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Qualitative Formative Research Findings - Rawalpindi

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Pakistan Initiative for Mothers and Newborns

The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year United States Agency for International Development (USAID) funded project designed to reduce country's maternal and neonatal mortality by making sure women have access to skilled birth attendants during childbirth and through out the postpartum period. PAIMAN works at national, provincial and district levels to strengthen the capacity of public and private health care providers and improve health care system infrastructure. The PAIMAN Program is jointly implemented by John Snow Inc (JSI), the Johns Hopkins Center for Communication Programs (JHU/CCP), Agha Khan University, Contech International, Greenstar Social Marketing, Population Council and Pakistan Voluntary Health and Nutrition Association (PAVHNA) .

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4. Findings - District Rawalpindi (Punjab)

4.1 District Profile

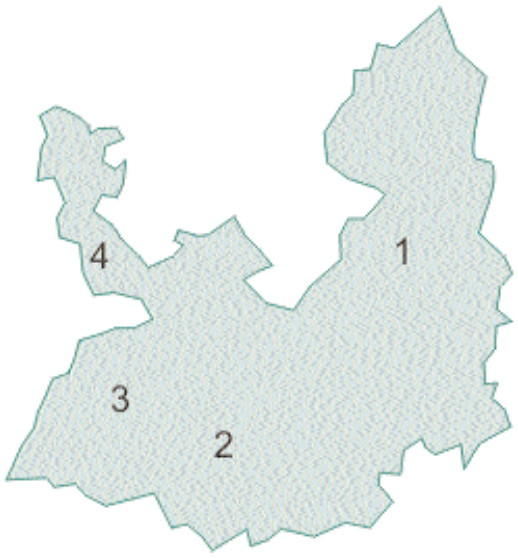
District Rawalpindi is situated in the northwestern part of the country. Administratively it has been divided into 7 Tehsils i.e. Rawalpindi, Gujar Khan, Murree, Kahuta, Taxila, Kotli Sattian and Kallar Syedan. According to 1998 Census, its population was 4,055,000 with 51.2% males and 48.8 females and an annual growth rate of 2.7%. The percentage break up of the rural and the urban population is 53.3 and 46.7 respectively[1].

The district health service delivery system consists of 4 Tehsil Headquarter Hospitals (THQHs), 10 Rural Health Centers (RHCs), 98 Basic Health Units (BHUs) and 6 Dispensaries. In addition there are 3 public sector tertiary care hospitals (which include the DHQH). Pakistan Army also provides specialized tertiary care through Military Hospital, Combined Military Hospital, Armed Forces Institute of Pathology, Ophthalmology, Rehabilitation, Dentistry and Blood Transfusion.

Figure 1: Map of District Rawalpindi with Sampled Areas

Sampled Areas:

1. Gehal (rural)
2. Jabu Kassi (rural)
3. Shakrial (urban)
4. Pind Nosheri (rural)



It is to be noted that, according to the observations of the field researchers, participants from the urban area were apparently poorer than those from rural areas.

[1] Population Census Report, 1998

4.2 Participants Characteristics

A total of 38 interviews were conducted in the four sampled areas with the following distribution given in Table 4.1:

Table 4.1: Distribution of In-depth Interviews

Area	Number of Interviews					
	Currently Pregnant Women	Women with Live Birth	Husbands		Family Members	
			CP*	LB*	Male	Female
Shakrial	3	3	1	1	0	2
Jabu Kassi	3	3	1	1	0	2
Pind Nosheri	3	3	1	1	1	1
Gehal	3	3	0	1	1	1
Total 38	12	12	3	4	2	6

Note: CP= currently pregnant, LB= woman with live birth

Among husbands, one interview could not be conducted in Gehal, as many of the husbands were working away from home and were not available during the visit of the team. Only one male family member was included in the in-depth interviews as the male researcher developed fever, which was diagnosed to be typhoid. He could not prepare his one transcript for Pind Nosheri, the data from which had not been recorded. His replacement quit after completing Gehal, as he was offered a permanent job. A new member was hired and trained who began work in other districts.

The ages of participants were: women from 19 to 32 years with the mean of 26.71 years, husbands 25 to 45 years with mean of 34.71 years, and family members 25 to 65 years with mean of 49 years. The living children of women participants and husbands ranged from 0 to 8; the number of sons and daughters both ranged from 0 to 3. The age of the youngest child of women participants was 1 month to 5 years while the age of the youngest child of the husbands interviewed was 6 months to 2 years.

Few women (6 out of 24) had no schooling, several (16) completed grades ranging from 1 to 10, one completed high school (12th grade) and 2 had done graduation. Many (5 out of 7) of the husbands interviewed had studied up to 10th grade and 2 had no schooling. Some (3 out of 7) of the family members had no schooling, some (3) had attended school up to the 10th grade and one had completed 12th grade.

The husbands reported working in the following occupations: farmer, shopkeeper, welder, driver, transporter, tailor and a retired serviceman. The single male family member was a shopkeeper. All women were housewives, while some women worked in their family fields in Pind Nosheri.

Several (23 out of 38) participants spoke Potohari language, some (14 out of 38) spoke Punjabi and only 1 said that they were Pushto speaking.

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4.3 Current Maternal Health Seeking Behaviors and the Key Factors that Facilitate or Hinder Maternal Health Seeking Practices.

Health seeking behavior and practices of an individual or family is influenced by several factors, such as the felt need, importance given to disease prevention and health promotion during different stages of life, severity of symptoms if ill, whether the condition can be shared with others or not, access to health services, behavior of and confidence in the staff, availability of financial resources, etc. The behaviors recorded in the Rawalpindi districts, and the factors that influence them are presented below.

4.3.1 Recognition of and reaction to pregnancy

In general, the recognition of pregnancy is early by the women, both in urban and rural areas. Most (20 out of 24) of the women presume that they are pregnant, if their menses are over due by a few days to four weeks while very few (4 out of 24) said that they recognized their pregnancy when their menses were overdue for four to twelve weeks. The women mentioned one or more associated symptoms with pregnancy recognition including nausea, vomiting, giddiness, weakness, lethargy, lower abdomen pain, body ache, headache, sleeplessness, heart sinking, fever and lack of appetite. Some (9 out of 24) women diagnosed it mainly on the basis of symptoms.

Describing her own recognition of pregnancy a woman with live birth of Jabu Kassi said: "I could not sleep much, (I) felt giddy and tired, the whole body ached; through an ultrasound I came to know of my pregnancy" *(Bas thori neend atee thee, chakar atey they or thakawat ho jatee thee, sara jism dukhta tha, kamzoor thee, ultrasound karwaney sey pata chala ke hamal sey hoon).*

Several (15 out of 24) of the women participants interviewed consulted a health provider (Doctor/hospital, Lab, LHW) for confirmation of pregnancy through urine test or ultrasound etc. All (6 out of 6) women of urban area got the pregnancy confirmed through urine test. Discussing the subject, a currently pregnant woman in Shakrial said: "I came to know of my pregnancy as I missed menses and started vomiting. Secondly, I got the urine test done" *(Mujhey is tarha pata laga ke mera hamal ho gaya hey ke meree mahwaree ruk gayee or mujhey ultian shoroo ho gayee theen doosra meney peshab test karya tha).*

Half of the women stated that they shared this news first with their husband with similar pattern in urban and rural areas, indicating that the level of spousal communication is moderate in this district, both in urban and rural areas. In Pind Nosheri, a woman who had live birth stated: "(I) told my husband, it is obvious that I would share with him as we feel happy about being pregnant" *(Apney shoher ko bataya tha, zaher hey usey hee batana tha ke olad kee khushee hotee hey). While some (9 out of 24) informed their mother-in-law and sister-in-law. Another woman with live birth in Shakrial mentioned: "Before everyone else (I) told my mother in law because she is the eldest one in the household" (Sas ko sab sey pehley bataya, woh ghar kee baree hen, is liye un ko bataya).*

Participants reported varied emotions on learning about their pregnancy. Many (26 out of 38) of them reported happiness; and they had 0 to 5 children before the occurrence of the current/last pregnancy.

A husband in Jabu Kassi who had 5 children describing his happiness over the news of pregnancy said: "(I) felt good to hear this news and thanked God, I felt happy on (the birth) of all children" *(Ye khabar ache lagee, khushi hovee thee or Khuda ka shukar ada kia tha, sab par barabar khushi hovee thee)*

None of the husbands expressed unhappiness with regards to the pregnancy. While some (10 out of 24) women and two family members said that they were not happy to hear the news of pregnancy. Among those who expressed unhappiness, majority had 2-5 living children. The reasons for unhappiness mentioned by these participants were: youngest child is too young, had daughters, poverty/rising cost of living and bad health of the mother.

In Shakrial, a currently pregnant woman said: "I got worried (because) my son was on breast feed, I thought if (this pregnancy) would not have happened, I would have continued breast feeding my son but after this (pregnancy) I stopped feeding him, that's why I got worried" *(Men pareshan ho gayee, mera bacha dhoodh peeta tha, men ye kehtee thee ke ye agar nahota to men apney bachey ko dhoodh pilatee rehtee liken is ke bad meney dhoodh chorwa diya, is waja sey men pareshan ho gayee).*

A sister-in-law describing poverty and inflation as the reason for unhappiness on the birth stated: "The cost of living is high these days and it is very difficult to raise two children even and they (two children) would have been enough" *(Aaj kal mehngayee ka dor hey, is men to do bachoon ko palna bhe buhat mushkil baat hey agar wohi dunoon hotey to buhat tha").*

Only two of the women who expressed unhappiness also mentioned the desire for abortion but could not implement it. These two women did not mention why they were unable to implement this.

From the above, it is clear that:

- Recognition of pregnancy is mostly early and its clinical confirmation is also sought by all urban and half of the rural women.
- Half of the women shared the news of pregnancy first with their husbands indicating that spousal communication is moderate and some shared it with mother-in-law and sister in law. This reflects that women do perceive a role of husbands and mothers-in-law in the process.
- Some women reported unhappiness on learning about the pregnancy, and two of them explicitly desired abortion indicating a high unmet need for family planning

4.3.2 Health-seeking behavior adopted at home

The participants reported behavioral changes by women and her family on learning about the pregnancy. These are related to food intake, daily routine, rest, etc.

Food intake: About half of the women mentioned that they increased their food intake during pregnancy. Some (3 out of 7) of the husbands and most (6 out of 7) of the family members had similar opinions. This is noticeably high among women in rural areas as compared to urban area as only two urban women

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mentioned it. It was stated that this care was mainly initiated by family members followed by self. Details of increased food intake are given in Table 4.2.

The most commonly reported food items of increased intake mentioned by all groups were milk and fruit, while very few mentioned *desi ghee*[2] / butter, vegetables and meat. Other rarely mentioned items were *roti*[3]*, panjiri*[4]*, lassi,*[5] rice, chicken, soup, juice, *and dhoodh jalaibi*[6]. The reason commonly mentioned for the increased intake of the preferred items was that they provide strength, produce/increase blood and desire to have them.

Apples, oranges, pomegranate and grapes were the most commonly consumed fruits. However, many do not specify the frequency of intake of fruits but very few (5 out of 38) said that fruit should be taken one to ½ kg daily. The increased intake of milk was reported to be on a daily basis. This increase ranged from one glass to ½ liter per day.

A woman with live birth in Gehal stated: "I changed (my food intake), (started) taking fruit, desi ghee, milk and other items that anybody mentioned to be good for my health and fetus" *(Meney faraq kia, fruit istimal kartee thee, ghar ka ghee istimal kia or dhoodh istimal kartee rahee or baqee who cheezen bhee jo kisee ney batayen ke ap kee sehat or bachey kee sehat ke liye saheeh rahen gee who istimal keen).*

A husband in Jabu Kassi said: "(The woman should take) good diet for example watery soup, juice and apple etc. so that the production of blood should be increased, (she) takes such diet normally but in pregnancy, more is taken (comparatively)" *(Khaney men achee khorak maslan yakhnee, juice, seb wagera takey khoon paida karey, pehley bhee khatey hen magar jab hamal ho jaye to ziada letey hen).*

Few (5 out of 24) of women participants but none among husbands and family members reported **decreased intake** of food during pregnancy. The reasons quoted were nausea or lack of desire to have food. Also, some (8 out of 24) of women and only one of the family members mentioned that there was **no change** in food intake. However, no specific reason for not changing their diet was given except by one woman, who expressed that her diet was good even before the pregnancy hence she did not feel the need to increase it.

Some (11 out of 24) women, many (5 out of 7) family members and only one husband said that there is nothing as **forbidden foods** during pregnancy, while the remaining participants specified foods that were forbidden to maintain health of the mother or the fetus. The forbidden foods, predominantly mentioned were *garam foods*[7] i.e. foods that are considered to have hot effects inside the body. These included fish, beef, fried items like *pakora*[8] *and samosa*[9], *karailey*[10] and sour items. The reasons given were that *garam* foods can cause

[2] Desi ghee: clarified butter
[3] Roti: Jesus bread/ flat bread of wheat
[4] Panjiri: a sweet dish made of semolina, dried nuts, sugar, gum, and ghee/oil
[5] Lassi: yoghurt based drink
[6] Doodh Jalaibi: a sweetmeat served dipped in milk
[7] Garam foods i.e. foods that are considered to have hot effects inside the body
[8] Pakora: Vegetable fritters deep fried in chickpea batter
[9] Samosa: Potato or meat fritter wrapped in dough and deep fried
[10] Karailey: bitter gourd

miscarriage. Other forbidden items mentioned rarely were vegetables (spinach, potato) and spicy items that the participants believed could cause miscarriage. A currently pregnant woman in Jabu Kassi said: *"Garam foods for example fish, Pakorey etc, are forbidden to avoid miscarriage" (Garam cheezoon ke barey men is liye mana kartey hen ke bacha zaya na ho jaye jasey machlee pakorey wagera).*

Daily routine: Several (14 out of 24) of the women participants reported that they decreased their daily work routine. Surprisingly, the reduction in work was reported more by rural women (12 out of 18) than urban women (2 out of 6). The work decreased varied from individual to individual, but mostly reduction was in strenuous work such as lifting of water buckets, sweeping floors, washing clothes, harvesting crops, lifting of heavy items etc. Very few mentioned that their workload during this period was shared by their family members such as mother-in-law, sister-in-law etc.

Table 4.2: Food Changes During Pregnancy

Increased Intake																				
Foods	**Number of Participants**																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Fruit	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Milk	■	■	■	■	■	■	■	■	■	■	■	■	■							
Desi Ghee/Butter	■	■	■	■	■	■														
Vegetables	■	■	■	■																
Meat	■	■	■	■																
Roti	■	■																		
Juice	■	■																		
Soup	■																			
Panjiri	■																			
Lassi	■																			
Rice	■																			
Chicken	■																			
Doodh Jalaibi	■																			
Forbidden Foods																				
Chillies	■	■	■	■	■															
Samosay/Pakoray	■	■	■	■																
Sour Food	■	■	■																	
Garam Food	■	■	■																	
Karailay	■	■	■																	
Spinach	■	■																		
Fish	■	■																		
Pulses	■	■																		
Guava	■	■																		
Beef	■																			
Chicken	■																			
Potato	■																			
Black tea	■																			

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A currently pregnant woman in Gehal, while describing reduction in work stated: "(I) have given up fetching water or sweeping floors, I am unable to move to do any work" *(Pani lana chor diya hey, taki marna chor diya hey, ab bilkul hila naheen jata ke men koi kam karoon).*

A woman with live birth in Shakrial, urban area mentioning the reduction in workload said: "Family members did not allow me to do much work. I used to just clean my room or sometimes, could make roti for myself. They (family members) used to say that I should not move much, I did not wash clothes during this period because my mother-in-law used to forbid lest a complication may develop" *(Ghar waley ziada kam kaj naheen karney detey they bus apna kamra saf kar letee thee ya kabhee apney liye roti bana li, who kehtey they uthna bethna naheen ziada, kaprey to is doran bilkul naheen dhoye, ami jee (sas) mana kartee thee ke na dho ye naho ke koi takleef ho jaye).*

Some (10 out of 24) of the women said that they did not bring any change in their daily work routine in this period because of nuclear family and requirement to work in the fields. In Pind Nosheri, a currently pregnant woman stated: "We do all kind of work, and made no change (in daily work routine), we farmers continue to work till the end (of pregnancy-delivery)" *(Sarey kam kartey hen dunya ke, koi tabdeli naheen kee, hum zameendar log jo hovey pehley kee tarha kam kartey hen or akhir tak aisey hee kartey hen)*

Many (5 out of 7) of the husbands and family members reported that the workload has been/was decreased during pregnancy. Rest (2 out of 7) family members said that they stopped the woman from doing any work during pregnancy while two husbands did not give any response. A husband in Pind Nosheri said: "(I asked my wife) not to do much work which she used to do earlier, (we changed her earlier) work routine and forbad her to do strenuous work like preparing animal fodder instead of this asked her to do small chores like cooking so that the fetus does not get affected" *(Ziada kam na karey jo ke pehley kartee thee, pehley walee routine men tabdeli kee ye ke us sey sakht kam maslan chara wagera na karwaya balkey ghar ke chotey kam maslan khana banana wagera karaya takey bachey par asar na parey)*

From the information presented above, it can be concluded that:

- Some positive changes in life style of pregnant women were reported by all groups of participants.
- Half of them reported increase in food intake but not in sufficient quantity as mainly increase in intake of milk and fruits were mentioned. Rural women had more increase food intake than urban women.
- Several healthy food items, especially those rich in proteins are forbidden during this period, especially those considered to have "hot" effects and believed to cause miscarriage.
- Few women decreased their intake of food due to pregnancy associated symptoms such as nausea and vomiting, but this change was not noticed by the husbands or family members.
- Several women were also able to decrease their routine work; especially heavy work and again more participants in the rural areas mentioned this.

One possible explanation for the lower levels of reported positive behaviors in the urban area is that the people in the sampled area were poorer than those interviewed in rural areas.

4.3.3 Perceptions of required health services in pregnancy, delivery, and postpartum

Pregnancy: Several (16 out of 24) of the women participants believed that check up should be done during normal pregnancy, and this included 5 out of 6 urban women and 11 out of 18 rural women. Almost all of these women reported a preference for skilled providers namely the doctor/hospital. The various purposes identified for seeking health services included: general check up, status and position of the fetus, weight, TT vaccination, medicine for strength/supplements and to see if the mother and fetus are fine or not.

A currently pregnant woman in Gehal stated: "One must get the check up done during pregnancy and even after delivery so as to know whether she (the mother) and her infant are alright" *(Hamal ke doran check up to apna har hal men karwana chaye maheeney purey honey tak or paidaish ke bad bhee takey pata chalta rahey ke khud theek hey or bacha theek hey)*

A woman with live birth in Jabu Kassi said: "Check up should be done to know the condition of fetus, how the delivery is going to happen, how is mother feeling, how the baby is going to be delivered, all this needs to be examined (through check up)" *(Check up karwana chaye ke bacha theek hey ya naheen kesey ho ga ma kee kesee tabiyat hey, bacha kesey paida ho ga, ye sab dekhana chaye)*

The frequency of visits for check up was suggested by some (7 out of 16) and it ranged from fifteen days to once in a trimester.

Most (6 out of 7) husbands and more than half (4 out of 7) family members also said that the woman should seek check up during the period of pregnancy. Among these, majority preferred going to a skilled provider including doctor/hospital while only one mentioned using the services of dai for this purpose. A father in law in Gehal stated: "My daughter in law should get regular check up done during pregnancy, she should take good diet and take the medicine that doctor prescribes" *(Meree bahu ko hamal ke doran regular check up karwana chaye behtareen giza lenee chaye, doctor jo dawayan dey who lenee chaye)*

Some (11 out of 24) women, more than half (4 out of 7) of husbands and some (3 out of 7) family members stressed on the need for the pregnant woman to take care of her diet. A husband in Jabu Kassi said: "Diet should be good, *desi ghee* (clarified butter) and fruit should be taken" *(Khorak men tezee lenee chaye, desi ghee or fruit istimal karma chaye)*

Only two currently pregnant women mentioned the need for acquiring tetanus toxoid vaccination in pregnancy.

Only two women and one husband said that the pregnant woman should be taken to a doctor or well-experienced dai in case of a complication, indicating that people do equate an experienced dai with doctor.

Delivery: Many (18 out of 24) women preferred hospital/doctor as the first choice for delivery while only one mentioned that the services of dai should be sought for delivery. Few (5 out of 24) did not mention any preference for delivery. Most (5 out 6) urban women preferred doctor/hospital for delivery as compared to rural women (13 out of 18).

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A currently pregnant woman in Jabu Kassi said: "During delivery, doctor should be available and one should not just rely on dais, doctor/nurse should be there" *(Zichgee ke doran doctor lazme hona chaye sirf daioon ke sar par aetabar na karen, doctor/nurse lazmee hona chaye)*

In Shakrial, a woman with live birth stated: "The women should visit a doctor, clinic and should get their delivery conducted by a good doctor" (Aurtoon ko chaye ke doctor ke pass jaen, clinic jaen or kisee ache doctor sey case karwayen)

Many (5 out of 7) family members and only two husbands said that doctor/hospital should be consulted for delivery while two husbands mentioned availing the services of dai for delivery. Two among family members did not mention any preference.

Only one of the husbands who preferred dai as the first choice stated that in case she cannot handle then she should be taken to a doctor or hospital.

Postpartum: Except very few (6 out of 38 participants i.e. 5 women [mostly urban] and one husband), all participants believed that there is no need to seek any health services from skilled providers during the postpartum period. Only few (9 out 38) participants from both rural and urban areas mentioned that doctor's help should be sought if there is any complication. Some (17 out of 38) said that women in postpartum should take good diet while few (8 out of 38) said that she should take rest in this period. Rarely participants mentioned massage from dai and protection from extreme weather as the steps to be taken during postpartum period for the women.

Inference drawn from above is that:

- Encouragingly, several of the participants believed that there is need for seeking skilled health care for normal pregnancy and delivery from a doctor/hospital. This perception was higher among urban than rural woman.
- However, the perception regarding the need for TT vaccination is low
- Very few participants believed that there is any need for seeking health care in case of a normal postpartum period.

4.3.4 Availability of services to women and their utilization

The health services available to women within community for pregnancy care, delivery and postpartum care are given in Table 4.3.

Table 4.3: Available Health Services in the Sampled Areas for Maternal care

Shakrial (urban)	Pind Nosheri (rural)	Gehal (rural)	Jabu Kassi (rural)
● Dai ● LHW ● Paramedic ● Dispensary ● Private Clinic	● Dai ● LHW ● Private doctor ● An elderly woman for *Tawiz*[11]	● Dai ● LHW	● Dai ● LHW ● Paramedics ● BHU Jand Mahlu

In Pregnancy: In rural and urban areas, the commonly available health services for pregnant women within their community are those provided by Dai and

LHWs. Participants mentioned BHU in Jabu Kassi. Paramedics were mentioned in two areas i.e. Jabu Kassi and Shakrial while private doctors were stated to be available in Shakrial and Pind Nosheri.

Although LHWs were available in all areas but their utilization was reported by women and family members in three areas namely Shakrial, Pind Nosheri and Gehal. Participants of Jabu Kassi did not mention utilizing the services of LHW. Their services include advice on family planning and general health, TT vaccination, supplements and medicine for minor illnesses. A currently pregnant woman in Gehal stated: "Yes, women visit (the LHW) if they need for advice on missing menses, those who have several children or want operation (for family planning)" *(Han jatee hen koi mashwara lena ho, jis ko menses na hoon, bachey ziada hoon ya operation karwana ho to in sey mashwara kartey hen)* Interestingly, none of the participants reported utilizing the services of the dai during pregnancy despite the fact that their availability was mentioned.

The utilization of BHU services for pregnancy was mentioned rarely in Jabu Kassi for instance for TT vaccination and treatment of minor illnesses.

Utilization of private doctors was mentioned in Pind Nosheri and Shakrial and a currently pregnant woman stating its use in Pind Nosheri said: "There is only one doctor in this community, pregnant woman visit her for check up and everything like medicine, ultrasound and operation facility is available with her" *(Is elakey men ek hee doctor hey, doctor Riffat, hamla aurten wahan check up karaney jatee hen, wahan har cheez mojood hey, maslan dawayan, ultrasound, operation kee cheezen)*

Services of paramedics were also stated to be available in Jabu Kassi and Shakrial but are not utilized for pregnancy care.

Delivery: In both urban and rural areas, dai was mentioned as the main available service provider for delivery. A husband in Shakrial stated: "Dai is available at the time of delivery, she gives bath to the newborn. We get the delivery conducted by her as she is experienced and holds a certificate" *(Delivery ke waqt dai hotee hey humarey pass, bacha paida hota hey us ko nehla kar pasey kar detee hey, hum dai sey (delivery karwatey hen) kion ke who maher hey or us key pass sanad hey)*

Besides the dai (except Pind Nosheri where women are seeking services of a private female doctor), participants in three areas preferred to go outside the community for delivery. A woman with live birth in Jabu Kassi said: "Besides dai, there is a lady doctor in the hospital but she does not conduct delivery, women just go to Gujar Khan" *(Dai ke elawa lady doctor hey hospital men liken who bhee bachey kee paidaish naheen kartee, aurten bus Gujar Khan hee jatee hen)*

In Gehal, a currently pregnant woman stated: "There is no body for delivery here, if she (the woman) is seriously sick, we take her to Rawalpindi four to five days in advance (of delivery)" (Bachey kee paidaish karney ke liye idhar koi bhee naheen hey, hum ziada bemar hoon to char panch roz pehley Pindi le jatey hen)

One woman in Pind Nosheri mentioned that a woman gives an amulet written on paper in the 9th month of pregnancy, which is dissolved in water. Drinking this water facilitates delivery. Her services are acquired for this reason.

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Postpartum: Only two participants, a husband and a female family member, mentioned the availability of the services of the dai for postpartum period and she is mainly sought for conducting massage while others either said that they do/did not avail the services of any provider during this period or went outside the community but mostly in case of a complication. A currently pregnant woman in Jabu Kassi stated: "We do not go outside (the house) during postpartum and if there is some illness then visit the doctor" *(Chiley ke doran hum baher naheen jatey, agar koi takleef ho to majboori men doctor ke pass jatey hen)*

Facilities in Rawalpindi/Islamabad are a major source of *services outside community* for people in all the four areas, however, each area has other available options. Both private and government facilities are present in these areas, which are availed according to the need and affordability. Several mentioned that these are used even for normal pregnancy and delivery, while very few mentioned that help from outside community is only sought in cases of complications. The services outside community in each area are given in Table 4.4.

Participants from Shakrial mentioned that health facilities in Rawalpindi/Islamabad are about half hour travel time. Participants from Gehal said that it takes them 1-1/2 hours to access Rawalpindi/Islamabad public or private facilities. In Pind Nosheri, health facilities in Taxila and Rawalpindi/Islamabad are at a distance of ½ hour to 1 hour respectively. While in Jabu Kassi, the distance was stated to be 1 and 1/2 hour to the health facilities in Gujar Khan City. Both private and government facilities are present, which are availed according to the need and affordability. Several mentioned that these are used even for normal delivery while very few mentioned that services from outside community are only sought in cases of complications.

The specific reasons mentioned for utilizing the services outside community are:

- Insufficient facilities within community
- Perceived better quality of care
- All facilities are available *(all types of providers, lab, X-ray, medical store, operation, blood bank)*

In Jabu Kassi, a woman with live birth stated: "Outside the community, Gujar Khan is near, women go there because there are more facilities available, (the

Table 4.4: Services Available Outside Community

Shakrial (urban)	Pind Nosheri (rural)	Gehal (rural)	Jabu Kassi (rural)
● Poly Clinic (FGSH)[12] ● PIMS[13] ● Holy Family Hospital ● Private clinics/doctors in Sadiqabad/Khanna Pul ● General Hospital Rawalpindi ● Dispensary in Muzamil Town	● Margalla Hospital Taxila ● THQ Taxila ● Private doctors/clinics in Taxila and Sangjani ● BHU Pind Nosheri ● Facilities in Rawalpindi ● Mission Hospital Taxila	● Civil Hospital Murree ● CMH Murree ● Facilities in Rawalpindi/Islamabad ● Abbasi Hospital Sunny Bank ● Paramedics ● Golehra Gali Hospital*	● Civil Hospital Gujar Khan ● Private doctors/clinics/hospitals in Gujar Khan ● Private doctor in Sohawa ● Facilities in Rawalpindi/Islamabad

*Don't know whether it is a BHU or private clinic

[12] FGSH: Federal Government Services Hospital
[13] PIMS: Pakistan Institute of Medical Sciences

doctors) do good check up, delivery is easily conducted, more medicine is given and they also give injections" *(Elakey ke baher Gujar Khan hee nazdeek hey, aurten wahan jatee hen is liye ke wahan sahulten ziada hen, saheeh tareeqey sey check kartey hen, bacha bhee wahan asanee sey paida ho jata hey, dawayee wagera ziada detey hen, teekey wagera lagatey hen).*

A mother in law in Shakrial stated: "Outside the community, (we have) good hospitals like PIMS or Holy Family Hospital. (Their staff) do good check up and provide good medicines, ask (for problems) and examine well, that's why we go there and many women also go there for these (reasons)" *(Elakey sey baher Complex [PIMS] or Holy Family Hospital achey hen, wahan ache tarha check kartey hen, dawayee bhee ache detey hen, saheeh tarha dekhtey hen, poochtey hen, is liye hum to waheen jatey hen, zada aurten bhee isee liye wahan jatee hen)*

Despite the positive reasons for seeking services outside of their community mentioned by several participants, there were others who reported that not all people utilize health services outside the community. The major reason for not accessing services outside the community was poverty, while few also mentioned other reasons such as non availability of transport, facilities are far away and family members do not allow one to go outside.

In brief:

- The utilization of LHWs for pregnancy care points to the utilization of the formal health system during pregnancy. This should serve as an entry point for programs designed to improve demand for MNH services.
- Participants presented a fairly positive picture related to the availability of services outside their community. This positive picture related both to the various types of services available as well as the quality of care available. The utilization of services outside the community appears to be popular for normal pregnancy and delivery. These findings are pertinent for messages that seek to promote local services.

4.3.5 Health seeking from skilled providers during current/last pregnancy, last delivery and last postpartum

Participants were asked to report their personal experiences of seeking care beyond the level of dai during pregnancy, delivery and postpartum.

Many (17 out of 24) women participants (predominantly of rural areas because only 2 among 6 urban women said that they availed such service) reported seeking **antenatal care** from a doctor or a hospital during current or last pregnancy. Very few (3 out of 24) women mentioned that they sought care for a complication during this period. Some (3 out of 7) husbands reported that their wives visited a hospital for ANC. Among the rest of husbands there was no mention of any personal experience in such situation. While all of the family members said that pregnant women among their household visited a doctor or a hospital for ANC. These visits ranged from fortnightly visits to only once in the period of pregnancy.

A woman who had live birth in Gehal said: "I used to visit the doctor in hospital after 15 to 30 days, I had all the record, used to get checked up and also weighing" *(Doctor ke pass hospital jatee rahee, har pandra din ya maheeney ke bad zaroor jatee rahee, mera to sara record tha, check up karwatee thee pata chalta tha wazn bhee kartey they)*

[11] Tawiz: amulet

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In Jabu Kassi a currently pregnant woman stated: "Yes I have taken the medicine prescribed by the doctor and have also got vaccinated" *(Jee han doctor ney kuch dawyee likh kar dee thee who meney lee hey or hifazatee teekey lagwaye hen)*

A husband of Shakrial stated: "For the current pregnancy, we went to Holy Family Hospital, got check up for everything and did all tests of her (wife) and also sought ultrasound" (Majooda bachey ke liye hum Holy family gaye they, wahan par doctor ko har cheez check karayee, us ke purey test karaye, ultra-sound bhee karwya)

According to woman participants, many (17 out of 24) **deliveries** were conducted by skilled providers such as by a doctor, in hospital or by a nurse. This trend is higher among rural women as only 2 out of 6 urban women stated this. Most (6 out of 7) family members reported deliveries in a hospital while only two husbands said that deliveries were conducted either by a doctor or in a hospital. Two among husbands mentioned availing the services of dai for delivery. Remaining husbands did not mention place of delivery.

Few (6 out of 24) women participants, some (3 out of 7) husbands and a family member reported seeking services from skilled providers for **postpartum** care and all were for complications such as for lower abdomen pain, check up after C section, allergy, backache, gastric trouble, constipation etc.

Those who sought services from dai (4 women and 2 husbands), preferred her care as:

- People do not have money to pay other providers
- Deliveries outside the community are not perceived to be appropriate by others
- Doctors performs operations unnecessarily, while dai handles such cases more appropriately
- They had faith in the dai's competence
- Perception that dai should be used for normal deliveries
- Other service providers are not available in the vicinity
- Fear of operation in the hospital

A currently pregnant woman in Gehal stated: "I am scared of hospital because they do operation" *(Mujhey hospital sey dar lagta hey kion ke hospital waley operation kar detey hen)*

A husband in Shakrial said: "I don't have enough resources that I should (take her) to the hospital that is why we (call) dai for delivery" *(Merey pass itney wasael naheen hen ke men kisee hospital men jaoon, is liye dai sey karwatey hen).*

In brief:

- Most women from rural areas (15 out of 18) and some of urban area (2 out of 6) are seeking care for ANC from skilled providers
- Similar to seeking skilled care during pregnancy, most women from rural areas (15 out of 18) had deliveries conducted by skilled providers as compared to some urban women
- Only few sought care from skilled providers for normal postpartum. This was relatively more higher in urban women (2 out of 6) as compared to rural women (4 out of 18)

4.3.6 Knowledge about maternal life threatening compli-

cations

Pregnancy: Many women (17 out of 24), several husbands and family members (4 out of 7 in each group) mentioned 1 to 3 conditions that could threaten the life of a pregnant woman, which are given in Table 4.5
As evident from the above table, the knowledge about life threatening conditions in pregnancy is low among women, and **bleeding** was the most commonly mentioned condition. A woman with live birth in Shakrial stated: "During pregnancy, if bleeding starts then it's a major problem, apart from this if she gets excessive vomiting, or gets lower abdominal pain then she could be in danger" *(Hamal ke doran khoon jaree ho jaey to bara masla ho jata hey is ke elawa ultian ziada ho jaen or agar pehley khoon par jaey or agar darden lag jaen pait ke nechley hisey men to khatra hota hey)*
The amount of bleeding considered abnormal also varied, for example a husband in Shakrial said: "Problem would occur if she has bled enough to fill a 16 kilogram canister" *(Masla us waqt ho ga jab 16 kilo ka teen full ho jata hay).* Hence, there is likely to be delay in taking action as the recognition of emergency situation is delayed.

Delivery: Several women (16 out of 24) and family members (4 out of 7) and some husbands (3 out of 7) mentioned 1 to 3 conditions that could threaten the life of a pregnant woman during childbirth, which are given in Table 4.6

The most commonly mentioned conditions were **retained placenta and bleeding.**

In Gehal, a currently pregnant woman stated: "Complication could arise during delivery like excessive bleeding, retained placenta, in (this situation) it is said that she could die, in case of prolonged pains, she should immediately be taken to the hospital because it is the question of her life and death" *(Zichgi ke doran*

Table 4.5: Knowledge of Life Threatening Conditions During Pregnancy Among Different Groups of Participants

Conditions	Women (24)	Husbands (7)	Family Members (7)	Total Participants (38)
Bleeding	7	1	3	11
Weakness	3	1	2	6
Malpositioning of the fetus	4	0	0	4
Body ache/headache	3	1	0	4
High blood pressure	3	0	0	3
Blood deficiency	2	0	1	3
Vomiting	2	0	0	2
Bursting of water bag	2	0	0	2
Stress	1	1	0	2
Illness	1	1	0	2
Abdominal pain	1	1	0	2
Swelling on face	1	0	0	1
Pain before time	1	0	0	1
Miscarriage	1	0	0	1
High fever	0	0	1	1
Don't know	3	0	0	3

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Table 4.6: Knowledge of Life Threatening Conditions During Delivery Among Different Groups of Participants				
Conditions	**Women (24)**	**Husbands (7)**	**Family Members (7)**	**Total Participants (38)**
Retained Placenta	10	0	1	11
Bleeding	8	0	2	10
Prolonged labor	2	0	3	5
Baby gets stuck	2	1	0	3
High or low BP	2	0	0	2
Vomiting	2	0	0	2
Blood deficiency	1	0	0	1
Unconsciousness	0	0	1	1
Mal positioning of fetus	0	0	1	1
Weakness	1	0	0	1
Excessive labor pains	0	1	0	1
No fetal movement	1	0	0	1
Weak baby	0	1	0	1
If blood needed but not available	0	1	0	1
Don't know	1	0	3	4

mushkil ho saktee hey, khoon ziada chal parey, har (placenta) jaldee na girey, dil pey char jaye to kehtey hen ke aurat mar saktee hey, kabhee kabhee dard hoon to aurat jaldee theek ho jatee hey liken agar der ho jaye to phir fata fat hospital pohanchana chaye ke us kee zindagee mot ka sawal hota hey)

Postpartum: Half of the women participants and several family members (4 out of 7) mentioned 1 - 3 complications of postpartum. **Bleeding** was the predominant sign that was mentioned as seen in Table 4.7. None of the husbands mentioned any life threatening condition during postpartum period.

In Jabu Kassi, a sister in law stating the complication of continued bleeding in postpartum said: "For woman in postpartum, the major problem is continued bleeding" *(Aurat ko chiley men sab sey bara masla ye hey ke us ko khoon jaree rahey)*

It could be concluded that:

- Knowledge of life threatening obstetric complications is limited.
- Though varied signs were mentioned by participants the knowledge of individual participants was very low, more so in husbands.
- Bleeding is the predominantly recognized sign for pregnancy and postpartum, while retained placenta for delivery.
- Postpartum appears to be a often neglected area. Fewer participants reported the need for skilled care during the postpartum and at the same time fewer individuals recalled danger signs during the postpartum period.

4.3.7 Actions taken during obstetric emergency

The trend for seeking emergency care during pregnancy, delivery and postpartum is very similar, hence dealt together. Most (20 out of 24) of the women participants mentioned seeking medical care from skilled provider as the first choice during an obstetric emergency. These participants stated that the

Table 3.5: Knowledge of Life Threatening Conditions During Pregnancy Among Different Groups of Participants

Conditions	Woman (24)	Husbands (8)	Family Members (8)	Total Participants (40)
Bleeding	12	1	4	17
High/Low blood pressure	7	0	1	8
Malpresentation	3	1	2	6
Deficiency of blood	3	2	0	5
Weakness	4	0	1	5
Miscarriage	1	3	1	5
No movement of fetus	4	0	1	5
Vomiting	4	0	0	4
Giddiness	4	0	0	4
Lower abdominal pain	3	0	1	4
Bursting of water bag	2	1	0	3
Sadness/sorrow	1	1	1	3
Fever	3	0	0	3
High sugar level	2	0	0	2
Insufficient diet/vitamins	0	2	0	2
Fits	1	0	1	2
Overdue delivery	1	0	0	1
Foul smelling discharge	1	0	0	1
Heart problem	1	0	0	1
Numbness of hands and feet	1	0	0	1
Jaundice	1	0	0	1
Don't know	0	1	0	1
No complications	1	1	0	2
No response	1	0	0	1

woman is taken either to a doctor or to a hospital. In Gehal a woman with live birth favoring hospitals stated: "At that time, she should be taken to the hospital because whatever steps are to be taken, will be taken there, people here are conscious of the fact that in such a situation she should be immediately taken to the hospital" *(Us waqt hospital le kar jaya jata hey ke jo bhee ho ga wahan hee hoga yahan ziada ye hey ke logoon ko buhat shaoor hey ke foran hospital chalye jatey hen asee surat men)*

Only one women said that they try home based remedies before going to the hospital or seeking care from a doctor.

Many (5 out of 7) husbands mentioned that in obstetric emergency the woman is taken either to a doctor or hospital as a first priority. All of the family members interviewed except one, who did not give any response expressed similar views that in pregnancy, delivery and postpartum, if any complication arises, the woman should be immediately taken to a doctor or a hospital.

In brief:

- In emergency help is reportedly mainly sought from the skilled providers (doctors/hospital), however, it is important to note that doctor, not necessarily hospital is the first choice for many participants.

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- Given the limited knowledge of danger signs and delayed recognition, as became evident by the quoted sentence of a husband above, it is not very clear that at what stage the complication is considered to be serious enough to take the woman to the doctor or hospital.

4.3.8 Assistance of husbands, family members, health care providers and community in emergency situations.

Husband: Many (17 out of 24) women stated that the husband plays an important role in emergency situations by taking the woman to the health facility or provider. In addition, several (15 out of 24) of them said that husbands make arrangement of money. Some (10 out of 24) said that husband could assist in this situation by cooperating with his wife, praying for and taking care of her. Very few (4 out of 24) participants reported on the role of the husband in arranging for transport and blood in case of an obstetric emergency. One said that the husband does not play any role.

Among husbands, discussing the assistance given by husbands only 3 participants provided responses, while others did not say anything. Among the responses, some (2 out of 7) said that he could arrange for money or take her to the hospital/doctor while only one mentioned the arrangement of transport by the husband. Among family members, more than half (4 out of 7) thought that husband could arrange for money while some (3 out of 7) opined that he could take his wife to doctor/hospital in this situation. Arrangement of transport and giving moral support was mentioned by one participant.

Family Members: Some (10 out of 24) women mentioned that family members can help through arrangement of money. Few (6 out of 24) thought that they could accompany the woman to the health facility. Very few (4 out of 24) opined

Table 4.7: Knowledge of Life Threatening Conditions During Postpartum Among Different Groups of Participants

Conditions	Women (24)	Husbands (7)	Family Members (7)	Total Participants (38)
Bleeding	7	0	1	8
Fever	3	0	0	3
Infection in stitches	2	0	0	2
High BP	1	0	0	1
Jaundice	1	0	0	1
Pain lower abdomen	1	0	0	1
Body ache	1	0	0	1
Thand [14]	0	0	1	1
Tetanus	0	0	1	1
Heatstroke	0	0	1	1
Excessive bleeding	0	1	0	1
Don't Know/No response	1	0	3	4
Not mentioned	5	5	0	10

[14] Thand: effect of cold

that arrangement of transport, taking her to the health provider in absence of husband, could pray for the safety of the mother, provide moral support in this situation. Other roles rarely identified were: help in household work, blood arrangement and medicine arrangement. Very few (4 out of 24) also pointed out that family members could not help in this regard.

Many (5 out of 7) of the husbands also emphasized the role of family members in arrangement of money. Others gave different responses which included accompanying to the health facility, arrangement of blood and transport and taking to the health facility or provider.

Among family members, some (2 out of 7) mentioned that relatives could assist through taking her to the health facility or provider and providing moral support. Others gave different responses including praying for the mother, sharing of household work and arranging blood.

Health Care Providers: More than half (14 out of 24) of the women and family members (4 out of 7) and some (3 out of 7) husbands mentioned provision of better care by health care providers through good medicines and treatment as their assistance. Few women (6 out of 24) said that they could give good advice about diet and where to go in case of complication. Very few (3 out of 24) women also mentioned that they should be available in time of emergency and could accompany to the other facility (in case of referral). Rarely, family members stated that these providers could assist through charging less money, while husbands mentioned their role in arrangement of blood.

Very few women (3 out of 24), some (3 out of 7) husbands and family members expressed that health care providers give no assistance at all.

Community: Some (9 out of 24) of the women participants stated that members of the community can provide monetary assistance or help through arrangement of transport. Few (5 out of 24) mentioned accompanying the woman to the facility. Very few (4 out of 24) participants also mentioned that they can take the women to the doctor or hospital in absence of her own family members. Only one said that community could help through arrangement of blood while rarely participants said that they do not know of any such role to be played by the community. Very few (4 out of 24) said that community does not help at all in such situations.

Arrangement of money was mentioned by more than half (4 out of 7) husbands and some (2 out of 7) of the family members as the assistance from community people. Some of the husbands and family members thought that community can assist in obstetric emergency through accompanying the women to the health facility or provider. Rarely roles defined for community by husbands and family members were arrangement of transport, blood, calling dai in absence of women's own family members and giving advice on where to go in case of such an emergency.

Some of husband participants said that no assistance is provided by the community.

On specific questioning, 6 cases of obstetric emergencies were recalled by the participants. In 2 of these, assistance was provided by the community in the form of arrangement of transport and taking the woman to the hospital/doctor.

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4.3.9 Conclusions

There is more positive maternal health seeking behavior in rural areas as compared to urban area, both at home and health services level. One apparent reason is that the participants in the urban area were poorer than those in the rural areas.

Overall, there appear to be no clear line of communication or demarcation of roles and responsibilities to tackle an obstetric emergency at the family or community level.
The fact that some of the participants pointed to the role of the community as a whole in arranging for finances bodes well for the establishment of community financial schemes.

The lack of clear understanding of the overall and comprehensive responsibilities of health care providers bears consideration. Specific interventions are needed to establish their roles and responsibilities and communicate the same to both the providers and the beneficiaries.

The Table 4.8 below summarizes the findings reported above.

Table 4.8: Key Factors Influencing Maternal Health Seeking Behavior

Facilitating Factors	Hindering Factors	Recommendations
■ Early recognition of pregnancy ■ Sharing of the news with the husband and family members ■ Effort to improve diet of pregnant women ■ Decreasing workload of pregnant women ■ Desire to seek ANC ■ Faith in LHWs for ANC ■ Effort to seek care from skill provider by some ■ Perceived quality of care ■ Some evidence of community support	■ High unmet need for family planning methods ■ Lack of knowledge about proper diet ■ Reliance on traditional beliefs about "*garam*" foods ■ Decreased intake of some foodstuffs during pregnancy ■ Low levels of access to TT as well as low perceived importance of TT ■ Lack of focus on postpartum care ■ Limited availability of skilled providers within community ■ Non availability of 24 hour-skilled care in some rural areas ■ Limited knowledge about warning signs of obstetric complications ■ Apparent delay in decision making to seek medical care (D1) ■ No clear lines of communication or designation of responsibility in case of obstetric emergency.	■ Link Maternal health with the Family Planning Program ■ MNH program should include a nutrition component based on National Curriculum for Nutrition ■ Focus on TT ■ Maternal health needs to be contextualized in terms of pregnancy, delivery and postpartum care. At this time the postpartum aspect is often neglected ■ Improve the knowledge about life threatening obstetric complications ■ Focus on designating roles and responsibilities at family and community level in obstetric emergencies ■ Explore the possibility of harnessing community support for establishing financial schemes

4.4 Current Health Seeking Behavior for Newborns and the Key Factors that Facilitate or Hinder these Health Seeking Practices

4.4.1 Perception of required health services for newborn

Check up from a skilled provider was the most commonly mentioned required health service for the newborn, and it was mentioned by most of the husband (6 out of 7), some family members (3 out of 7) but only few mothers (6 out of 24). They stated that check up of the newborn should be done so that s/he remains protected from illness, doesn't get weak and stays healthy. A husband in Jabu Kassi stating the need for a normal check up of the newborn said: "The doctor should be consulted (for the check up of the newborn), mother should be given good diet, it is important to consult a doctor so that the newborn does not become weak and if there is any illness, could get cured" *(Doctor ke pass jana chaye, ache khorak (mothers' diet) honee chaye, doctor ke pass is liye jana chaye ke bacha kamzoor na ho or agar koi bemari wagera ho to elaj kar dey or who theek ho jaye)*

A currently pregnant woman in Gehal said: "The newborn should be taken to the doctor to see if there is any illness" *(Check up key liye le kar jana chaye doctor ke pass ke kisi kism kee bemari to naheen hey usey)*

Some (9 out of 24) women and family members (2 out of 7) while very few (1 out of 7) husbands mentioned that the newborn should be **breastfed** and **vaccinated**.

In Shakrial, a currently pregnant woman gave her opinion: "First of all the (newborn) should be vaccinated and doctors say that within two hours, s/he should be fed mother's milk" *(Sab sey pehley hifaztee teekey lagwaney chayen or doctors batatey hen ke do ghantey ke under under ma ka dhoodh dena chaye)*

In Pind Nosheri, a woman who had live birth said: "For the newborn, mother's milk is very good; s/he could fall sick if buffalo, cow or goat milk is given to him and if it gets contaminated with dung while milking, that's why mother's milk is important for the health of the newborn" *(Bachey ko apnee ma ka dhoodh buhat acha hey, bhans, gaye ya bakkri ka dhoodh agar detee hoon to us men gobar kee cheenth par jaye dhoodh dohtey hovey to bachey kee sehat kharab ho gee is liye ma ka dhoodh sehat ke liye zaroori hey)*

The newborn should be taken to a skilled provider for check up in case of an **illness or complication** was stated by few (6 out of 24) women and one each husband and family member. A currently pregnant woman in Jabu Kassi said: "I take the newborn to the doctor if he starts suffering from fever *" Agar kabhee bachey ko bukhar wagera ho jaye to doctor ke pass le kar jatee hoon"*

Very few (4 out of 24) women and some (2 out of 7) family members said that newborn should be **protected from extremity of weather** and the same number of participants stressed on the need of taking care of mother's diet.

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Rarely, participants also mentioned that newborn should be **kept clean.**

4.4.2 Availability of services for newborn and their utilization

The health services available for newborn within the community beyond dai, as mentioned by the participants are given in Table 4.9. As evident, these are very limited.

Table 4.9: Available Health Services for Newborn in the Sampled areas

Shakrial (urban)	Pind Nosheri (rural)	Gehal (rural)	Jabu Kassi (rural)
■ LHW ■ Paramedics ■ Dispensary	■ LHW ■ Lady doctor	■ LHW	■ LHW ■ Doctor

In all areas, the services of LHWs are available and are being utilized for vaccination and minor illnesses. In Jabu Kassi a currently pregnant woman stated: "We take medicine from the health worker and she visits the house to give medicine for cough or fever" *(Health Worker sey dawa letey hen, wo ghar par dey kar jatee hey, khansi ya bukhar ho to dawa detee hey)*

Another woman in Shakrial praising her services said: "She visits every household and gives us medicine in case of any illness, (her) medicine provides comfort" *(Wo to ghar ghar atee hey, koi bemaree ho jaye to wo dawayee dey jatee hey, us sey araam aa jata hey)*

Private doctors were present in two areas i.e. Pind Nosheri and Jabu Kassi. In Shakrial, availability of dai, paramedic and dispensary was identified.

Several of the participants said that since there are no particular health facilities for newborn in their areas, they prefer to go outside the community for such services. A husband in Gehal stated: "There is no facility in our community, there is only the lady health worker who occasionally visits and there is no particular facility for newborn health" *(Humarey elakey men naheen hey koi sahulat, lady health worker majood hey jo kabhee kabhee chakar laga letee hey, naye paida honey waley bachey kee sehat ke liye koi khas sahulat mojood naheen)*

A woman with live birth in Pind Nosheri said: "Doctors and hospitals are only available outside the community and these facilities are visited when the newborns fall sick" *(Elakey sey baher hee doctor or hospital hen, bachey bemar hoon to un ke pass hee le kar jatey hen)*

Participants from all areas mentioned that services outside their community are accessible to them. The services mentioned are given in Table 4.10

Three major reasons were mentioned for seeking care from outside the community:

- inadequate services in their community
- the good quality of care being provided by facilities outside the community
- availability of allied services

A woman with live birth in Jabu Kassi stated: "(Women) usually go to Qamar Hospital in Gujar Khan, there, medicine is provided in good quantity and since there is no facility here, (people) have to go there in case of complication because of available facilities and good check up" *(Gujar Khan Qamar hospital hey, wahan hee ziada jatey hen, wahan par dawayee wagera ziada detey hen, yahan par asee koi sahulat naheen, ziada takleef men waheen jana parta hey wahan saree sahulten hen saheeh check kartey hen)*

Another woman who was pregnant said: "Outside the community Holy Family and Complex hospitals are located, in case of deficiency of blood (in the new-born), s/he is taken to these hospitals because all facilities and every type of tests are available there" *(Shehr sey baher Holy family ya Complex majood hey, agar khoon kee kamee ho jaye to in hospitals men le jatey hen, yahan par sab sahulten majood hen or hark ism ke test kee sahulat majood hey)*

A sister-in-law in Jabu Kassi stated: "In Gujar Khan, every type of facility like doctor and medicine is available and women go there because of this reason" *(Bus Gujar khan men to har sahulat majood hey to aurten waheen le kar jatee hen, har sahulat hey dawayee kee, doctor kee, is liye jatee hen)*
Very few participants mentioned that seeking healthcare from outside the community is expensive and these facilities are quite far away. Hence only those who can afford them avail these services.

A husband in Gehal said: "Now there are enough facilities but these are of private hospitals and for that money is required, but in public hospitals one only gets pushed away, and do we have the resources to reach private hospital" *(Ab sahuliyat kafi hen liken who private hospitals kee hen or us ke liye paisey ka hona zaroori hey, sarkaree hospital men to dhakey hee khaney partey hen, humaree puhnch to private hospital tak naheen hey)*

In Pind Nosheri, a woman who was pregnant said: "(The health facilities) are there in Taxila but these are far and Taxila is out of reach" *(Taxila men hen, magar door hen, Taxila puhnch men naheen hey).* While another pregnant woman in Jabu Kassi stated: "There are private doctors and hospitals but in this

Table 4.10: Available Health Services for Newborn Outside the Sampled Areas

Shakrial (urban)	Pind Nosheri (rural)	Gehal (rural)	Jabu Kassi (rural)
■ Poly Clinic (FGSH) Islamabad ■ PIMS Islamabad ■ Holy Family Hospital Rawalpindi ■ General Hospital Rawalpindi	■ Health Facilities in Taxila ■ Health facilities in Wah ■ Health facilities in Sangjani ■ Health facilities in Rawalpindi	■ Civil Hospital Murree ■ CMH[15] Murree ■ Golehra Gali Hospital* ■ Specialist doctor ■ Dispensary Dhanda ■ New Murree* Hospital ■ Private doctors ■ CMH Rawalpindi	■ BHU Jand Mahlu ■ Civil Hospital Gujar Khan ■ Private doctors/ child specialists in Gujar Khan ■ Facilities in Rawalpindi ■ Health Facilities in Sohawa

*Do not know whether it is a BHU, hospital or private facility

[15] CMH: Combined Military Hospital

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village there is no one with enough income to seek care from a private provider" *(Private doctors hen, hospitals hen, gaoon men kisee kee itnee amdanee naheen hey ke who baher private ko dekha sakey)*

Discussing personal experiences, many (18 out of 24) women and more than half of the (4 out of 7) husbands reported that they have sought health services for the newborn from a doctor/hospital. Almost all of them visited a doctor for seeking treatment of an illness/complication. The problems for which health care was sought from the doctors for the newborn include fever, diarrhea, pneumonia, infant not taking feed, skin allergy, eye problem and slow heart beat.

The reliance on LHWs for neonatal health care is important to keep in mind. It appears that the LHWs are playing some limited role during for neonatal health.

4.4.3 Steps to ensure the health of the newborn

Almost all participants mentioned several specific steps to ensure the health of the newborn.

Many (5 out of 7) family members, few (6 out of 24) women and husbands (2 out of 7) mentioned **protection from severity of weather, breastfeeding**, and taking care of **mother's diet.**

Very few participants in all the three groups also mentioned **vaccination, cleanliness and seeking care from a skilled provider in case of an illness.**

Rarely, mentioned steps by participants included check up from a skilled provider, exposing to sunlight (for jaundice), *Dum*[16] and home treatment.
A mother in law in Shakrial stated: "The newborn will remain healthy if the mother's diet is taken care of because (the mother's diet) produces milk, that's why we took lot of care of the mother and that's why the newborn is healthy, we kept her/him warm and did not take the infant outside (in the cold) lest he falls sick" *(Bachey ke liye ma kee khorak ka khayal rakhen to bacha bhee sehatmand rehta hey kion ke is sey dhoodh banta hey, is liye hum ney ma ka khoob khayal rakha is liye bacha bhee sehat mand hey mashallah, or bachey ko garam rakha usey baher thand men naheen nikala ke bemar na ho jaye)*

A woman with live birth in Pind Nosheri stated: "For newborn health, clothes should be kept clean, s/he should be given a bath, her/his weight should be regularly checked, s/he should be breastfed and vaccinated" *(Chotey bachey kee sehat ke liye kaprey saf rakhney chayen, nehlana chaye, wazan karatey rehna chaye, ma ka dhoodh pilana chaye or paidaish ke teekey lagwaney chaye)*

4.4.4 Knowledge About Life Threatening Conditions in Newborn

Several (16 out of 24) women and family members (4 out of 7) identified the conditions. The conditions identified are given in Table 4.11. Only two of the husbands reported that they did not know about any life threatening condition among newborns while the remaining husbands did not provide any responses. Conditions identified by an individual participant ranged from 1 to 5.

[15] Dum: Verses from Holy Quran are read and then the breath air is blown over the newborn

Table 4.11: Knowledge About Life Threatening Complications in Newborn

Conditions	Women (24)	Husbands (7)	Family Members (7)	Total (38)
Cold/cough/Pneumonia/*thand*	5	0	2	7
High fever	6	0	1	7
Difficulty in breathing	4	0	1	5
Not taking feed	5	0	0	5
Vomiting	2	0	1	3
Diarrhea	2	0	1	3
Does not cry	2	0	1	3
Jaundice	2	0	1	3
Getting scared	0	0	1	1
Abdominal pain	1	0	0	1
Sleeplessness	1	0	0	1
Lethargic	1	0	0	1
Dehydration	1	0	0	1
Don't know	0	2	0	2
Not mentioned	5	5	0	10

In Pind Nosheri a currently pregnant woman stated: "The problem signs in the newborn) are identified if the infant vomits, gets diarrhea and cries a lot" *(Bachey ka to is tarha pata chalta hey ke ultee ho jaye, dast lag jayen, bacha ziada rota hey)*

It could be concluded that the knowledge of life threatening conditions is poor among women as only 5 of them mentioned pneumonia and two referred to diarrhea - the two major killer diseases among infants. The knowledge is almost non-existent among husbands.

4.4.5 Actions taken for threat to life of Newborn

Most (20 out of 24) of the women mentioned that they prefer to take the newborn to a doctor or hospital in life threatening situation. Very few stated mentioned (4 out of 24) desi *ilaj*[17] (home remedies) as an initial effort to treat the illness at home but if the condition aggravates then the medical care is sought. These home-based remedies included *Dum, Tawiz*[18], oil massage, green tea and boiled egg.

In Jabu Kassi a woman with live birth stating her preference for doctor in case of newborn emergency said: "The newborn is immediately (taken to) a doctor, the children are not born easily, therefore they are to be taken care of, they are dear to everyone" *(Naye bachey ko to foran doctor ko dikhatey hen, bachey aasanee sey to thori paida hotey hen, un ka to khayal rakhna parta hey, barey piarey hotey who sab ko)*

In Shakrial a currently pregnant woman said: "First of all (we) use Dum and then

[17] Desi ilaj: home remedies
[18] Tawiz: amulet

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consult doctor, go to Complex (hospital) or seek care from a nearby doctor" *(Sab sey pehley to dum wagera kartey hen phir doctor sey mashwara letey hen, complex jatey hen ya koi kareebee doctor ko dekhatey hen)*

Among husbands, many (5 out of 8) mentioned that in a life-threatening situation the newborn is taken to a doctor or hospital. Almost all except one, family members also stated that the newborn is taken to a doctor or hospital in case of such an emergency.

Only two cases of emergency of newborn were recalled by the participants and the assistance was provided by the community in one of the cases. This assistance took the form of arrangement of transport.

4.4.6 Conclusion:

- Majority of husbands and few women believe that the check up of an apparently normal newborn should be done by a skilled provider.
- Available formal health services for newborn within the community are limited or not available.
- Many had experience of seeking care from outside the community for some illness or complication in the newborn.
- Knowledge about life threatening conditions is very limited, especially among husbands.

Table 4.12: Key Factors Facilitating or Hindering Newborn Health

Facilitating Factors	Hindering Factors	Recommendations
■ Early seeking of treatment on appearance of symptoms ■ Desire to seek treatment from skilled providers ■ Accessible services outside community ■ Reliance on formal health care system ■ Perception that normal neonates require check-up from skilled providers	■ Very low knowledge about life threatening conditions of newborn specifically among husbands ■ Limited availability of skilled providers in within the community ■ Non Availability of 24-hour skilled care in some rural areas ■ Reliance on home remedies as a first line of defense in case of illness among neonates	■ Work on improving the availability of health care providers in the rural areas ■ Provide information about warning signs in newborn ■ Focus on improving services of LHWs, especially for the newborns

4.5 Current Birth Preparedness and Complications Readiness Behaviors and the Key Facilitating or Hindering Factors

4.5.1 Preparations made for birth by woman, husband and family members

Spousal Communication: A very clear trend is seen about spousal communication and discussions with other family members regarding birth preparedness. Many (17 out of 24) women and most (6 out of 7) husbands mentioned that they discussed issues related to delivery with their spouses. In order of frequency of responses, these include place where delivery should take place, amount of money required, who will accompany the woman, who will give blood, where to go in case of complications, transportation arrangements, room arrangement (if delivery takes place at home), and clothes and bedding preparation.

In Pind Nosheri a woman with live birth said: "I had discussed with my husband and had thought of everything that the delivery will be conducted by the doctor, (we had) arranged money that if a need arises, it could be used and had also arranged for driver and transport" *(Menye apney khawand sey baat kee thee or sab kuch socha hova tha ke bacha doctor ke pass ho ga, pehley sey paisey alahda kar ke rakhey hovey they ke agar zaroorat pare to kam ayengey, garee waley or garee ka intizam kia hova tha)*

Some (7 out of 24) women and a husband said that they did not discuss these issues with their spouses. In Pind Nosheri a currently pregnant woman while describing this said: "(We) did not discuss anything, will see to it when the time comes" *(Koi naheen kee bat cheet, kia baat Karen gey jab waqt aye ga to dekhen gey")*

As evident from the above sentences of the participants, some preparations for birth and complication readiness are taking place in this district.

Many (17 out of 24) of the women, more than half (4 out of 7) husbands and family members mentioned **money arrangements** as the primary preparation. The amount mentioned ranged from Rs. 3000 to Rs. 20,000, with most mentioning from Rs. 3000 to Rs. 5,000. This indicates that the amount being collected is enough to meet the expenses of delivery by a skilled provider or take care of complications. Two of the (one woman and a husband) participants mentioned that higher amounts are arranged if it is known earlier that the delivery will have to be conducted in a hospital. As part of preparation, husband makes monetary arrangements mainly through savings.

In Shakrial, a currently pregnant woman said: "Preparation should be done before (delivery), money should be there so that whenever time comes (of delivery) there is no hindrance" *(Pehley sey tiayari karnee chaye, rupey paisey rakh leney chayen ke jab waqt aa jaye to rukawat na ho)*

Half of the women participants stated that the decision for the **place of delivery** is done in advance. The preferred choice was doctor/hospital for the major-

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ity of women. For one, the choice mentioned was home for the expected normal delivery and dai was informed in advance.

In Gehal, a woman with live birth said: "The husband makes arrangements for taking (the woman) to hospital in case of complication, (decides) which hospital to go, take care of the necessary paper work (registration etc)" *(Banda hospital ka intizam karta hey ke agar ziada takleef ho to hospitakl jana hey, kon sey hospital jana hey, us ke kagaz banwaney hen, ye intizam kartey hen).*

Many (17 out of 24) women, more than half (4 out of 7) husbands and some (2 out of 7) of family members reported that necessary **clothes and bedding** are prepared for the infant and few also mentioned these for the mother.

Acquisition of food items *(desi ghee, chicken, eggs, sund[19])* for feeding the mother and the baby after delivery was mentioned by some (7 out of 24) women, family members (3 out of 7) and husbands (2 out of 7).

More than half (4 out of 7) husbands, some (2 out of 7) family members and rarely (2 out of 24) women participants mentioned that **arrangements for transport** are made in advance. These arrangements include: keeping the phone number of the transporter and identifying car rental service (used exclusively for this purpose).

A husband in Jabu Kassi stated: "First of all, we arrange for money, then arrange transport especially if the delivery is to take place in the city (outside the community)" *(Hum sab sey pehley paisoon ka intizam kartey hen phir gari ka bandobast kartey hen khas tor par agar delivery shehr meney sey karanee ho to)*

Very few women (3 out of 24) and more than half (4 out of 7) husbands mentioned **antenatal care** as a preparation for birth.

In Shakrial, a currently pregnant woman said: "My family takes care of me in every aspect, they ask me to take rest, take medicine on time, eat fruit and visit for regular monthly check up" *(Merey ghar waley har tarha ka khyal rakhtey hen, kehtey hen araam karo, dawayen lo time par fruit khao or har mah check up karwao)*

Very few women (4 out of 24), some (3 out of 7) family members and husbands mentioned prior discussions about **arrangement of blood**. These arrangements included identification of donors such as close relatives, husbands and friends; and also plan to purchase blood and who will buy blood if needed in an emergency.

A husband in Shakrial stated: "we had made arrangement in case of need for blood and (had thought) that in case it is needed then I myself, my brother or uncle will donate blood" *(Khoon kee bhee zaroorat ho to us ka bhee intizam kia tha, ke agar zaroorat paree to men, bhai ya chacha dey den gey)*

Measures taken for improving the **diet** and changes in the **daily routine** are implemented so that the woman remains healthy during pregnancy and in the postpartum period as part of birth preparedness practices. Details regarding diet and changes in daily routine have been discussed earlier.

A woman with live birth in Pind Nosheri stated: "From the 2nd month to 9th

[19] Sund: A paste of dried ginger

month of pregnancy, our elders emphasize (on the need to have) good diet and (insist) to eat more and say that you will suffer if you do not improve your diet" *(Humarey buzurg jab do mah ka hamal ho jaye to tab sey le kar no mah tak khaney or khorak par zor detey hen ke ziada khao, agar ache khorak na khao gee to nuksan khud uthao gee)*

Few women (6 out of 24), more than half (4 out of 7) husbands and some (2 out of 7) family members mentioned that they **seek assistance from relatives**. Specific individuals (sister, sister-in-law, mother-in-law, mother, friends) are informed in advance that they will have to accompany the woman at the time of delivery or emergency.

Many (17 out of 24) women, some (2 out 7) husbands and many (5 out of 7) family members mentioned that **service providers** helped them in preparation for birth or complication readiness by providing good care and advice during pregnancy. The advice provided by them included guidance for diet and rest and where to go in case an operation is needed; supplements like iron, calcium; prior information for operation. Besides LHW, several of these providers were skilled providers. Rarely mentioned help was charging less fee, accompanying to the hospital and timely availability of the provider. Some participants (16 out of 38) expressed the opinion that service providers do not provide any help whatsoever.

It can be concluded that discussions about BPCR between wife and husband and with other family members is fairly good. The activities taking place are collection of money, preparation of clothes and bedding for the infant, selection of place of delivery, arrangement of transport, ANC and some improvements in diet, and blood arrangement.

The money being collected is mostly enough to meet the expenses of delivery by a skilled provider or meet expenditures for complications. Some of this might have to do with the fact that the rural participants in this specific sample appear to be relatively well off. Usually urban residence is associated with greater access to and hence utilization of skilled services but in this particular sample that is not the case. It is evident that the crucial factor for seeking appropriate skilled care for maternal health needs is not associated with residence (urban vs. rural) but instead is a function of socio-economic status.

4.5.2 Hindrances in BPCR

Most of the women, family members and husbands pointed out hindrances in BPCR, both for mother and newborn. Several (16 out of 24) women and many (5 out of 7) family members and more than half (4 out of 7) husbands mentioned **money**, as the major hindering factor in undertaking BPCR practices. However, participants rarely gave examples of desired actions in case they did have the money, such as consulting a doctor in case of a complication.

A currently pregnant woman in Jabu Kassi said: "For preparations in pregnancy, delivery, emergency for pregnant woman and for the care of the newborn, for everything money is important and nothing else" *(Hamal kee tiayri, ziichgee, hamal walee aurat kee emergency, naye bachey kee dekh bhal, har kam men paisa zaroori hota hey, is ke elawa kuch naheen)*

Some (7 out of 24) women, family members (3 out of 7) and many (5 out of 7) husbands mentioned the non-availability of **transport** in their area or at the time of emergency, as a major hurdle in dealing with the maternal or newborn emergency.

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A husband in Jabu Kassi said: "In these preparations, hindrances are like non availability of money and the transport at the time of need. Traffic rush could also be a problem for pregnant woman" *(In tiayarion men yehee rukawat hotee hey ke paisa na miley, garee moka par na ho to pareshani hotee hey, hamal walee aurat ke liye traffic bhee ek masla hey)*

Few (5 out of 24) women and one husband and a family member expressed **that living in a nuclear family** becomes a hurdle in making appropriate preparations. According to them, it is difficult to take the woman to doctor/hospital at the time of emergency, assist the woman in delivery and manage the household during her absence without the support of other family members.
In Shakrial, a woman with live birth stated: "If there is no body at home (living alone) then it could be a big problem, if there is no one to attend to the children, no body to take care of the household then in pregnancy there is no time to rest, (that's why) it could be a big problem if there is no joint family" *(Ghar men koi naheen hota to buhat masla hota hey, bachoon ko sambhalney wala koi naheen hota, dekh bhal karney wala koi naheen hota or hamal men araam karney ka waqt naheen milta, agar khandan akatha naheen hey to buhat mushkil hey)*

Very few (4 out of 24) women and some (2 out of 7) family members referred to **non-cooperative attitude of husbands and family members** as a hurdle in preparations.

Some (2 out of 7) husbands and 2 women mentioned **non availability of the service provider** at the facilities/non availability of facility itself as a significant hindrance.

Two women mentioned that distance from the closest health facility as a hindering factor.

Rarely, participants indicated that bad roads, too much household work, and lack of knowledge as hindering factors.

4.5.3 Conclusions for BPCR:

The conclusions with recommendations are presented in Table 4.13

Table 4.13: Conclusions About BPCR and Recommendations

Facilitating Factors	Hindering Factors	Recommendations
■ Discussions among husband and wife and family members about birth preparation. ■ Collection of money for delivery and complications ■ Decision making for place of delivery and attending provider ■ Some efforts to make arrangement for transport ■ Support from family members ■ Good care in pregnancy by service providers	■ Not enough money ■ Non availability of transport ■ Prior arrangements for blood by few ■ Living in nuclear family ■ Non cooperative attitude of husbands ■ Distance from facilities ■ Providers absence from facilities	■ Consider schemes related to making transport available at community level ■ Introduce innovative messages and materials that address the real and perceived issues related to the lack of money as a hindrance to BPCR ■ Need to have roles and responsibilities of actions to take in an emergency clearly laid out

4.6 Religious and Cultural Practices Surrounding Maternal and Neonatal Health

4.6.1 Religious/cultural ceremonies

Religious/cultural ceremonies and taboos during pregnancy: All the women participants mentioned that no cultural ceremonies are performed during pregnancy. Few (5 out of 24) women said that religious ceremonies are held including *Khatum* of *Surah Yasin*[20] (recitation of *Surah*[21] by a group of women) and *Niaz Pakana*[22] (cooking food and distributing it among relatives, neighbors and poor with the intention of getting blessings of saints). Most of the women (19 out of 24) said that various Surah of the Holy Quran are recited during the period of pregnancy. These included *Surah Yasin, Surah Marium, Surah Yousuf, Surah Rahman, Surah Quresh, Ayatul Kursi, Durood*[23] *e Muqadus, Surah Nass, Surah Muzzamil, Surah Kosar, Surah Jumma, last Surah of Holy Quran, Durood Sharif and Kalima* and also complete Quran. All *Surah* except *Sura Yousuf* are recited for facilitation in delivery while *Surah Yousuf* is read to have a beautiful infant and *Surah Yasin* is recited for avoiding miscarriage and health of the fetus.

A currently pregnant woman in Jabu Kassi said: *"Surah Marium* and *Yasin* are recited so as to have facilitation (in delivery) and for the safety of mother and the fetus" *(Surah Marium parhtey hen, Surah yasin parhtey hen takey mushkil men asaani ho or ma or bacha theek rahen)*

Few (5 out of 24) women mentioned that they say their prayers regularly so that Almighty bless them and help them out of the difficulty. Rarely mentioned actions by women included distribute alms among needy, visiting a shrine on every Thursday and offering *Sadqa*[24].

Almost all of the husbands and family members stated that no cultural ceremonies are performed during pregnancy except one husband who stated that parents visit the house of the women and bring new clothes for her in this period. Three husbands mentioned *Khatum*[25] of Holy Quran as religious ceremony during pregnancy though one of them and more than half of the family members pointed out that Surah (verses) from the Holy Quran are recited. These included *Surah Marium, Surah Yasin, Surah Koser, Darood Sharif, Darood Taj and Ayatul Kursi.* Almost all of these husbands and family members said that these Surah are recited for facilitation in delivery and the safety of mother and the fetus. Two husbands mentioned offering *Sadqa* in pregnancy to save from problems and safety of the mother and fetus.

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[20] Khatum of Surah Yasin: recitation of Surah by a group of women
[21] Surah from Quran: chapters from Quran
[22] Niaz pakana: cooking food
[23] Durood: recitation of specific holy verses
[24] Sadqa: A religious act of giving away money or sacrificing an animal and giving away to the needy to protect from evil effects or to get rid of them.
[25] Khatum of Holy Quran: An occasion when a group of women or men gather to read different chapters of the Holy Quran and the reading of the entire Holy Quran is completed in one sitting.

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Several taboos were mentioned by the participants during the discussions, which included persons, places and **occasions** that pregnant women should strictly avoid. Some (11 out of 24) women mentioned occasions that should be avoided and these were funerals and weddings. Few women (6 out of 24) specified **persons** that should be avoided by the pregnant woman. These included postpartum women, women who have had a miscarriage, women who have had stillbirths, women with *Saya*[26], women wearing amulets, women infamous for their *Nazar* (evil eye) and non family males (in later months of pregnancy when belly is protruding). Very few (4 out of 24) women pointed out various **places** that should not be visited during pregnancy, which included haunted places, under or near trees and hilly areas. The reason for applying all these inhibitions is that they have bad effect on fetus and could lead to its death.

Several husbands also mentioned **places**, which should not be visited including graveyard at night, traveling over long distances, hilly areas and crowded places because these could negatively affect the fetus. **Persons** to be avoided by a pregnant woman as mentioned by husbands included women who have had a miscarriage and people who are not well wishers. **Occasions** not to be attended by pregnant women as stated by husbands include funerals and weddings the reasons quoted were women with big belly should not be exposed to everyone, women and fetus could get *Parchawan*[27] *and Saya* (effected by evil spirits) that could lead to illness.

Most of the family members also mentioned the need to avoid the persons listed above, most also mentioned the two occasions and few gave similar responses about the places to be avoided. A mother-in-law of Shakrial said: "We have heard that several women do not visit funerals lest they fall victim to anything, they say that the women should not meet such other women who had dead babies because it is feared that this could affect the fetus and it could die" *(Suna hey ke kai aurten fotgee wagera par nahen jateen ke khuda na khawsta kuch ho na jaye kehtey hen ke in aurten sey na milen jin ka bacha fot hova ho kion ke is sey bachey par asar parta hey, us ke zaya honey ka dar hota hey)*

Few (5 out of 24) women participants did not harbor any of these beliefs.

Around the time of delivery: Only one woman participant mentioned a cultural practice of use of"marium ki buti", a closed flower obtained from Saudi Arabia, which is kept in water when the labor pains start. It is believed that the duration of labor depends on the blossoming time of the flower. None of the participants mentioned any religious practice around the time of delivery. Only one husband mentioned that they pray at the time of delivery for safety of mother and child to be born.

In postpartum: Many (18 out of 24) women, family members (5 out of 7) and some (2 out of 7) husbands also identified places, occasions and persons that should be avoided by a woman during the postpartum period. These were similar to those mentioned for pregnancy except three which included forbidding women to go outside the house, visiting a shrine and not leaving the woman alone during postpartum period. It was stated that such inhibitions save the mother and infant from *Dar*[28] (fear), mother's milk drying up and overpowering by Jinn[29].

[26] Saya: effect of evil spirit
[27] Parchawan: effect of evil spirits
[28] Dar: fear
[29] Jinn: A spirit able to appear in human or animal forms and to possess humans

In Shakrial a husband stated: "The woman is forbidden to visit a home where a death has occurred and say that if she visits such a house, she will get Parchawan which (symbolizes) different illnesses to the extent that her fetus could die, there is a fear of mother's milk drying up, they are forbidden to visit shrines because a woman is not (considered) clean during this period and she is also forbidden to visit crowded places" *(Ek to kisee ghar matum ho jaye to wahan aurat ko naheen janey detey, kehtey hen matum waley ghar jaye gee to us ko parshawan par jaye ga, parshawan kayee kismoon kee bemaree hotee hey, bacha sookh jata hey, ma ke dhoodh ke sukhney ka khatra hota hey, darbar par naheen ja saktey kion ke who pak naheen hotee jahan rush ho wahan bhee janey naheen detey)*

Some (9 out of 24) women, one husband and a family member mentioned calling *Azan*[30] in the ears of the newborn immediately after birth. This activity is religiously followed for every infant by all Muslim families, but was not mentioned by many participants as it is considered a religious duty rather than a ceremony. Some (7 out of 24) women and only one family member specifically mentioned that they celebrate *Aqiqa*[31] (christening ceremony). On this day relatives are invited, head of the newborn is shaven, a name is given to the newborn, prayer session is held and sweets are distributed (few said that they also use the occasion for circumsion and bathing of mother and the infant). A currently pregnant woman in Jabu Kassi said: "*Aqiqa* of the baby is held after seven days, (in which) the infant is given a name, her/his head is shaven and mother is given bath" *(Bachey ka aqiqa kartey hen sat din ke bad' nam rakhtey hen, us ke bal katwatey hen or ma ko nahlatey hen)*

Few (5 out of 24) of the women said that they hold the ceremony of "*Taman*[32]" in which on third day, mother is given bath and sweets are distributed. Some (7 out of 24) of the women, (3 out of 7) husbands and family members (3 out of 7) mentioned that they distribute sweets. Two of the women mentioned fireworks at this time to celebrate the birth. Rarely mentioned ceremonies by husbands included distributing clothes among servants and dai, Khatum of Holy Quran, fulfilling the *mannat*[33] (vow) besides two women also mentioned circumcision.

Some (14 out of 38) participants mentioned that **celebrations are more common if the newborn is a male**. A husband in Pind Nosheri stated: "The birth of a boy and a girl are celebrated differently because the boy is considered to be a sign of good luck but the girl becomes a burden and also the boy earns for his parents but on the other hand, parents have to spend on the girl" *(Bachey or bachee kee paidaish ke waqt rasmun men faraq kia jata hey kion ke bachey ko khushkismati kee alamat samjha jata hey jab ke bachee wabale jan ban jatee hey wasey bhee bacha ma bap ke liye paisey kamata hey jab ke bachee par kharach karma parta hey)*
A mother-in-law of Jabu Kassi said: "(The birth of) a boy is celebrated more because he is going to be the heir and a support to his father on the other hand the girl belongs to another house (the house where she will go after her marriage), if parents die then the girl will not pray for them, (that's why) for the birth of a boy the food is cooked in large quantity as compared to the birth of a girl" *(Larkey kee khushi ziada kartey hen kion ke us ney jaedad ka malik banana hey*

[30] Azan: call for the payers made from the mosque five times in a day
[31] Aqiqa: christening ceremony
[32] Taman: a ceremony in which on third day of childbirth, mother is given bath and sweets are distributed
[33] Mannat: vow

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or bap ka sahara banan hey jab ke larkee paraye ghar kee hotee hey, ma bap agar mar jaen to larkee ney kon sa aeesal e sab puhanchana hey, larkey kee dhaee kil karahee banatey hen or larkee kee sawa kil karahee banatey hen)

In summary, while there are few reported cultural and religious practices - the recitation of specific verses from Holy Quran that correspond to specific times during the pregnancy and delivery appear to be popular. Women are also encouraged to avoid certain people, places and occasions, some of which has important program connotations. This underscores the need for using mass media where available and/or relying on individual interpersonal communication. At the same time the clear gender differentials pointed out by participants points to the need for gender based programming.

4.6.2 Preferred and forbidden food items for breastfeeding mothers

Milk is the predominantly **preferred food** for mothers and was mentioned by 22 out of 38 participants. This was followed by meat, fruit (apple, banana, grapes), desi ghee, liquids (water, watery soup, starched water), vegetables, *choori*[34], easy to digest food and tea. The stated reasons were that these foods increase the milk of the mother (milk, *lassi, kheer*[35], tea, meat, yoghurt, eggs, vegetables, juice, chicken, *halwa*[36]) and gives strength to the mother.

Forbidden foods included chilies/spicy foods, foods believed to be *difficult to digest* such as pulses, rice, *roti; garam* foods like *pakorey; cold foods*[37] like radish, oranges; pulses, sour foods like pickle; rice, meat; vegetables like spinach; half cooked food; roti; fruits like banana, guava and yoghurt. These are given in Table 4.15.

Chillies/spicy foods are forbidden because these could cause diarrhea or abdominal pain; *Garam* food were stated to cause jaundice; *difficult to digest* foods are forbidden as they give abdominal pain or diarrhea to the newborn who is being breastfed. *Cold* foods are forbidden, as they are believed to cause cold and cough in the newborn

4.6.3 Precautions taken during postpartum to ensure safety of mother and newborn

Some precautions were mentioned by the participants:

- Some (7 out of 24) women and (2 out of 7) husbands and several (4 out of 70 family members stated that mother should be given good diet during the postpartum period.
- Some (11 out of 24) of the women and only one husband stated that the mother and the newborn should not go outside of the house during postpartum period to avoid evil eye and saya *(evil spirits)*
- Some (8 out of 24) women and many (5 out of 7) husbands mentioned that mother and newborn should be protected from severity of weather
- Some (7 out of 24) of the women, one husband and one of the family members said that mother and newborn should never be left alone during post-

[34] Choori: roti soaked in clarified butter
[35] Kheer: dish of sweet rice or maize pudding prepared in milk
[36] Halwa: a sweet dish made of semolina, clarified butter and nuts
[37] Cold foods: foods that are believed to have cold effects in the body

partum period, as both could be overpowered by evil spirits

- Some (8 out of 24) women and one of the husbands said that mother should place an iron instrument like a knife, nail cutter, safety pin, keys, a match box beside her to keep the evil spirits away, and also to ensure that she and the newborn do not get scared
- Very few (4 out of 24) women, some (3 out of 7) husbands and a family member were of the opinion that mother should not undertake heavy household work and take rest during the postpartum period
- Very few (3 out of 24) women and one husband said that cleanliness of the mother and newborn should be maintained
- Some (3 out of 7) husbands mentioned that the mother or newborn should be taken to a doctor for check up
- Two women and a husband said that the mother should not do any work involving cold water

A woman with live birth in Jabu Kassi said: "They (mother & newborn) should wear warm clothes and they should stay protected from cold, it is forbidden for them to go outside the house because they could fall victim to Saya of scary things and for this protection, somebody keeps on sitting with the mother and the newborn" *(Garam kaprey pehnayen, un ko thand na lagey or kehtey hen ke baher na jaen, baher jaen to draoneyn cheezon ka saya ho jata hey or is ke liye ek banda rakhwalee ke liye pass betha rahta hey)*

A currently pregnant woman in Pind Nosheri said: "For safety people place iron beneath the head rest so that the mother and newborn may not get scared if they are alone, iron keeps scary things [evil spirit] away" *(Hifazat ke liye log ye kartey hen ke loha rakh detey hen sarhaney pey ke under banda naheen hota ya akela hota hey to dar na jaye, lohey sey ye cheezen kam atee hen).*

Table 4.14: Preferred Foods and Number of Participants Who Mentioned it

	Number of Participants Who Specified Different Preferred Foods																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Milk	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Meat	■	■	■	■	■	■	■	■														
Fruit	■	■	■	■	■	■	■															
Desi Ghee	■	■	■	■	■																	
Liquids	■	■	■	■																		
Choori	■	■	■																			
Vegetables	■	■	■																			
Easy to digest foods	■	■	■																			
Tea	■	■	■																			
Yoghurt	■	■																				
Kheer	■	■																				
Egg	■	■																				
Chicken	■	■																				
Lassi	■																					
Juice	■																					
Custard	■																					
Maize *Halwa*	■																					

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Table 4.15: Forbidden Foods and Number of Participants Who Mentioned it

	Number of Participants Who Specified Different Forbidden Foods								
	1	2	3	4	5	6	7	8	9
Chillies/spicy food	■	■	■	■	■	■	■	■	■
Difficult to digest food	■	■	■	■	■	■	■	■	
Garam food	■	■	■	■	■	■	■	■	
Cold food	■	■	■	■	■				
Rice	■	■	■	■					
Pulses	■	■	■	■					
Sour foods	■	■	■	■					
Nothing forbidden	■	■	■	■					
Half cooked food	■	■	■						
Vegetables	■	■	■						
Meat	■	■	■						
Yoghurt	■	■							
Fruits	■	■							
Roti	■	■							
Full boiled egg	■								
Desi ghee	■								
Curry	■								
Lassi	■								

A husband in Shakrial stated: "The woman should not come in contact with cold water, should not do work rather take rest because the body aches (if she does so)" *(Aurat thandey pane men hath namarey, kam wagera na karey bus ziada tar araam hee karey kion ke jism kacha hota hey to bad men dard hota hey).*

4.6.4 Feeding of newborn

Half (20 out of 38) of the participants mentioned *Ghutti*[38] as the first item of the intake while some (16 out of 38) suggested breast milk. Only one family member mentioned hot milk to be given to the newborn as initial feed.

Ghutti is given for two major reasons. It is believed by certain people that the person, who gives the *ghutti*, transfers his/her personality traits to the newborn. Hence it is given by any elderly member of the family or a pious person. The second major perceived reason is that it cleans the stomach and to avoid dryness of throat.

In Shakrial, a woman with live birth said: "First of all ghutti is given, green tea with desi ghee is given so that the stomach of the newborn becomes clean and whatever filth is inside, is removed, it is said that (ghutti) should be given by a pious person because the newborn will acquire the traits of the person whoever gives him *ghutti" (Sub sey pehley Ghutti detey hen, qehwa bana kar us men thora sa ghee dal kar detey hen takey bachey ka pait saf ho jaye or jo gand hota hey who sara baher a jaey kehtey hen ke ye nek banda dey kion ke jo ghutti*

[38] Ghutti: mixture given as a ritual first food to newborn and later to soothe the infants

pilaye ga bacha usey par jaye ga)
The reasons for breast feed are: it keeps the infant healthy, doest not fall ill and it's a modern day norm.

A currently pregnant woman stated: "First of all mother's milk is fed to (the newborn) because in this way the newborn remains protected from diseases" *(Ma ka dhoodh sub sey pehley pilaya jata hey, pehley ma ka dhoodh deney sey bacha bemarion sey bach jata hey)*

The composition of *ghutti* is variable and its main content could be honey, green tea, *desi ghee, ajwain*[39] and the additions are sugar, *gur*[40] *, desi ghee*, *saunf*[41], garlic with oil. Only one woman said that it is also purchased from the market.

Discussing the **first feed of mother's milk**, Several women (14 out of 24), many husbands (5 out of 7) and all of the family members (7 out of 7) mentioned that it should be given within the first hour of birth. Few women (6 out of 24) mentioned timings that fell within 1-2 hours. Two women said that first feeding of the newborn should be given within 1-3 days since it takes approximately this much time for that the mother's milk to flow and till that time green tea should be given.

Once initiated, the feeding of breast milk has been mentioned frequently by many (27 out of 38) of the participants. Many (17 out of 24) of the women stated that the newborn should be fed on demand, while few (6 out of 24) mentioned that feeding should be done from half-hour to 3-hour intervals. Only one woman did not give any response. Among husbands, more than half (4 out of 7) said that the infant should be fed on demand, remaining did not give any particular response. Most (6 out of 7) family members', stating higher frequency, mentioned on crying/demand, while one said that the infant should be fed 6-7 times a day.

4.6.5 Bathing patterns

Most (20 out of 24) women, family members (6 0ut of 7) and more than half husbands (4 out of 7) were in favor of giving a bath to the newborn immediately within the first hour after birth. Among the remaining women, two felt that this should be done between 1st 3rd day and the other two mentioned 5 to 7th day after delivery. One husband and a family member said that the newborn should be given the first bath on the 7th day while another husband said that this should be done after 20-25 days.

In the following days, the frequency of bathing for newborn was stated to be: daily or on alternate days in summer by some (7 out of 24) women, when desired was mentioned by few (5 out of 24), every 2-3 days was stated by very few (4 out of 24), every 10-15 days was mentioned by only two women, and 4 mentioned every 1-2 months. One woman did not mention any frequency. Only 3 husbands gave response; one said it should be every day, other said 7-14 days and third one mentioned after 40 days. Among family members, more than half (4 out of 7) said that it should be on 7th or 8th day, while two said that it should be done on 3rd day.

[39] Ajwain: a herb
[40] Gur: raw sugar
[41] Saunf: ani seeds

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Half of the women were of the opinion that the mother should take her first bath between 2nd to 4th day, to become *pak*[42] while some (11 out of 24) said that it should be done on 5th to 7th day. Among husbands, more than half (4 out of 7) and all family members stated that the woman should take her first bath on 3rd to 7th day. While the remaining participants mentioned different timings for the first bath that ranged from 10th day to 40th day.

The frequency of bathing of women in postpartum was mentioned by more than half (14 out of 24) of the women as whenever she desires while very few (4 out of 24) said after a week, after 20 days, and 40 days. Among husbands only three gave responses, one said it should be done after 2-3 days, one said after 40 days and one whenever she desires. Among family members two said that it should be done after 10 days, one 7th day, another 20 days and one whenever she desires.

There seem to be no clear trend associated with bathing of the newborn following the first bath, which is mostly within the first hour. The first bath of the mother is not immediate and could be delayed up to 7th day. Also the pattern of subsequent bathing is not very clear.

4.6.6 Presence and effects of Nazar (evil-eye)

Except very few (13 out of 38), all other participants from the three groups, both from urban and rural areas believed that *nazar* exists.

Pregnant women: Most (6 out of 7) of the husbands, many (5 out of 7) family members and women (18 out of 24) expressed that nazar has bad effects on pregnant women. The affect mentioned by all was some kind of illness, except one who mentioned that she could have miscarriage and even die.

Variable symptoms were reported that includes lethargy, headache, fever, abdominal pain, body aches, giddiness, vomiting and becoming silent after getting sick.

Women in postpartum: Many (5 out of 7) of the family members, several (16 out of 24) women and some (3 out of 7) of the husbands stated that women could get illnesses such as fever, headache, body ache or that their breast milk does not flow. The results of such illness as mentioned by husbands is prolonged pain in the body and even death of the woman.

Newborn: Many (5 out of 7) family members, most (21 out of 24) women and many (5 out of 7) of the husbands believed that the newborn could be affected by the evil-eye. The participants mentioned that the newborn falls sick. Symptoms included; newborn cries a lot, stops drinking milk, becomes irritable, develops fever, gets cough, diarrhea and even one said that the newborn could die because of *nazar*.

Measures to protect mother and newborn from *Nazar*: The measures mentioned to protect mother and newborn from nazar are:

- Putting *Tawiz* in neck
- Putting *til* (black mark), mostly on chest, forehead and behind ears
- Putting black bangles in the arm of the newborn
- By not exposing the newborn to outsiders

[42] Pak: clean in religious terms

- Mother should act lethargic in front of outsiders
- Mother should not eat in front of non-family members
- Applying *Surma*[43] in the eyes of the newborn
- Using *Dum* and *Tawiz*

Measures to overcome Nazar in mothers and newborn: Some specific measures to overcome the effects of nazar were mentioned by all groups of participants:

- *Dum* from *Moulvi* [44]
- *Tawiz* from *Moulvi* or a pious woman
- Collect soil from the path traversed by the person who inflicted *nazar* and burn it in fire
- Treat the affected with smoke of red chilies, sugar or *harmal*[45]
- Rotate sugar, salt, chilies, *harmal* and seven leaves from different trees over the head of the affected and burn in fire
- *Khatum* of the Holy Quran
- Distributing alms
- Slaughtering black goat or chicken
- Exposing the newborn to the sun

4.6.7 Conclusion

Some cultural beliefs and practices have positive effects on health, others have negative effects, while some have neither. The Table 4.16 summarizes the positive and negative findings.

Table 4.16: Summary of Positive and Negative Cultural Practices

Positive Practices	Negative Practices	Recommendations
Surah of the Holy Quran is recited during pregnancy and delivery for gaining Allah's blessings. Hence give psychological comfort and strength	Delay in blossoming of "marium ki buti" could lead to acceptance of prolonged labor as normal	Focus on nutrition as an intervention Early initiation of breastfeeding
Milk is given to breastfeeding mothers and effort is made to give good diet mother during postpartum	Preferential treatment for male child	Optimal and appropriate bathing patterns need to be promoted and established
Breastfeeding the infant, early initiation and frequent feeding	Forbidding mothers from healthy foods during pregnancy and postpartum	Work on highlighting that measures to overcome *nazar should* simultaneously be carried out with medical interventions

[42] Ghutti: mixture given as a ritual first food to newborn and later to soothe the infants
[43] Surma: antimony powder applied in eyes
[44] Moulvi: Imam of the mosque
[45] Harmal: turmeric

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Protecting mother and newborn from the severity of weather	Restricting the mother and newborn from going outside of the house during postpartum	
Restricting mother from undertaking heavy work	Mother should take her first bath after between third to fifth day	
	Symptoms in mother like lethargy, headache, fever, burning and watering of eyes, abdominal pain, body ache, irritability, pain in bladder, etc are related to *nazar*. This could lead to delay in seeking medical care	
	Symptoms in newborn like excessive crying, irritability, becoming pale, watery eyes, stopping feeding, and fever are related to nazar. This could lead to delay in seeking medical care.	

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