance of focused efforts to raise the standard and effectiveness of maternity and pediatric healthcare, especially in government organizations.

Khan et al. studied household decisions about public versus private health facilities for maternity care in Bahawalpur Pakistan through a case study. Through the analysis of survey data, they looked at aspects such as socioeconomic position, accessibility, perceived care quality, and cultural preferences that affect how households make decisions. The study discovered that although many households regarded public health institutions to be more economical and easily accessible, other households opted for private health institutions for maternal health care services due to their perception of superior quality and better facilities. According to the results, the probability of giving birth at a public health facility are decreased by birth interval, woman education, partner education, woman autonomy (freedom of movement), planned pregnancy, media exposure, wealth measure, number of pregnancies, and pregnancy complications. The likelihood of birth at a public hospital is increased by the age difference between the spouses, the woman's employment status, and lack of awareness about family planning. We may conclude that the choice of private health institutions is influenced by the quality of care provided, and that private health institutions can serve as an alternative for public health institutions. The quality of healthcare provided by public sector institutions should be raised, and a regulating body should be established to rank the various healthcare facilities.

In the article Comparison of family planning counselling during antenatal period provided at public and private hospitals in Lahore aimed to compare the antenatal family planning services offered in Lahore's public and private hospitals. 84.2% of women in the public sector did not receive family planning counseling during their most recent prenatal visit, and 86.4% of women did not receive family planning counseling during their most recent postpartum visit. 94% of the ladies did not get counseling for their current pregnancy. 81.4% of women in the private sector did not receive family planning counseling during their most recent prenatal visit, and 84.7% of women did not receive family planning counseling during their most recent postpartum visit. 88% of the women did not get Family planning counseling for their current pregnancy. 61% of women did not utilize any kind of birth control. The researchers evaluated the effectiveness and quality of family planning counseling sessions offered at both kinds of hospitals using a cross-sectional approach. According to the study, family planning counseling is provided differently in public and private institutions, with variations in the type, length, and follow-up support of the counseling. These results emphasize how crucial it is for all healthcare settings to provide consistent, thorough family planning counseling services to support pregnant women's informed decision-making and increase their use of contraceptives.

The three delays that contribute to maternal death in the Federal Government Polyclinic Islamabad have been studied in the paper "Analysis of Three Delays of Maternal Mortality in Federal Government Polyclinic Islamabad". The researchers investigated the factors influencing each delay in seeking, obtaining, and receiving care by looking back at a historical examination of situations involving maternal mortality. The study discovered that while delays in receiving care were commonly linked to physical distance and transportation issues, delays in seeking care were frequently related to

socioeconomic concerns, ignorance, and cultural barriers. Delays in care were linked to flaws in the healthcare system, such as a shortage of supplies, inadequate infrastructure, and bad staff.

One study conducted at the Sir Ganga Ram Hospital in Lahore, Pakistan, looked at the frequency of taboos and misconceptions about food among expectant patients. Naveed, Anum et al. looks into common beliefs regarding what pregnant women should and shouldn't eat, as well as how these ideas affect the women's dietary preferences and general health throughout pregnancy. A cross-sectional study comprising one hundred pregnant women was carried out at a hospital in Lahore. 59% of women said taboos and myths were true. Women made up 63% of the socioeconomic group. The majority were housewives, with only 8% being employed. 86% demonstrated knowledge of food taboos and myths. There was no link discovered between women's beliefs and behaviors in mythology and their levels of education, socioeconomic status, or employment. Most women did not participate in most food taboos or myths, suggesting that they had favorable pregnancy practices. The most widely held misconception concerned foods' temperature ranges. Some were staying away from nuts, meat, and eggs. It was also discovered that getting enough nutrients was not affected by pregnancy beliefs or taboos.

Nishtar, Noureen, et al. highlights the complex issues surrounding family planning in Pakistan, highlighting the influence of cultural norms, gender roles, and state laws around the use of contraceptives. Within the social structure, mothers-in-law and male family members usually hold the power to make decisions about family planning, which limits the agency of women who are pregnant when it comes to choosing contraception. Furthermore, public policies frequently lack the motivation required to give priority to family planning programs, which means that even with coordinated efforts, the prevalence of contraception remains low. Pakistan faces significant challenges related to high pregnancy rates and rapid population expansion, as only approximately 30% of the population uses contraception. Notably, including male partners in family planning initiatives could result in notable advantages for reproductive health and birth outcomes; nevertheless, there is a lack of focus on male contraceptive techniques and education. Additionally, myths and false information regarding male contraception contribute to its insufficient utilization, especially in young people. One of the most important ways to increase the use of contraceptives is to address these myths by providing family planning service professionals with thorough training and peer counseling. Given these obstacles, successful policy interventions need to include gender-neutral education campaigns, encourage long-term planning, and fund family planning education to overcome the various obstacles that prevent Pakistanis from adopting contraceptives.

METHODOLOGY & TOOLS

This section deals with the methodology and tools which are used in conducting this research. The research is conducted through qualitative data method. The study is based on both primary and secondary data methods.

Purposive sampling is used to select participants of diverse demographics, including pregnant women, mothers, & healthcare providers. About 20 interviews were conducted and data from the people of Islamabad was collected. Some of them were pregnant women, while others were housewives and mothers. They were all citizens of Pakistan and Muslims. By using a qualitative method approach, in-depth interviews were possible, allowing for an in-depth insight into the cultural factors influencing maternity care in Pakistan.

1. Structured interviews/observation: In depth interviews are conducted face to face and some online with the respondents. Observation method is used in this research to analyze the situation and experiences of the females during pregnancy.
2. Field notes: Notes were taken during research and interviews which helps to capture detailed cultural beliefs & practices of that respondent.

3. Audio/video recording: Interviews were recorded according to the consent of the respondents who allowed.
4. Literature Review: Review of literature was done using academic databases such as Google Scholar, and JSTOR, which provided insights into existing research on maternity care in Pakistan and guided the study design.
5. Questionnaire: A questionnaire was used for research but mostly questions were conducted in Urdu because the respondents were not fluent in English.

DISCUSSIONS

For this research primary data is collected through face-to-face interviews.

In terms of cultural beliefs, 18 women have experienced very traditional myths and customs. Among the myths were the following: pregnant women should stay inside during solar and lunar eclipses as going outside under the sky could be harmful to the unborn child. It is recommended that they remain in their room and that they lie down and move very gently. Cutting is not allowed during this phase, and knives and other sharp items should be avoided.

6 out of 20 women who participated in interviews experienced really difficult situations from their husbands and in-laws during their pregnancies. While their husbands and in-laws provided great care and support for 14 of them. During their pregnancy, two women suffered from extremely difficult experience with their husband and in-laws. When their pregnant wives were unable to work due to weakness or exhaustion, the husbands would scream and beat them. Their in-laws claim that being pregnant is not a unique experience and that you should complete your work on time irrespective of being pregnant.

The other 18 women were happy with their spouses and family. Although they manage the household and work as well, they received great prenatal care during their pregnancy and even after birth.

Regarding myths, out of the 20 respondents, 3 women reported having no experience with myths or traditional customs during their pregnancy. 17 women discussed on many different types of cultural myths and customs they came across along the way. Among the myths were:

1. During solar and lunar eclipse phases, women are forbidden from going outside. It is advised that they remain inside their room at home and take extremely careful steps or lie down. There is a myth that says if a woman goes under sky during this phase during pregnancy, the unborn child will be harmed. Cutting is not allowed during this period, and they are advised to stay away from knives and other sharp things.
2. It is advised that they remain indoors, especially during Maghrib, as it is said that the woman may be grabbed by Jinnat or supernatural beings and suffer harm to herself and her unborn child.
3. It is forbidden to wear black since it attracts negative energy toward women and infants.
4. Avoid eating sweets from strangers as they may contain black magic.
5. To achieve a normal birth, pregnant women are expected to work longer hours.
6. Women are supposed to stay at home and eat extremely traditional home-cooked food for at least 40 days after giving birth. Since it is believed that she is bleeding and will be under the gaze of jinn or other supernatural beings, they aren't allowed to leave and not allowed to take bath for 40 days.
7. To keep the baby from getting afraid when they are sleeping, women are advised to place a knife or other sharp object close by if the baby is sleeping and she wants to leave the room so the baby will not be afraid.
8. Women are offered amulets, charms, and other spiritual items to always carry with them to prevent against bad luck and the evil eye.

When it comes to healthcare resources and facilities, women have stated that while private hospitals offer excellent conditions, facilities,

and services, their costs make them unaffordable. Although government hospitals are inexpensive, their medical facilities are inadequate. Women who experienced examinations and deliveries in private hospitals report high levels of satisfaction, whereas others who have had similar experiences in government hospitals have harsh evaluations. The staff at government hospitals are terrible; they treat people badly. Women with this medical condition are forced to wait in a long queue for checkups or tests. Doctors treat patients improperly and with extreme rudeness. Some hospitals are not sanitary and give a terrible impression.

RESULTS

This study included a look at the differences between government and private healthcare facilities and myths and practices those women encountered during their pregnancies. Many women stated coming across traditional birthing and pregnancy myths and practices, which they believed were impacted by deeply rooted cultural ideas in Pakistani society. Some women were comfortable with these practices, other women claimed that these beliefs frequently resulted in misconceptions about appropriate maternal care practices, impacting women's decision-making about prenatal care, birth alternatives, and postnatal practices. The survey also discovered that many women had a negative opinion of government hospitals because of claims of poor facilities, long queues, and poor customer service. On the other hand, women said that their experiences in private healthcare facilities were generally better, with shorter wait times, more services, and perceived higher quality care. The disparity in opinion emphasizes attention to structural problems within the public healthcare system, such as inadequate funding, poor facilities, and a shortage of medical staff with the necessary training. These results highlight the urgent need for focused interventions aimed at modifying cultural misconceptions which makes women miserable regarding maternity care and enhancing the standard and availability of maternal health services in public hospitals. For all women in Pakistan to have equitable access to safe and culturally appropriate maternity care, improvements in resource allocation, infrastructural development, and staff training are needed. Furthermore, to address deeply rooted cultural attitudes and improve maternal health outcomes across the nation, measures that empower women, engage communities, and encourage male engagement in maternal health decision-making are important.

CONCLUSION

In conclusion, the results of this research highlight the complex practices of maternity care in Pakistan, highlighting the relationship of cultural beliefs and resource distribution in molding women's experiences during pregnancy and labor. The need for focused interventions to clarify myths and encourage evidence-based practices among women and communities is highlighted by the ongoing existence of myths and customs surrounding maternity care. Furthermore, problems in the public healthcare system are brought to light by the obvious disparities between government and private healthcare institutions, calling for significant changes to improve staffing, infrastructure, and service delivery.

Pakistan must work to guarantee that all women have equitable access to safe and effective maternity care by addressing both cultural attitudes and resource limitations.

Policymakers, healthcare professionals, community leaders, and other stakeholders must work together going ahead to enhance the standard and accessibility of maternal health services in Pakistan. This involves making infrastructural investments in public healthcare, improving health institutions, and introducing culturally appropriate maternal care techniques. This would improve maternal health outcomes and enhance social well-being in general.

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