Knowledge, Attitude, Practices Regarding Antenatal Care: A Case Study of Jampur

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Thesis submitted to the Department of Anthropology, Quaid-i-Azam University Islamabad, in the partial fulfillment of the Master of Science in Anthropology.

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2022

Author's Declaration

I Zainab Hassan hereby state that my M.sc thesis titled **" Knowledge, Attitude and Practices Regarding Antenatal Care"** is my own and has, not been submitted previously by me for taking any degree from **Quaid-i-Azam University, Islamabad**, or anywhere else in Pakistan/world.

At any time if a statement is found to be incorrect even after my graduation the University has the right to withdraw my M.sc degree.

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Final Approval of Thesis

This is to certify that we have read the thesis submitted by Ms. Zainab Hassan. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of M.Sc in Anthropology.

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Dedicated to my loving parents Mr Malik Altaf Hussain and Mrs Azra Altaf and my beloved brother Dr Majid Hussain Alias Ghalib Hussain.

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Abstract

This research deals with the process of knowledge, attitude, and practices regarding antenatal care that takes place in Jampur. Punjab, Pakistan. This research was conducted in Jampur village. The study aimed to explore the changing practices of antenatal care and to explore the knowledge of advantages and disadvantages of C-sections and normal deliveries. Another focus of the study was to explore the available maternal health care facilities and to find out the cultural perception related to breastfeeding.

This study is conducted by applying anthropological qualitative research paradigm and ethnographic models Mix methodology has been used to collect the field data in four months. Different techniques and tools of ethnographic research methods have been used such as key informants, participant observation, in-depth interviews, case studies, socio-economic surveys, and focus group discussions. Moreover, secondary sources were also consulted to supplement the study with empirical data and analysis.

The research study adopts a holistic view of antenatal care health care facilities. Particularly, the attention is majorly directed towards issues of inequality in available health services in the relation to social class, power, wealth and poverty, gender, ethnicity, and misdistribution of resources. The center of attention was to find out the condition and practices in antenatal care. The present study deals with the exploitation of rural areas by developed urban centers in the area of health care. The objectives of the study were; to probe co-relation between antenatal care and availability of resources, to investigate the practices and problems of reproductive health and available medical facilities in Jampur. The results of the study align theoretically with the framing proposed by World System Theory. This study has identified and analyzed from the lens of world-system theory, and theorize the exploitation of rural areas at the hand of developed urban centers regarding maternal health infrastructure. Therefore, the level of exploitative dependency is related and relevant to the results inferred through fieldwork in Jampur.

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List of Abbreviations

Abbreviations	Full Forms
AAP	American Academy of Pediatrics
ACOG	American College of Obstetricians and Gynaecology
C-Sections	Artificial deliveries
C-section	Caesarean Delivery
EBF	Exclusive Breastfeeding
IYCF	Infant young child feeding
ICDS¬	Integrated Child Development Service
KAP	Knowledge, Attitude, and Practices
LHW	Lady Health Worker
MMR	Maternal Mortality Ratio
NRHM	National Rural Health Mission
NRSP	National rural support program
NPPI	Norway-Pakistan Partnership Initiative
PMDC	Pakistan Medical and Dental Council
THQ	Tehsil headquarter Hospital
CPA	The Canadian Psychiatric
IYCF	The Infant and Young Child-feeding
PAIMAN	The Pakistan Initiative for Mothers and Newborns
TBAs	Traditional Birth Attendants
UNICEF	United Nations Children Found
VBAC	Vaginal Birth After Caesarean
WHO	World Health 0rganization

Chapter 1

Introduction

1.1. The Background

Pakistan has one of the highest maternal and child mortality rates in the world. The provision of antenatal care if not given properly, not only endangers the life of the Mother and child but also leaves lifelong health complications for both. Through antenatal care, the new mothers can avoid the unfortunate misfortunes relating to pregnancy. Antenatal care is significant for both child and mother and there is a dire need to prioritize it in the national health policy.

According to Morgan (2002), Antenatal care has prepared a humanitarian service for mothers and their unborn babies through a multiphasic screening program. Many more have been added in the past few years. But lack of scientific inspection has signified that little has been taken away. Healthy mothers and fetuses need little high technological care but some screening is useful to locate them with confidence in the healthy group of pregnant women. Women and fetuses at high risk need all the scientific help available to ensure a safe environment for delivery and aftercare.

According to Urassa (2003), Hypertension is a dangerous indicator during pregnancy, and measurement of blood pressure is compulsory to diagnose and manage hypertensive disorder among pregnant women. The major aim of daily measurements of blood pressure is the at-time diagnosis of hypertensive disorder and pre-eclampsia. In eclampsia, pregnant women suffer from high blood pressure and it is a threat to the health of mother and baby. The study was conducted in Rufiji rural Tanzania one of the coastal regions. Antenatal care was provided at two hospitals and 48 dispensaries. Only 30% of antenatal care clinics had all the infrastructure for managing hypertension during the pregnancy and only one-third of the sampling were attending antenatal care and only one woman was there with a normal blood pressure report at the antenatal clink.

Altuntug (2018), discussed the health care of mother and baby which was conducted in Turkey. The postpartum period is the care of the mother and baby after birth. In every different culture postpartum period is a sensitive time in which different traditional practices are applied to protect the health of the baby and mother both. The study aimed to disclose the traditional practices of mother and child care during the postpartum period in Konya city of Turkey. In the study, the results were that the traditional practices of maternity care in the antenatal period are common. To provide better health services the doctors or midwives need to understand the practices, knowledge, and beliefs of the individuals, families, cultures, and society in which they are serving. In the study, the value of traditional practices was considered high because women were attached to traditional practices for the sake of mental relief. It was observed that pregnant women resolved their health issues with traditional methods which were suggested to them by their relatives. The value of *puerperium* is significant in all cultures in Turkey at the 40th day they celebrate the small ceremony of the baby and mother to get through the risky period. In this study, they perform the ritual *"kirkinicikarma"* in this ritual mothers take bath after 28 days (about 4 weeks). This ritual is still practiced in different regions of Turkey and in all over the world. During this period women and babies need to have a balanced diet and in this period traditional practices increase the rate of breast milk for the baby. It is common for women to perform different traditional practices to increase breast milk for the baby. Study in other countries shows that almost the same traditional practices are performing in all over the world. Women should not be left alone throughout the phase of pregnancy as they need proper diet and care for the better health of mother and child.

Jimoh (2003), discussed that pregnant women especially come to hospitals in Mongomo, Guniea Equatoria at secondary level health care institutes were coming from villages or distant places. The maternal and neonatal mortality rates there were one of the highest in the world. The study aimed to evaluate the utilization of available antenatal care services at that hospital. The study paid close attention to the factors which were affecting effective antenatal delivery. Most of the women who were coming for antenatal care were divorced. It was a notable point that women had the belief that antenatal care services were beneficial for them during their pregnancy.

Liamputtong (2004), discussed that Childbearing is a biological process all over the world and in all societies but the birth experience is socially contrasted and it takes place in a cultural context and is shaped by traditional and cultural practices. Women and their families were trying to ensure the maternal health and well-being of their newborns through traditional practices and cultural beliefs in Thailand. The people of Kenya have arranged a celebration attended by all communities in the prenatal period to ensure safe and easy childbirth. Provision of Thailand requires all pregnant women's hospital visit at least four times. Women were informed to try to avoid the car, avoid sexual intercourse during pregnancy, avoid lifting a heavy object, try to avoid rigorous activities, and try to avoid too much heavy work as all these are considered the reason for miscarriages.

Oladapo (2008), discussed that among the different pillars of safe motherhood antenatal care is one of the major interventions that can reduce maternal and neonatal mortality and morbidity. Data that was collected from the poor countries including Nigeria found that the lack of antenatal care services, knowledge, attitude, and practices caused the risk factor for poor pregnancy outcomes. Women require high client-oriented antenatal care and services which guide the women about their personal needs throughout the pregnancy to ensure their health and their infant's health as well as about other pregnancy-related complications.

1.2. The Problem

The problem is generally, it is observed that women do compromise on their reproductive health due to the lack of economic resources. Another problem is that women ignore their antenatal care services due to the lack of education and information and to save money as well for their survival. The study focused on the reasons behind the problem and explore the various cultural and modern maternal health care methods during the duration of the antenatal, and postnatal period. How cultural boundaries influence the maternal health care system.

1.3. Statement of the Problem

During the literature review. I observed that Antenatal care and practices are part of the reproduction process. It is known as the time duration of pregnancy before childbirth. It is

a natural physiological process which the basis of the continuity of the human race. But now it is considered a disease. People are illiterate, poor, and unemployed. Women do not have information and knowledge about reproductive health issues. Even they are unaware of the antenatal care practices and knowledge.

In the contemporary world, women are rallying on the self-experiences of their relatives and assuming their issues as the same regarding pregnancy-related complications and antenatal care practices and knowledge. People are illiterate but they are linked with technology such as social media and cell phones. Technology is more advanced and developed and bio-medical industries are advertising their new products and methods to the people related to antenatal care through the usage of social media. People do not have knowledge about the products but they are buying and using them as per the experiences of others.

Women have started the extra use of technology such as they are poor but they try to pay the expense for ultrasound tests at any cost just for the confirmation of the baby's gender unaware of the harmful rays of ultrasound test. Time has been changing and society is developed but very less to no change exists in the conditions of the people. Women are still illiterate and poor. At the same time, some of them are practicing antenatal care and some of them are ignoring their health. Pakistan is an underdeveloped country with a high rate of maternal and neonatal mortality and morbidity.

Women are choosing the cesarean section delivery method instead of vaginal delivery. There is no awareness about the postpartum complications after the cesarean section deliveries. The cesarean section delivery method is associated with a high social status symbol. Patients are illiterate and unaware and dependent on the doctor's knowledge and guidance. Doctors are guiding the patients toward the cesarean section and they make it a strong source of income instead of a life-saving alternative during childbirth. People are poor and do not have strong sources of income. But our doctors and biomedical staff connected the psychological satisfaction with cesarean section and now people cannot afford but they are deciding and going with the cesarean section delivery method just for the satisfaction and painless childbirth.

Health care facilities in government hospitals are not good to satisfy the people regarding their health issues. People do not rely on government hospital doctors and their provided treatment or maternal and neonatal health care. It happens due to their self-experiences. Some people tend to visit private clinics the doctors and experience the different doctor-patient communication and treatment and share their experiences with their relatives and recommend them that specific doctor for reproductive health issues. Doctors of government hospitals do not comfortably treat the patient. There is a big issue of trust and mistrust that is damaging the doctor and patient relationship.

Women are compromising on the nutrition of their neonatal. Doctors are recommending formula milk for the nutrition of the baby. Women are informed about the advantages of exclusive breastfeeding but some of them are practicing and some of them are ignoring the EBF and adopting the second method of nutrition such as bottle feeding. Women are informed about the nutritional issues of bottle feeding and the advantages of breastfeeding and also informed about the diseases associated with bottle feeding but they are not adopting the modern methods of neonatal nutrition. This is the real situation of the research topic.

The reproduction process and antenatal practices were ideal in the last two decades. At that time there were no diseases were introduced relating to the antenatal period or childbirth. Mother and baby both were healthy at that time. Technologies and the biomedical industry were not developed and advanced. Industrial pollution was not destroying human health and the environment. Diet was pure and healthy.

Mothers were practicing breastfeeding for the nutrition of neonatal/infants. No severe or common disease has existed in society. People were illiterate but they always behave like mature people and the decision-making of the head of the household was strong.

I plan this research for the fulfillment of my degree and it is my contribution to the development of society. Also, to identify the reasons behind the unawareness regarding knowledge, attitude, and practices of antenatal care. This study aimed to explore the reasons for maternal and neonatal mortality related to the reproduction process. This research also focuses on the cultural and modern practices of antenatal care, methods of

deliveries, and rituals of childbirth. I have also highlighted the factors which are influencing the natural process of reproduction/childbirth.

1.4. Operationalization of Concept

The following concepts were used during this study which is being operationalized in detail.

1.4.1. Poverty

Poverty is a condition in which a person or community lacks the financial resources necessary for a minimum standard of living. Poverty means the income level from employment is so low that basic human needs cannot be met. In Pakistan, 23.4 % of the population lives below the national poverty line (Asian Development Bank,2016). The world bank defines extreme poverty as living on less than USS1.90 per day as estimated in 2008. poverty in Pakistan has increased from 4.4% to 5.4% and two million people have fallen below the poverty line (World Bank, 2020).

1.4.2. Education Level

Education is defined in the dictionary as "the process of receiving and giving systematic instructions, especially at school or university". According to John Dewey Education is a process of living through, a continuous reconstruction of experiences.

1.4.3. Employment

Employment is simply defined most generally as the state of having a paid job. Employment is defined in the dictionary as" the state of having paid work, the utilization of something". According to economics, employment is economic activity. An employee is a person who works for others to earn his or her means of support. A person who works is called employed.

1.4.4. Agriculture

Agriculture is defined in the dictionary as "the science or practice of farming, including the cultivation of the soil for the growing of the crops and the rearing of animals to provide wool, food and other products".

1.4.5. Ante-natal Care

Medical surveillance and review are performed during the pregnancy for early diagnosis of possible complications of pregnancy, especially pre-eclamptic toxemia and uterine and fetal abnormalities. Antenatal care includes a general examination, abdominal examination, vaginal examination, regale test to monitor the progress of pregnancy, ultrasound scanning, monitoring weight gain, and blood checks. Hormon3e tests and frequent tests of blood pressure and urine (Youngson, 2004,2005)

1.4.6. The Resource

A resource is defined in the dictionary as "stock and supply of money materials, stuff and other assets, which can support an individual and or a group to function effectively". According to the economic resources are defined as a service or other asset to produce goods and services that meet human needs.

1.5. Operationalized Definitions

In this research, poverty will be associated with that group of people whose monthly income is below ten thousand rupees. People belonging to this earning group will be considered poor. The educational level will present that group of people who are graduates from colleges or universities. Those people who are literate under the standard five. They will be considered illiterate and they will show the illiteracy level in people. The people who are working in social institutions such as hospitals, banks, colleges, forces, and schools will be considered employed in the employment zone. Those people who are daily wagers will be considered under the unemployment zone and will present the unemployed ratio of people. The people who are the owner of agricultural land and tenants the crops and form and get profit, this population is considered agriculture. In this research married women who are under the age of 14-35 years are part of the antenatal and reproduction process. Those people who had multiple options to earn money or source of income are using the multiple options to increase their source of income will be considered as the population who had the resources to survive their lives.

1.6. Hypothesis

The upsurge in pharmaceutical companies amidst modernization has resulted in the transformation of traditional methods of treatment to modern ways of treatment. Moreover, a case study based in Jampur is supplemented by world-system theory posits that rampant modernization and private companies transformed conventional methods of treatment into modern ways of treatment and diagnosis. Resultantly, in incentivizing private pharmaceutical companies to become culturally relevant.

1.7. Objectives of the Study

The objectives of the research are as follows:

- To explore respondents' understanding of the antenatal care period

  (How they apply cultural practices and modern practices and also the tactics which are used to get back in good health condition)

- To explore the respondents understanding and preferences for words C-section and normal deliveries

  (Perception of reproductive health, a complication of C-sections and normal deliveries, childbirth as a natural process or as a disease

- To explore the available health facilities for maternal and neonatal care (including the cultural health practices, modern practices, complications in both old and new facilities, and the role of the doctor-patient relationship
- To explore the cultural practices of breastfeeding during the postnatal period and the advantages and disadvantages of bottle feeding and breastfeeding.

1.8. Research Questions

Objective 1

- What was the perception about the knowledge, attitude, and practices regarding antenatal care?
- Which cultural and modern practices were used among the women?

- Which cultural and modern food patterns are useful during the antenatal and postpartum periods?
- Which cultural treatments were useful during the pregnancy or reduce pregnancy-related complications?

Objective 2

- What was the perception of cesarean section and vaginal birth according to the people?
- What were the advantages and disadvantages of vaginal birth and cesarean section?
- What were their knowledge about the complication after the cesarean section?

Objective 3

- How many health facilities were available for maternal and neonatal care?
- How was the quality of antenatal care services provided by the government?
- Which factors were determining the doctor-patient relationship?

Objective 4

- What was the perception and practices of breastfeeding among postnatal women?
- What was the nutrition of the infant in the first two years?
- Which cultural practices were useful to continue or increase the practice of breastfeeding?

1.9. The Rationale of the Study

I choose Jampur as the locale of my study. Because it is situated in south Punjab. Jampur was the tehsil of district Rajanpur. Rajanpur is the last district of Punjab. Local was a tribal area. Where a majority of people belong to Balouch ethnic group. Native people of the locale were Saraiki speaking. The researcher was also Saraiki speaking and the main reason for the selection of that specific area for research was the same language of the researcher and respondents. Because of the same language researcher and respondents were comfortable with each other while collecting the data and the responses of the respondents were easier to understand the researcher.

The researcher had good friends and seniors who are residents of Jampur. They were a huge support for the researcher. Jampur is a poor village area. Which is almost underdeveloped and women face problems in their reproductive health. It was a suitable

place for this topic to explore the behavior, emotions, and knowledge of the people relating to this sensitive antenatal care period. The research topic is related to the research site to explore the dependencies, emotions, wishes, dreams, expectations, protocols, and behavior of helpless and poor women regarding antenatal care and reproductive health.

1.10. Significance of the Study

This study helps us to understand the perception and importance of antenatal care and its cultural and modern attitude, and practices in the village area. It is academic-based research for the requirements and fulfillment of the degree of M.Sc. It is the first study in the department that focused on knowledge of attitude, practices regarding antenatal care, and behavior of people in rural areas towards the cultural and modern practices of antenatal care. The study aimed to describe the cultural and modern practices of antenatal care, pregnancy-related complications, and disorders, will observe the maternal and neonatal mortality in society, and the advantages and disadvantages of C-sections and vaginal deliveries. This study described the natural process of childbirth in the past and analyzed the available health facilities for maternal and neonatal health care and doctor and patient relationship. The researcher disclosed the cultural practices of breastfeeding and modern practices of formula milk among postnatal women. The unique aspects of the study help out the policymakers to make policies for the betterment of maternal and neonatal health facilities and antenatal care facilities in Pakistan. The practical application of research is supportive at the state level to the local people who exploit in the field.

It is the contribution of the researcher in the academic field and world-system theory. The researcher will achieve the award degree and policymakers and the health care system can take the advantage of this study to use it in the development sector for the development of the selected field.

1.11. Theoretical Framework

The use of the inferable approach in social research provides a route map to conduct the study based on some theoretical foundation. Theories provide us with a master

phenomenon to understand the relationships among the various variables and their co-relation. A theory leads the researcher to understand the consistency and lack of coherence among the variables and relationships. The theoretical framework is a guideline to examine the research problem and guide the researcher as well.

The theoretical framework provides support for the research like a foundation provides support for a house. The theoretical framework validates the researcher to manufacture the research question, regarding his/her research question and develop the conceptual definition of research themes. The theoretical framework is not only a routing map to conduct the research it also helps the researcher to analyze the data genuinely. The theoretical framework makes your research reasoned and rational.

According to Immanuel Wallerstein, the world system theory is a social system that has boundaries, structure, members, groups, and regulation of legalization and authority. We can say that life is made up of opposite forces. In this composition different political groups feint and play with the weaker member of the society.

This research has been conducted through a lens of world-system theory. In this part of the chapter, I have presented a brief overview of the theory by presenting the background and historical development. World system theory is a macro-sociological point of view and concept of comparative analysis.

1.11.1. The Approach

"According to Immanuel Wallerstein World-system theory is a social system, one that has boundaries, structures, member groups, regulations legitimation, and consistency. Its life is made up of conflicting forces. Which holds it together by tension and tears it apart as each group seeks eternally to remold it to its advantage. It is the characteristic of an organism, in that it has a lifespan over which its characteristics change in some respect and remain stable in others. One can define structures as being at the different times strong or weak in terms of the internal logic of its functioning." (Wallerstein, 1974)

" Morgan argues that a microanalytic, critical, and historical perspective for analyzing disease distribution and health services under a verity of economic systems, with

particular emphasis on the effects of stratified social, political, and economic relations within the world economic system." (M. Morgan, 1987)

"A World-System is what Wallerstein terms a "World economy" production integrated through the market rather than the apolitical center. In this system, two or more regions are interdependent concerning necessities like food, fuel, and protection and two or more polities compete for power without the emergence of one single center forever". (Gold frank 2000)

"The core-periphery relationship is organized in which semi-peripheral states act as a buffer zone between core and periphery. And has a mix of the kinds of activities and institutions that exist for them". (Theda, 1977)

"According to the Chase-Dunn among the most important structures of the current world-system is a power, wealth, authority, hierarchy between core and periphery, in which influential and well-off " core" societies ruled and exploit weak and poor tangential societies. Another important factor is Technology in the positioning of a region in the core or the periphery. Developed countries are at the core, and less developed are at the periphery. Peripheral countries are structurally underdeveloped to experience a kind of development that reduce their lower status". (Chase-Dunn, 1995)

"Skocpol discussed the states how they maintain their system? She says that the differential strength of the multiple states within the system is crucial for maintaining the system as a whole because strong states emphasize and increase the differential flow of surplus to the core zone. (Theda, 1977)

"According to Wallerstein, it is an imbalanced exchange, the logical transfer of surplus from semi proletarian sectors in the periphery of the high technology, industrialized core". (Gold Frank,2000)

World system theory is a multidisciplinary approach. World system theory studies history and social change at a macro level. This theory is also known as world-system analysis theory. The theory treats the world system as the basic unit of world analysis and through the world system, it means the division of labor at the international level. World

system theory divided the world into three categories i.e. core countries, semi-periphery countries, and periphery countries.

1.11.2. Core Countries

In this capitalist system, the world has been divided into different zones based on their wealth which keeps on competing with one another for wealth and power. There are three zones core, semi-peripheral and peripheral regions. The core zone includes the most powerful, controlling technologically advanced developed countries. In the world, the core zone is exploited by the capitalist or an industrialist world economy and misuses the periphery countries as well.

1.11.3. The Periphery Countries

The periphery includes the poorer and technologically less advanced countries. The economies and businesses of these developing countries are mostly based on raw material export. In periphery and underdeveloped regions, these areas lacked strong central governments or were controlled by other developed countries to export technology and raw materials to the core or first world countries and relied on coercive labor practices.

1.11.4. The Semi-periphery

The semi-periphery and underdeveloped areas include these countries which are poorer than the core but have the potential to take core status if the situation suits them. The producers of these countries get the benefit of low-wage rates and can produce an economic increase.

Mohyuddin's (2015), study focuses on the research findings regarding the health beliefs system and faith healing, and modern biomedical health care systems prevailing in village Zandra district Ziarat in the province of Balochistan. The research paper conducts an analysis of world-system theory analysis at the micro-level. Initially, the natives were using the traditional and spiritual healing systems but now as their economic condition and literacy rate are increasing they are more inclined towards the modern methods of treatment. During the last three decades, many changes have been witnessed. Awareness through media and the shift from subsistence to a market economy has increased the use

of allopathic medicines due to which natives have started opting for a secondary source of income. The impact of these changes has been analyzed in the light of world-system theory at the micro-level. The theoretical concept has been borrowed from the work of Immanuel Wallerstein. The exploitative relation between core and periphery has been studied at the state level. This study accepted the world system theory and the exploitation of periphery countries by core countries.

Mohyuddin (2015), apply the World System Theory at the macro to micro-level. The study focuses on the emic perception of development. The study was conducted in a district village in the province of Balochistan. Perception of landlords, medium landlords, small landlords, and the people without any property has been discussed. More perception of Government Officials and the people working in NGOs has also been taken into the account, Non-co-operation of land holders has also been discussed in this paper. Despite non-co-operation and non-participation of the natives, some development activities are taking place in different sector in the village which includes communication like transport, road, telecommunication, electricity, horticulture sector, irrigation and water supply, livestock, health literacy rate, and educational facilities and banking the impact of these changes has been analyzed in the light of world-system theory at the micro-level. The situation of the village declared that the natives are happy as far as cash flow increases which resulted in the growth of per-capita income and an increase in the volume of consumer goods and thus improving the material quality of life of the people. This situation supports the world capitalist economies in different ways. Core countries are becoming richer and richer at the cost of peripheral economies by the customer of peripheral to but the cheap labor, and raw material.

Mohyuddin (2014), Described that this research paper will be focused on modern and traditional health care systems prevailing in the village. An effort has been made to find out the medical system working in the village which includes both benefits and perceptions related to health and illness and also activities that natives have adopted and developed to maintain and restore their health. the impact of these changes has been analyzed by the Lenz of world-system theory at a micro-level. the majority of early people avoid or do not like modern medicine because of its side effects they think that the

patient has to recover twice. First from the illness and then from the side effects. Again researchers accept the role of the world system theory and validate it on a micro-level. The process of social; change was slow in the village but core countries are exploiting the periphery countries with their advanced technological and industrial revolution.

1.11.5. Conceptualization of Theory

Most of the time researchers analyze the world system theory and its implications at the macro level. In this research, the world-system model will be put to test at the micro level to confirm, revise or radically change the reasoning built into the world-system model. The researcher discussed the world-system approach in the health care system and antenatal care practices in *Basti Morah.* Just like core countries, urban areas are exploiting their peripheries i.e villages.

The study also observed that the infrastructural facilities in the village are far less compared to any city. Most of the national budget allocation is confined to the development of the cities whereas the villages in Pakistan are still underdeveloped. Unfortunately, there is no health infrastructure available in *Basti Meeran* village. In case of emergency, villagers have to travel to the main city of Jampur which is 15km away, this situation depicts the low healthcare infrastructure.

The people of Basti Meeran are even deprived of their basic human rights i.e. healthcare facilities. It is observed that people living in the villages are not the only victim of exploitation by the government but also the privileged class of the periphery contributing to the miseries of the villagers. The private clinics acted as a core within the periphery. The private practitioners charge a heavy fee for the consultancy, a burden for the poor villagers. To gain the services of the private clinics, they have to make a compromise on other necessities. Hence, putting them into the vicious cycle of poverty and desolation.

Further lack of awareness among the respondents is also considered one of the hurdles in active antenatal care practices. Here again, we can see those small areas are often neglected by the government as they lack basic facilities of not only health but also education. The lack of public educational institutes and quality education affected the

overall behavioral patterns of the villagers. That's why they are more into traditional antenatal practices as compared to modern ones.

The overall research indicates that the villagers are often exploited and live life in misery and chaos and on the other hand people belonging to the privileged class enjoy the true luxuries at the expense of these poor villagers.

1.12. Locale

Jampur was the tehsil of district Rajanpur. Rajanpur is the last district of Punjab. Local was a tribal area. The majority of people belong to Baluch ethnic group. Native people of the local were Saraiki speaking. The researcher was also Saraiki speaking and the main reason for the selection of that specific area for research was the same language of the researcher and respondent. Because of the same language researcher and respondents were comfortable with each other while collecting the data.

The researcher also had the help of friends, acquaintances, and seniors who were residents of Jampur. They were a huge support for the researcher. Jampur is a poor village area. Which is almost underdeveloped and women face problems related to their reproductive health. It was a suitable place for this topic to explore the behavior, emotions, and knowledge of the people relating to this sensitive health issue.

1.13 Structure of Thesis

The structure of the thesis is presented under the following sub-headings.

1.13.1. Chapter One: Introduction

Chapter one will provide a short introduction to the study. This chapter will justify the relationship between topic and locale and give the logic why I planned this research. Research objectives and research questions will describe the main goals and aims of the study. It will highlight the significance of the study and also relate the theory to the research locale.

1.13.2. Chapter Two: Review of Literature

Chapter two will explain the relevant literature with the research topic. A review of the literature will identify the gaps between the literature and the field data. The literature will explore the experiences, practices, beliefs, and myths in the past. A review of the literature will discuss the logic behind the dependencies and will discuss the present and past situation of the research topic and justify it.

1.13.3. Chapter Three: Methodology and Area Site

Chapter three is divided into two portions. The first portion will discuss the used methodology in detail while collecting the data. The methodology will describe the researcher's experience with ethnography and the beneficial outcomes of relevant research methods in detail. It will also deal with the area site. This portion will discuss the structure of the research locale with maps and location and will make it easier to understand the location and circumstances of the locale for the reader.

1.13.4. Chapter Four: Changing Antenatal Care Practices

Chapter four will enlighten the cultural and modern practices regarding antenatal care. This chapter explains the cultural and modern food patterns during the pregnancy used by the people the villagers. The study also described the knowledge of common complications related to pregnancy among rural women. This part will elucidate the association of pregnancy with religiosity, superstitious, and supernatural beliefs of the villagers. The last part of the chapter will converse the evidence of social change.

1.13.5. Chapter Five Caesarean Section and Normal Deliveries

Chapter five will deliberate upon the perception of people about the methods of delivery. This chapter will also designate the most practiced method of delivery and its reasons. Plus, it will discuss the cultural practices and nutritional patterns regarding vaginal birth and cesarean section. The study will shed light upon various perceived symptoms of pregnancy. The last part of the study will deal with the perception and practices of contraceptive methods.

1.13.6. Chapter Six: Maternal and Neonatal Care Facilities

Chapter six will discuss the quality and availability of maternal and neonatal health care in the research locale. It will focus on the doctor-patient relationship and communication and access of patients to the doctors. Moreover, it will also discuss people's experiences with biomedical and clinical protocols and ethics and their access to government doctors or government hospitals.

1.13.7. Chapter Seven: Cultural perception of Breastfeeding

Chapter seven will focus on the practices of breastfeeding and the factors that influence the practice of exclusive breastfeeding. Also, it will discuss the perceptions about bottles and breastfeeding. Lastly, it will describe the cultural practices of food and herbs that are used to increase the mother's feed.

1.13.8. Chapter Eight: Summary and Conclusion

Chapter eight will explain the summary and conclusion of the study. This chapter will repeat and summarize the data. This chapter will also deal with recommendations for the development of society and will discuss the limitations as well.

Chapter 2
Review of Literature

In research literature review play an important to explain the research topic. The relevant literature helps the researcher to make valid, authentic, and accurate research. It saves the research from plagiarism. The review of relevant literature provides the road map for the researcher to conduct the study in light of previous studies. The current study explores the various cultural and modern practices of antenatal care among the poor and illiterate groups in Jampur, Pakistan. The researcher used different tools and techniques in the search for relevant and suitable literature. The literature review includes the flowing tools and techniques of articles, scholarly books, scholarly journals, newspapers, magazines, and internet sources to make the research valid.

2.1 Antenatal Care Practices, Attitude, and Knowledge

"Antenatal care is essential for protecting the health of women and unborn children. Through this form of preventive health care, women can learn from skilled health personnel about healthy behaviors during pregnancy, a better understanding of warning signs during pregnancy and childbirth, and receive social-emotional and psychological support at this critical time in their lives. Throughout antenatal care, pregnant women also can assess micronutrient supplementation, treatment for hypertension to prevent eclampsia, as well as immunization against tetanus. Antenatal care also can provide HIV testing and medication to prevent mother-to-child transmission of HIV. In areas where malaria is endemic, health personnel can provide pregnant women with medications and insecticide-treated mosquito nets to help prevent this debilitating and sometimes deadly disease. (UNICEF, April.2021).

In this definition, UNICEF justifies the purpose of antenatal care and its practices. The reproduction process is an important and sensitive matter of life so, that is why antenatal care and its practices are important for a better understanding of warning signs and complications during the pregnancy and to ensure the health of the baby and safe delivery. In our country, women do not have the proper understanding of antenatal care and in the perception of people, antenatal care is not considered an important or useful

factor in the reproduction process. On an international level, ANC is a useful and essential, and satisfying method of reproduction.

According to Jallow (2012), This study was conducted on an international level in The Gambia. The author described the aim of the study as to measure the preferences and perceptions of antenatal health care services in private and public healthcare clinics. Antenatal care provides a safe way to reduce maternal and prenatal mortality and morbidity. Most research to date has been limited to developed countries. Because most women view, the satisfaction level of health care as linked with the specific culture or medical system so that's why it is important to extend the research to developing countries. Maternal health is the main problem in The Gambia. The maternal mortality rate is high because of the low quality of maternal health services and poor and unhappy interaction with providers during the pregnancy. One study disclosed the lack of information education and mass communication in public ANC care in the Gambia. The satisfaction rate with antenatal care was 79.9% for public facilities and 97.9% for private facilities.

As I had discussed the importance of antenatal care on an international level. ANC provides a beneficial level of maternal health care services on an international level. When I observe in my locale. I observed that government hospitals are not providing ANC services on a satisfactory level and maternal mortality is high or increased due to the low quality of antenatal care services. Interaction of people with care providers is unhappy and poor during pregnancy. People are surviving with the lack of information and education regarding reproductive health issues.

According to Hussain (2018), It is research conducted in Lahore. According to the author prenatal care is a medical evaluation of the mother and fetus. It is used for the duration of pregnancy to get the best possible result related to the mother and fetus's health. On-time or early observation and care during the pregnancy provided a favorable birth. 69.1% of respondents were identified that pregnant required to go for their regular check-ups. This study discloses that 24.4% of participants agreed and 71.1 % disagreed and 4,4 % were neutral. 83.1% of women believe that antenatal checkup is worth monitoring mother and fetus wellbeing.

Antenatal care is the medical development of mother and infant in the reproduction process. But our elder generation does not agree with the practices of ANC during pregnancy due to illiteracy and unawareness. Our elder generation does not consider the advantages of ANC and they rely on luck and depend on the cultural and traditional food patterns and medicines during pregnancy. That people agreed and considers the value and advantages of antenatal care. They are financially weak and cannot afford the ANC services.

According to Majrooh (2014), antenatal care is a vital key to maternal health services. Women and their families can take it as an opportunity to understand the problems and risks related to pregnancy and, it could prevent maternal and infant morbidity and mortality. It helps the women to decide the place of birth. It helps the women to face the challenges mentally and physically during pregnancy or childbirth. This study focused on the quality of ANC provided to rural mothers in Punjab. ANC is provided by the government and designed as BHUs, RHCs, and maternity homes. According to the WHO, five thousand thirty-six hundred women die every year due to pregnancy-related issues. The life of mothers and babies depends on maternal health care. Low uptake of antenatal care increases the level of maternal mortality and morbidity. The coverage and quality of antenatal care services in Punjab are extremely compromised and very poor.

Antenatal care plays an essential role during pregnancy in our country and the selected research site quality of ANC was very compromised and low quality. Our elder generation does not agree with it that ANC is the source to reduce the maternal mortality level. According to the perception of our elder generation ANC services are the source of wastage of money and time both. ANC is affordable for the rich population and suits their social status. But poor people cannot afford these luxuries and these luxuries do not suit the poor people because of their poverty. ANC is useless and our home remedies and traditional practices are enough to survive for our females to survive during the pregnancy.

2.2 Pregnancy-Related Nutrition Patterns

According to Hussain (2021), there are many famous myths related to pregnancy among Pakistani women. Women are conscious about their nutrition during pregnancy and the health of their baby is also important to them. Asian women also take their traditional food during pregnancy. Pakistani women believe in the health outcomes of cultural food during pregnancy and Pakistani women are practicing their cultural food patterns during and post-pregnancy such as dishes made in butter, wheat, flour, and sugar. 40 days of postpartum period women can avoid what would be preserved as the evil eye. Pakistani women eat fat and protein food during pregnancy and the postpartum period. Pakistani women believed that if the mother will take white color food during pregnancy. Surely, the baby will in white color. Red watermelon will increase blood in women. Elder women of families do not allow to have supplements and folic acids prescribed by a doctor because according to their perception. It is full of poison and not good for the health of the baby and mother.

A healthy diet during pregnancy is the surety of good health for the baby. Women usually prefer a healthy cultural diet for the health of their babies during pregnancy. Cultural and homemade food is preferred and considered for pregnant women for the best possible results of delivery. Elder women's beliefs in the myths and rituals showed the strong relationship between the nutrition of the mother and the beauty of the baby. They believe that if mother will take the food of white color. The Baby's skin color will be white. Women understand the use of protein and fat is useful to overcome their weaknesses. Women try to recover from their postpartum weakness to include the fat and protein in their diet.

According to Shahid (2011), Maternal nutrition is important during pregnancy and the pregnancy period is the very caring and most nutritional demanding time of a women's life. It is a normal psychological process but a healthy choice of food is good for mother and infant health. Maternal nutrition also plays a primer role during pregnancy. It does not only affect the mother's health it also affects our future generation. Maternal nutrition during pregnancy is directly associated with our socio-cultural beliefs regarding food during pregnancy. Three factors are well known for low nutritional status among

pregnant women. Widespread poverty, discrimination among women and female children, and lack or poor quality of antenatal care. Food habits are associated with culture and occupation. Beliefs and practices were influenced by cultural practices. Women who were educated and attending antenatal care were more conscious about their maternal care and the health of the infant and more aware of the nutritional needs during the pregnancy period.

During pregnancy maternal healthy diet is necessary for the health of women. Pregnancy is the most sensitive, expected, and demanding period of a women's life. People do not afford the best quality of nutrition during pregnancy. Due to the poverty and lack of resources women use the food that was easily available to them. Even they do not afford the sessional food on daily basis. Women know about the benefits and health outcomes of healthy food but they do not have enough resources of income to maintain their nutritional needs during the pregnancy.

According to Mahmood (2017), This research was conducted in Lahore. The author discussed that most women know about batter nutrition which is associated with pregnancy duration and duration of lactating but at the same time, they avoid that food which is harmful to mother and baby both in their perception such as beef, eggs brinjal, fish, and citrus fruit. In most cases, people avoid food items that are at a low cost and are replaced by high-cost food. All these practices and beliefs have mostly prevailed in developing countries and low economic strata.

Women know about batter nutrition for the duration of pregnancy. Women used that cultural and low-cost nutrition which is healthy for their health and their circumstances allow them to buy and use it. Also, women avoid that form of food that is harmful during the pregnancy for the health of the mother and infant.

2.3 Super Natural Beliefs among Pregnant Women

According to Azato (2016), Religious beliefs and practices play an important role in the recovery of the patient. Religiosity and health are interconnected with each other and we can't take them separately. During the pregnancy, women strengthen their prayers to God for protective and safe delivery. Some women are panicked at the mention of cesarean

section for fear of death during the surgery. Then women explore spiritual and traditional options to ensure that they deliver impulsively. Women practiced religious activities and they pray to God for safe delivery and relief from the severe pain. Even sometimes women sing different spiritual lyrics in the ward because they feel fear and anxiety. Women pray to God to prevent the evil eye and effects of misfortunes. So, this study declared that pregnancy and delivery have a strong supernatural and superstitious connection where life is born. Women are allowed to openly exercise their religious or supernatural beliefs and even practice at home but do not compromise on them.

In this research, some women have developed the relationship between the childbirth process and religiosity. Women have practiced religious activities for the better possible results of pregnancy and women perform the rituals to avoid misfortunes and the evil eye. Women pray to God for safe delivery and relief from severe pain. On the other hand, some women were a follower of religion but they do not practice any religious activity and does not perform any religious rituals even in daily life. They are religiously illiterate too. Their elder generation does not give them religious education.

2.4 Pregnancy-Related Complications

The study conducted by Munim (2009), discussed that measurement may be difficult but mostly women face complications and half a million women died due to the complication while surviving the pregnancy. Pakistan is among the countries with a high maternal mortality rate. Maternal mortality is a current major tragedy that is a challenge for the policymakers of Pakistan. The problem of maternal mortality and complication can be understood in the context of health-related larger issues of women's health and health-related development of the country. In Pakistan five million women become pregnant and seven lacs face compilation during pregnancy and twenty percent of them died during the pregnancy and pregnancy-related complications. Antepartum, postpartum, or related abortions or ectopic pregnancy are the major killers of childbearing women all over the world. Poverty is playing a major role in pregnancy-related complications because women do not get good quality antenatal care and diet and Pakistani women compromise on the service of health, quality of diet, and many more due to the low source of income. All these are the major complications and diseases during pregnancy. These are the

reasons as well for the complications during pregnancy. Pakistan is one of the highest rates of maternal mortality in the south Asia region and maternal mortality and morbidity can be addressed by the health systems.

Women are not enough aware of the complications during pregnancy. Women are just informed about the minor problems of pregnancy. They do not know the severe problem of maternal and neonatal mortality. Pakistan is one of the highest rates of maternal mortality in Asia due to the problem of poverty and the major problem of lack of education and lack of awareness. Women in the research locale were not completely informed about pregnancy-related complications. But they agreed that antenatal care services and visits are important and useful to avoid complications during the pregnancy. They have agreed that point complications are normally possible during the pregnancy and if they will avail of antenatal care services. They will be confirmed timely about the complications and misfortunes of pregnancy.

According to Yonus (2015), pregnancy is the natural physiological process in which duration women experienced and women feel some physiological changes due to fetal growth and development. Maternal mortality refers to the death of women during pregnancy or within six weeks after childbirth. During pregnancy, women need antenatal care and practices for the successful duration of pregnancy and childbirth. ANC is important to recognize the alarming signs of pregnancy and timely managed the misfortunes. Due to certain reasons, Pakistan is on highest mortality ratio. Poverty is the barrier to fulfilling basic human needs. People do not afford basic reproductive health services due to their low resources of income. In poor families' females are not have access to even basic primary education. These illiterate women do not have the awareness of reproductive health and related complications and disease and they are unable to utilize the reproductive health services as well. Early marriages are the other reason for maternal mortality because the too young generation is not experienced and informed about the process of reproduction.

Women do not have enough information to understand the severe problems and severe outcomes of pregnancy. Our elder generation does not agree with the complication of pregnancy. But with time, our young generation understands the benefits of antenatal care

and agrees on the beneficial results of antenatal care. They are agreeing that antenatal care confirmed the misfortunes and dangerous alarming signs timely. But they are not able to get antenatal care services every month. They save money hardly and then get the antenatal service once in five months. They visit the private clinic of the doctor because government hospitals do not facilitate them enough.

According to the Qurashi (2016), beneficial and timely care is important for the health of neonatal and maternal for favorable outcomes for the individual and the community. Understanding reproductive health-seeking behavior in a community and as an individual is important for the development of health systems and health policies. Pakistan has been unable to achieve sustainable prevention in the maternal mortality ratio (MMR). Policymakers can prevent mortality in Pakistan by providing the access to basic antenatal care services. Pregnancy was not considered a high-risk situation still women presented the need for antenatal care to women. Women need to be cleared about the complications and diseases during pregnancy and childbirth. Misconceptions regarding the severity of various conditions were reported. Headache was a common problem among pregnant women which was a sign of high blood pressure. This is not good for maternal and neonatal health. It is the risk factor to increase the maternal and neonatal mortality ratio. Firstly, it is important to educate the women regarding the regular advantage of antenatal care as well as the danger signs and complications of pregnancy to reduce the maternal mortality ratio in Pakistan.

Women need antenatal care visits before they feel a high risk of mortality or dangerous sign. Women have misconceptions regarding the severe complication of pregnancy. Women should know the common complications of pregnancy. From generation to generation still, now women are not educated and even in the next ten years, people will not have enough development to decide that they should educate the females of their family.

2.5 Caesarean Section and Vaginal Birth

"Reproductive health is the state of the complete physical mantel and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the

reproductive system and its functions and processes. Reproductive health implies that people can have a satisfying and safe sex life and that they can reproduce and have the freedom to decide if when and how often to do so". (WHO)

"Caesarean delivery (C-section) is a surgical procedure used to deliver a baby through incisions in the abdomen and uterus. A C-section might be planned ahead of time if you develop pregnancy complications or you had a previous C-section and are not considering vaginal birth after cesarean (VBAC) Often, however, the need for a first-time C-section does not become obvious until labor is underway (Mayo Clinic Family Health Book, 2020).

"It is the natural process by which a baby is born from the mother without significant medical intervention. It is also known as natural childbirth wherein the mother is guided through the labor process until the baby comes out through the birth canal. It is also known as vaginal delivery in medical sciences".

People had the perception that reproduction is a natural physiological process to continue the human race. Childbirth by the vaginal canal was the only delivery method. Vaginal birth is a safe and healthy method of delivery for both mother and baby both. Cesarean section is the surgical procedure for delivery. But it is an option used in complicated pregnancies. People think that a cesarean section is a source to save maternal and neonatal lives. But our young generation adopted the cesarean section method for painless and comfortable deliveries. Cesarean section is affordable for financially strong people. Poor people even cannot afford the expense of a cesarean section in the emergency condition of their patient.

2.6 Preference for Caesarean Section

Aisha (2020), discussed that now Pakistan is included in those countries in which the trend of cesarean section has increased in the last two decades. The study aims to analyze the ratio of cesarean section deliveries among childbearing women in Pakistan. Convenient and as soon as possible provision of health care facilities for pregnant women is highly important in all countries infect, arose the globe. Cesarean section is considered a safe surgical process. Literature shows that mothers have many cultural and personal

reasons or experiences to request cesarean section deliveries. In the discussion, the author mentioned that the medical and non-medical factors are contributing to the increase in the cesarean section rate in developing countries around the globe. Due to the unusual increase in the cesarean rate over the last two decades. It is important to study the associated factors with cesarean section deliveries. The age of the mother emerges as a factor between the age of the mother and the mode of delivery. Previous studies disclose the reported diseases such as heart disease, infections, and hypertension. These diseases increase the risk of cesarean section deliveries. Women belonging to Punjab residential urban areas use more antenatal care select private hospitals or clinics and select the cesarean section delivery due to their strong financial position.

As I discussed that cesarean section is associated with high social and financial status. Cesarean section is a medical-surgical procedure for childbirth in a complicated pregnancy. But it is used as a symbol of high social status. Women know the complication of cesarean section on a low level. Women and their families cannot afford the expense of a cesarean section. They just know that cesarean section is not good for maternal health and it is used only at that time when a vaginal birth is cannot possible and there is the risk of death of the mother or infant.

Aisha 2020, discusses the cesarean section and preferences. This study tries to explore the perception of cesarean sections among women and study the social and cultural aspects affecting the growth of cesarean sections in Pakistan. Pregnancy and childbirth are important in the life of women. There are several factors are behind the growth of cesarean sections including the greater involvement of medical technology to reduce the complications of childbirth. Due to the lack of awareness and information, many women select the mode of delivery in the light of others' experiences around them. Women are attracted to the cesarean section due to the painless delivery and satisfactory level. So that's why those women do not feel fear about complications that are associated with cesarean section. Cesarean section is an expensive method of childbirth and it is affordable for those women who belong to higher social status. Most of the time women, select this mode of childbirth as a status symbol. Sometimes, women have fear of vaginal delivery and listened to it the tough experiences of vaginal deliveries. Sometimes women

do not have awareness of the modes of delivery. They do not have information about the post-partum complications and after passing through the cesarean section they think it was not a wide decision.

There are many reasons are behind the growth of the cesarean section. Such as the experiences of individuals. People rely on the experiences of others and this thing provoked the women for cesarean section. People are unaware of the proper knowledge of cesarean section. cesarean section was associated with high social status and people consider it a luxury and a comfortable act for rich people. It is a waste of money and cesarean section destroyed women's health. women are not informed about postpartum complications and depression.

Abbas 2018, discussed that cesarean section is a life-saving method or procedure that reduces maternal and neonatal mortality and improves reproductive health. Vaginal delivery is still a safe and low-cost method of delivery. Infect, cesarean section is performed when it is not even required. It creates health changes for the women and their newborns. Pakistan is in the fifth number to contribute to global maternal mortality. Age of mother at first marriage, a higher number of antenatal care visits are associated with the high risk of cesarean section deliveries. Women in Punjab are more like to deliver by cesarean section in private hospitals and clinics with private health facilities and there was no difference between the women of urban and rural areas in Punjab. The government of Pakistan should provide facilitation access to health care facilities in areas that are not easily accessible especially, in rural areas for rural women.

People think that cesarean section is the source to save maternal and neonatal life in complicated pregnancies. Vaginal delivery is a natural childbirth method and obviously, God kept the advantages of this method of delivery. Women's perception is that vaginal birth is good for maternal and neonatal health and it is low-cost poor people can easily afford it and they can conduct it at home easily. Cesarean section is only used to handle the complicated situation of delivery and save the mother and newborn both life.

2.7 Pregnancy Sing/Symptoms and Advantages of Vaginal Birth

American college of obstetricians and Gynecology (ACOG) recommends attempting vaginal birth if a patient is at low risk of pregnancy, the baby is in a head-down position, and the woman is surviving the 37 weeks of pregnancy. Even women who had a previous cesarean section and those who are expecting the twins are encouraged to try to deliver vaginally if the conditions are right and their obstetricians give them the green light. Major medical organizations trying hard to reduce the rate of preventable cesarean section (Rogers-Anderson).

Here are some of the advantages of vaginal birth for mother and baby.

- The baby will receive beneficial bacteria.
- Squeeze fluid out of baby's lungs.
- A hospitalized stay will be shorter and the patient will get a speedy recovery.
- A woman will avoid the complications and risk of major surgeries.
- Women will engage in early and timely breastfeeding.
- Women will be less likely to have complications in future pregnancies.
- A woman will decrease a child's risk of asthma and obesity.
- A woman will be less likely to suffer from subsequent fertility problems.
- Women will save money.
- A Missed Period.
- Frequent Urination
- Swollen and tender breast
- Fatigue
- Nausea, with or without vomiting.
- Light Spotting and cramping
- Bloating
- Mood Swings
- Constipation
- Food aversions and sensitivity to smell (Common Sings in Pregnancy, 2020).

Advantages of vaginal delivery provoke women to adopt vaginal delivery. Vaginal birth is beneficial for maternal and neonatal health. The low-cost advantage of vaginal birth

attracts women and their families. Vaginal childbirth saves the baby from the diseases such as asthma and allergies. Women get recover as soon as possible in vaginal birth. Every individual experiences different signs such as some women face vomiting and nausea and some of them face constipation and vomiting. The most common and confirmed sign is a disturbing period cycle.

2.8 Practices and Knowledge of Contraception

Khawaja 2009, described contraceptive knowledge and practices among married women in Pakistan. Pakistan is known as the most populous nation in the world with an annual high fertility growth rate. Pakistan reproductive health and family planning survey highlights the huge gap between the knowledge and use of contraceptives among currently married women. This study aimed to investigate or measure the contraceptive practices and knowledge among Pakistani women in Lahore. The population explosion is a heavy burden on the limited resources of developing nations. There is still a large gap between awareness and usage. Government or policymakers should inform the people about the advantages and disadvantages, knowledge, and usage of contraceptives. The most common source of information can be social media on contraception methods and family can play the important role in it.

There is a huge gap between people and contraception. Women are unaware of contraceptive methods. But some Women use a different method of contraception but they are unaware of the side effects, damages, and complications of contraception. The majority of the women do not use contraception because they do not know about contraception. Some women consider it a wrong act according to our religion and being Muslim.

2.9 Maternal and Newborn Health Care Facilities

Safdar 2002, highlights the maternal and neonatal facilities among rural women. Pakistan is a developing country with a 130 million population with high literacy and high fertility rate and a poor economy associated with high mortality and morbidity ratio. There is a need for effective policies for the facilitation of health care for rural women. It

is the requirement to study the maternal perception and experiences of the health care system. A high maternal mortality rate shows the need for addressing women's health in Pakistan. The role of the health sector should improve maternal health and make sure that quality health services are provided to women during pregnancy and childbirth to the women in the rural area. Women do not have enough access to the doctor due to the limited health care options and poor knowledge of obstetric complications.

The maternal health care system needs improvement. Rural areas need effective policies and beneficial facilities to reduce maternal mortality and complications. Women do not have easy access to doctors and rural and poor women do not afford the expense of private clinics or hospital doctors. government hospitals do not have the proper facilities to provide the patients and the government does not make maternal health care policies to reduce maternal mortality.

Ashar (2021), discussed the maternal and neonatal health care services in Pakistan. Pakistan is a country with a high maternal and infant mortality rate. Many foreign-funded projects have been handled in Pakistan to improve maternal and newborn health care facilities. The Norway-Pakistan partnership initiative (NPPI) was one of these projects. Pakistan is a classic case of growth without development.

It is the reality that Pakistan is a classic case of growth with no development. People are increasing the population in the circumstances of poverty, and lack of resources. There is no hope of improvement of the maternal health care system, no hope of development of resources. But they are planning for their families to use their children as child laborers.

2.10 Doctor-Patient Relationship

The researcher illustrates that doctor and patient relationships are reported as the question mark in many places and the relationship between the doctor and patient is considered as created most of the time in terms of the trust. Several patients made unofficial complaints about the doctor. It is heard that several doctors in their training and service life had physical relationships with their colleagues from allied health care workers and patients. Many such cases were reported and remained the subject of inquiry with the concerned hospital and chief. But nothing happened. Professional and authorized people often

banded together to support each other and may even dismiss such reports rumors and gossip. Only the Pakistan Medical and Dental Council (PMDC) the only regulatory body in the country has been very active in addressing such issues. The Canadian Psychiatric (CPA) makes some recommendations in its position paper which are in line with an effort to address an issue such as:

- Professional Psychiatric Education.
- Patient Education.
- Disciplinary Action.
- Friend of the Patient (Gadit2008).

Illiteracy is the huge gap between the doctor and patient relationship. The doctor's point of view is not easy to understand for the patients. Because patients are not educated and do not have the knowledge about their issues infect, some of them even do not understand their problems properly. Patients lose their confidence in front of a doctor and do not explain their problems in detail. Women have the problem of trust and mistrust between them and doctors. some people hesitate from the male doctor and prefer the female doctor over the male doctor.

2.11 Biomedical Ethics and Doctor-Patient Relationship/ Communication

Shahid (2020), Examined a specific medical problem by using values logic, and facts to take action for solving a specific issue. It is called biomedical ethics. It deals with the doctor-patient relationship. The doctor may face many conflicts in practice but resisting that situation for both doctor and patient comes in biomedical ethics. The very first factor that medical ethics contains is the relationship between doctor and patient. A doctor-patient relationship or paramedic staff or patient relationship is strengthened by the practice of medical ethics. A good relationship can help create better communication between a doctor and a patient and the doctor which may lead to better health care decisions. Both of their relationships are based on trust. Trust gives rise to the doctor's responsibilities. In treating a patient and the patients getting comfortable in sharing their issues with the doctor. The best relationship between the patient and doctor gives respect

and contributes by courtesy and dignity. Ethics also include that when a doctor provides urgent care and treats according to the will of the patient with patience. Trust between the patients and doctors can only be built if there is mutual respect that is why their interaction needs respectful language and psychological understanding. Respecting patient privacy is an important aspect. A Doctor can help poor patients by the reduction of the fee.

As I discussed in the previous discussion, there is a huge gap between the doctor and patient relationship. communication between the doctor and patient is not good. Lack of confidence is damaging this relationship badly. Illiteracy, poverty, and dependency are barriers to the development of the relationship between the patient and doctor.

2.12 Cultural Practices and Preferences for Breastfeeding

Breastmilk is the ideal food for infants. It is safe, clean, and contains antibodies that help protect against many common childhood illnesses. Breastmilk provides all the energy and nutrients that the infants need for the first month of life and it continues to provide up to half or more of a child's nutrition that the second half of the first year and up to one-third during the second year of life (WHO).

Breastfeeding is the healthy and natural process of nutrition of newborns. Exclusive breastfeeding is in practice on the research site. According to the perception of people breastfeeding give energy to the newborn and save the baby from severe diseases and common childhood illness. Breastfeeding is beneficial for maternal and neonatal health.

Antoniou (2012), described the cultural views and practices relating to breastfeeding. The issue of breastfeeding is one of the most important issues of public health. The objective of public health regarded as the proper diet of a child is a natural development and nutrition the avoidance of complications related to the diet and the prevention of chronic disease. The causes of child mortality are associated with the diet of children. This study mainly deals with the cultural practices and views and ideas of the various culture and the way they determine how much a natural and biological process, such as breastfeeding is aspect. When the author looked into the breastfeeding issue from a more anthropological-social point of view. They observed that cultural practices and beliefs

prevailing in society determine to a considerable degree which procedure will be considered natural and accepted by the people.

According to the people's understanding breastfeeding is the first right of the baby from her mother after birth to the first six months. The advantages es of breastfeeding provokes the women to practice exclusive breastfeeding for the nutrition of the baby. Breastfeeding is cultural and natural practice and it is associated with a strong belief system. These beliefs provoke the women toward the healthy advantages of breastfeeding. Breastfeeding reduces neonatal mortality during the first six months of the lives of babies.

Noh (2019), discussed the factors which are affecting breastfeeding. Jin-Won Noh described that women belonged to the rural area. They were providing exclusive breastfeeding to their infants. Previous studies about the relationship between maternal education and breastfeeding practices are inconsistent. In this study maternal education was not a significant determinant of starting breastfeeding. The author found that receiving breastfeeding information from relatives and friends had a positive impact on starting breastfeeding. This may be due to the nature of their advice. In the Muslim community friends and relatives are the main people providing breastfeeding advice. Peer counseling intervention may be tested in Pakistan to improve early breastfeeding initiation and exclusive breastfeeding. This analysis provides evidence for further efforts to improve breastfeeding practices in the Sindh province of Pakistan. Mass media campaigns to improve breastfeeding practices should be accompanied by the government's restriction on the marketing of formula milk in Pakistan. It is also necessary to consider the development of peer counseling intervention to improve breastfeeding practices.

In the rural area. People practice exclusive breastfeeding. Concerns of the women are towards the good health of their children. Women are not educated and informed about the advantages and beneficial results of breastfeeding. Breastfeeding is a healthy way to feed babies and breastfeeding prevents the common diseases of childhood. Information from the elder generation had a positive impact on the start of breastfeeding. Social

media campaigns are increasing the exclusive breastfeeding practice among lactating women.

Farooq (2019), discussed the nutrition of an infant during the first six months of life and the association of the nutrition of an infant with rituals and practice. This study aimed to investigate the beliefs and practices regarding breastfeeding and pr-lacteal among the parents and grandparents. Infant young child feeding (IYCF) practices recommended by the world health organization (WHO) and United Nations Children Found (UNICEF) do not encourage every kind of food in the first six months except breast milk for newly born infants. When a child is born there are some preparations for the child and mother. The child's umbilical cord is cut to stop the food supply from the mother and is often taken a bath. Cord-cutting practices are reported mostly without the following hygiene. Before every nutrition of the child, local people start preparing to practice the cultural ritual of pre-lacteal first. They start to resemble someone very close to their family member, either maternal side or paternal side. Both sides mother and father try to relate to the newborn with them. Especially if the baby is beautiful and healthy. Relatives start visiting after listening to the news of a birth. Someone closer gives something as first-ever feed in the mouth of an infant that is known as pre-lacteal and *Ghutti.* It was observed that dirty currency notes were often handed over to the newborn for a warm welcome and then celebrate the occasion after the tough situation of birth and delivery. ritual has a religious touch as well some practitioner says that v the first time it was practiced by Hazrat Muhammad (PBUH). It is assumed that the newborn will adopt the personality and behavior of the person who will perform this ritual. It is still practiced in our culture and society even if it becomes a part of life.

Different Cultural practices regarding childbirth are popular in different cultures. But Ghutti is the only practice that is common in every culture and still in practice. It is the first nutrition of the baby. The way their parents want their children to be in the future they serve them with Ghutti of that particular person. This practice is and belief is still relevant, alongside their formal belief in this practice.

2.13 Maternal and Neonatal Advantages of Breastfeeding

American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months and continues even after solid food is introduced until at least age one year. The world health organization (WHO) recommends breastfeeding until at least the age of two years or longer because benefits continue that long these agencies recommended starting as early as one hour after birth for the biggest benefits. As breastfeeding provides ideal nutrition to the baby, breastfeeding contains important antibodies, breastfeeding may reduce disease risk, breastmilk promotes baby's healthy weight, breastmilk makes mat children smarter,

- There are many advantages of breastfeeding that are associated with maternal and neonatal health. But some of them are given below:
- Low risk of breast cancer.
- Low risk of ovarian cancer.
- Breast milk is the best milk for an infant. The nutrition in breast milk is unmatched by any other first food your baby can receive.
- Lower risk of rheumatoid arthritis and lupus.
- Less endometriosis.
- Its boosts the baby's immune system. Breastmilk is strong illness-inhibiting food.
- Less osteoporosis with age.
- Fewer Diabetes.
- Less hypertension decreases blood pressure.
- Breastmilk is easily digestible for infants/babies.
- Breastfeeding benefits moms too (Bjarnadottir, 2020).

Breastfeeding is beneficial for mothers and babies. Breastfeeding is good for the health of the baby. Breastfeeding is a natural process for the diet of a baby

2.14 Home Remedies to Increase Breastfeeding

According to the Canadian Breastfeeding Foundation (CBF), many other food and herbs may increase breast milk production. Such fenugreek has been found to take effect in as little as even seven days.

These food and herbs include:

- Garlic
- Ginger
- Fenugreek
- fennel
- Brewer's Yeast
- Blessed Thistle
- Alfalfa
- Spirulina

Medically, it is approved that by the usage of different food and herbs women can increase the mother's feed. Women used the *dasi* home remedies to increase the mother's feed. Outcomes of those herbs and foods come in seven days of usage and it is beneficial in results.

2.15 Breastfeeding Versus Formula Milk/Bottle Feeding

The researcher illustrates that mothers have to make so many decisions on how to raise their children and what can give them the best start in life. Because mothers are always conscious about their children. Most pediatricians will agree when it comes to baby feeding that "Breastfeeding is best". There are of course times when it is just not practiced or possible to breastfeed. In such cases, the opinion of bottle feeding can come to us as a blessed substitute for mothers.

When you feed your baby with formula feed, you can measure how much food your little one is getting per feeding. Infect this useful in understanding how much food is necessary for your baby to feel full.

Moms who decide to start the bottle feed to their babies do not have to worry about altering their diet to meet the needs of their babies.

Formula diet babies will generally less eat and are weaker often than breastfed babies. Because baby formula milk is longer to digest than mother's milk.

Certain studies suggest that mothers who breastfeed are less likely to develop breast cancer, ovarian cancer, and osteoporosis later in life. Some research has seen mothers who bottle-feed are more likely to experience postpartum depression. Women are less likely to develop type two diabetes later in life.

Breast milk contains more nutrients than formula and helps to promote brain growth and development. Breast milk also helps to improve your baby's immunity. Breast milk is easier on the digestive system of a newborn than formula is.

Bottle feeding is less convenient during midnight feeding sessions as it requires your full attention to get up and prepare the bottle. Formula food is expensive and not affordable for the poor population. Breast milk contains infection-fighting antibodies that formula food cannot duplicate.

According to the women bottle feeding is beneficial for the health of children. It is useful for a temporary period. Mothers use the bottle feed for their convenience. But children are not healthy when taking the bottled feed. Formula milk is expensive and the poor population cannot afford it. Women do not want to destroy their figure shape so that's why these women avoid breastfeeding and use bottle feeding.

2.16 The Discussion

This literature review discussed the co-relation between illiteracy, poverty, dependency, the health care system, and doctors. Doctors and the health care system both make policies to enhance their services for women in rural areas. LHWs, LHVs, and TBAs play an important role in the advertisement of prenatal care, postpartum and neonatal care practices.

Illiteracy and poverty and lack of resources are the huge gaps between the patients and doctors and facilities. These dependencies are responsible for the current situation of the maternal health care system and the poor quality of facilitation.

The main purpose of the medical representatives is to inform the people about the advantages of antenatal care practices and inform them about the knowledge of antenatal care and beneficial practices related to prenatal care. But many factors affect the

environment of medical health care facilities. Such as poverty, illiteracy, and the political economy of health.

Politics is related to the authoritative decision-making institutions about society, in the political economy of health economics plays an important role, in how resources and benefits are produced and distributed in humanity. we can say that relationship between the health care system relationship with people and medical professionals is much more complicated. All depend on each other or business commitments and others about disabilities.

Chapter 3
Research Methodology and Research Site

This chapter is divided into two portions. The first part discloses the detail of applied research methods including data collection tools and techniques. The second portion will disclose the detail of the area profile of Tehsil Jampur. There are many techniques and methods available for observing relevant phenomena. The first part of the chapter presents the logic applied to data collection tools and techniques. The area site part is an explanation of qualitative and quantitative data that helps the reader to understand the socio-economic and political structure of local Jampur.

3.1 Research Methods, Tools, and Techniques

The respondents were informed about the purpose of the study and they kept aware of the use of the information they were given. Consent of respondents was ensured at every step of field data collection. Data collection methods, tools, and techniques were used during this research to collect data from maternal health patients.

3.1.1. Key Informant

Key informants play a role as a basic source of information on required culture and society. They must be chosen with care as they should be from the community being studied and required to have enough amount of knowledge of the community to understand the local people's perspective.

I discussed my research with one of my friends who were a resident of Rajanpur city. I gain knowledge of a particular area in detail and request her to provide residence for the time duration of four months. Miss Tooba Irshad was my first key informant. Miss Tooba Irshad welcomed me to her home and introduced me to her family. Miss Tooba Irshad arranged transportation for me and guided me about the city and research local as well.

I have a few friends in Jampur as well. The next day I woke up at 6 am and get properly dressed and at 7 am I departed for Jampur and reached there at 8:30 am sharp. During this duration, I make the call to my friend who belonged to the pitafi family and requested her

the fulfillment of formalities in the police department. Miss Mahnoor Fatima came with her uncle who was serving the police department as SHO and took me from the city bus stand and departed for city police station Jampur. Her uncle completed all formalities and submitted the research letter and researcher id in their office. Her uncle makes a call to MS of tehsil District Headquarters Jampur and discusses all details of the study. And, requested him to help me. uncle of miss Mahnoor Fatima share the cell number of Dr. Fiaz with me and refers to the THQ hospital. Miss Mahnoor leads me to the hospital and returns to her home.

Then I reached the MS office where Dr. Fiaz take all the details of the study again then he makes a phone call to Dr. Yasir Hussain Shah and discuss the short details of the research and advised him to help out the researcher in the procedure of fieldwork data collection. Dr. Fiaz sent me to the office of Dr. Yasir Hussain Shah with his assistant. Where Dr. Yasir was waiting for me. and he takes all details of the research and verifies the identity of the researcher and reads out the research later. Then he identifies the particular community members in the city and locates the exact health worker of that place. He called her and said her to come to his office. B she was busy in a ceremony at home. She refused to visit the hospital. Then Dr. Yasir strictly advised her to join me in the locale and remind her again to bring her record register as well. Dr. Yasir Hussain Shah said to his assistant to assist the researcher in the community and advised him to stay there till the arrival of health worker Samina Bibi. So, Samina Bibi was the second key Informant of the study. She joined me in the field and exchange her cell number with me. She also shared the record register as well. She had identified the respondents through the record register. Then she introduced me to the field as a researcher.

During the fieldwork, I had to face a lot of hurdles. Initially, after one-week health worker refused to lead the researcher anymore and apologized with lame excuses. I tried to contact Dr. Yasir but he did not respond. The researcher again called Miss Mahnoor and requested her to resolve the problem through her uncle. Her uncle called his colleague who was a resident of that community and request him to accommodate me in his area and help me. Assistant-Sub Inspector (ASI) Shafiq Iqbal took me to his home. He had introduced me to his female family members. His family was well educated and

have a political background. His mother hire a local old experienced woman "*Pathani Maai*" for me to support in the field. I was able to complete my research in due time with the support of the *Sanjrani* family.

Pathani Maai was the third key informant of the study. Her admirable communication skills and well-established reputation helped me in doing my research.

3.1.2. Participant Observation

Participant observation was done by sharing the burden with health workers during the polio campaign. It was an important method for data collection. I participated in all activities during the research work. I observed a traditional pre-birth ceremony aimed together with the prayers for mother and child on my first day in the field. This ritual is known as *Goodbherai*[1]. I was invited by my respondent. Only women were allowed to participate in that ceremony. During the performance of the ritual, all guests were fed sweets to the new mother and put dry fruits on her lap as a symbol of blessing. I also did the same.

Once during a polio campaign, I saw a pregnant woman who was severely ill and was in labor pain. There was no medical help available nearby and there was no transportation facility available in the vicinity then I immediately called Dr. Javeria for help. She was a medical officer at a government hospital. She came in her car and transfer the patient immediately to the hospital. The doctor had appreciate my effort and said that patient was in critical condition. She was saying to me if you had not contacted me. She would not have survived.

Rapport Building is extremely important to collect data in the fieldwork. Rapport-building is also compulsory to utilize participant observation. I was not local to that specific area but we share the same language and culture. The familiarity made them comfortable in communicating with me. We spent a good deal of time together and it helped in building confidence between us. It helped me to extract the information from respondents. Confidence building was substantial because it was a sensitive topic. My

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[1] It is traditional ritual celebrated in South Asian culture before the birth of baby as a source of blessing for both mother and baby.

key informant and friends played an important role in the process of rapport building. I participated with them in their routine task and mediated their grievances with each other.

This method gave me as a researcher an opportunity to collect the qualitative data in descriptive nature I did not only talk with them but spent long hours with them as well and observe their work, interest, and their interaction with other people as well. I observed their facial expression when they shared their experiences about a specific topic.

I got another opportunity in the Outpatient Department (OPD) of the gynecology ward of Tehsil District Headquarters (THQ) to observe medical practitioners' behaviors and attitudes toward the patients by posing as one of the patients. I observed how medical staff exploits the patient according to their financial condition.

3.1.3. Sampling

The research was based on the topic of gynecology in the village of Jampur. In the research, I used different sampling Techniques as per the requirements of the topic. The sampling techniques I used that was both purposive and stratified. The total number of respondents taken for the study were forty among which there were health workers, doctors, key informants, health worker, and respondents, and their socio-economic status was also kept in view.

- In step one purposive sampling information of pregnant and lactating mothers was noted from the record register of health workers. Purposive sampling also helps me to get in-depth data regarding my research interest. It was a useful sampling during my research. I choose respondents who in their opinion are relevant to the research topic and it is also known as judgmental sampling.
- In the second step, the sample was categorized into three groups: group one current pregnancy (age of the respondents were under 27 years economic status was poor wagers and illiterate), second group: lactating mothers the age of respondents were under 35 years economic status was poor wagers and illiterate), and third group: aged women (respondents of this group were under the age of 80 years economic status dependent and illiterate) .

3.1.4. Socio-Economic Survey

The technique of socio-economic census survey has helped to gather quantitative data from respondents for the study. By following the technique of purposive sampling, the sample of a hundred households was taken for a socio-economic survey. A Census survey was applied to get the basic demographic. The method helped in easing the process of getting accurate and valid results.

For this purpose, some basic questions like name, age, sex, disease type, treatment expenditures, marital status, education, occupation, religion, income, and types of houses were included. The data also contributed to making actual sense of the financial standing of the respondents. The individual case studies of different patients were also included.

3.1.5. In-depth Interviews

An interview is an efficient tool to collect mass-level data. Unstructured, semi-structured, and structured interviews are part of my research plan to collect the data in the field. unstructured interviews helped me to collect the data informally during the field and it was a rich source of data from government hospitals and fields. Semi-structured interviews were a more active method to collect in-depth information about the concerned topic.

Conducting the interviews in the field was not ordinary in that it was highly technical. Semi-structured interviews were also conducted during fieldwork. Semi-structured interviews by using an interview guide with a list of themes. I asked various questions to every respondent. The answers of the interviewee were enlightening and also their body language provided a great source of information about their circumstances.

I conducted 35 interviews with health workers, traditional birth attendants, key informant midwives, and doctors. These interviews were conducted in the native language. This helped a lot to extract exact information about health issues.

3.1.6. Case Study

The case study technique helped to record related events an important way of getting into in-depth interviews of the living individuals. These case studies helped to understand the objectives. It can be about, an institution, a particular aspect of society, or culture.

3.1.7. Focus Group Discussions

The focus group discussion was a significant technique to cross-check the data that was already gathered. During this research, the first focus group discussion was held among the group of ten pregnant women and lactating mothers (respondents were under the age of 45 and their educational status was illiterate). The second FGD was among the group of eight old-age women (respondents were under the age of 80 years and were illiterate). The third focus group discussion was conducted in THQ government hospital with doctors and medical staff (respondents were well educated and well settled and under the age of 40 years). The audio recorder was used to record these discussions for avoiding to miss any important information. The earlier collected information was validated through the application of this technique.

3.1.8. Reflexivity

It was difficult for me to connect with the respondent because I am a woman. In my community, the movement of women is restricted but key informants and local doctors helped a lot in the collection of data. The majority of the population speaks Saraiki and it is my mother tongue. It also helped me in comprehending the nuances of the local culture. As an outsider initially respondents were cold and were not willing to participate in the research because of the sensitivity of the topic but later they agreed to participate in the research.

3.2. Research Site

According to the 1998 census report of Pakistan, District Rajanpur had a population of 1,103,618 of which 14.27% were urban, located in the extreme southwest part of Punjab, Pakistan with a geographical span of 12,319 km. The land is sandwiched by the river Indus on one side, while the Sulaiman Mountains range on the other. Under the local

administrative break, the whole district is divided into three Teshil and 43 Union Councils. I conducted my field research in Tehsil Jampur.

3.2.1. Historical Background of District of Rajanpur

Rajanpur is famed for Makdoom Sheikh Rajan Shah. The historical background of the district reveals that "Hindu Raja Harnacus" and his son "Lok Bhagat" had constructed the Fort of Harland in the style of Monijodero. That is the reason the structure of Harland Fort seems contemporaneous civilization of Monojodero. Muslim rulers from Muhammad Bin Qasim to Ahmed Sah Abdali had maintained their sovereignty in this area. When the Region of Harland was being ruled by Nadis Shah, he gifted this area to Makhdoom Sheikh Rajan Shah his Kardar in recognition of the construction of the Qutab canal. Later on, the said Makhdoom Sheikh Rajan Sahah added word "Pur" after his name during the year 1732-33 A.D.Since, it is called Rajanpur.

3.2.2. Geographical layout

The latitude of Jampur, Pakistan is 29.645947, and the longitude is 70.591934. Jampur, Pakistan is located in Pakistan country. The northern side of the district touches the boundary of District Dear Ghazi khan. The western side is lined with the Sindh and Baluchistan Province. A tribal belt of Koh-e-Sulman covering the area of 5000 sq Kms is also adjacent to its territory, which is not under the administrative control of the Punjab police. The responsibility for crime control and maintenances of law order in that tribal area rests with BMP.

Kashmore and Ghothki Districts fall on the southern side, Kashmore-Sui-Road is the most vulnerable being the convergence point of 3 provinces i.e Punjab, Sindh, and Baluchistan as well. This road starts from Indus Highway near Kahsmore and leads to the Sui-Area of Baluchistan. It had a length of 48 km. Initial 6 km includes the territorial jurisdiction of Sindh province. Then it enters the area under the control of Rajanpur and passes through about 20km. while about a 6km strip is the jurisdiction of BMP and hence it moves into Baluchistan province.

Rohan measuring 48km is most vulnerable. Indus river flows in the east and touches the boundaries of Muzaffargarh and Rahimyar khan District. The land of the district either falls in the river belt or within hill tracts.

Saraiki is the local language of the city. However, Urdu is also spoken in the region. The most popular Saraiki poets of Jampur were Mr. Malik Ghulam Rasool Dada, Abdul Hameed Zaok, Abdul Hafeez Bhanshani, and Mr. Abdul Qayyum Amil.

3.2.3. Tehsil Jampur

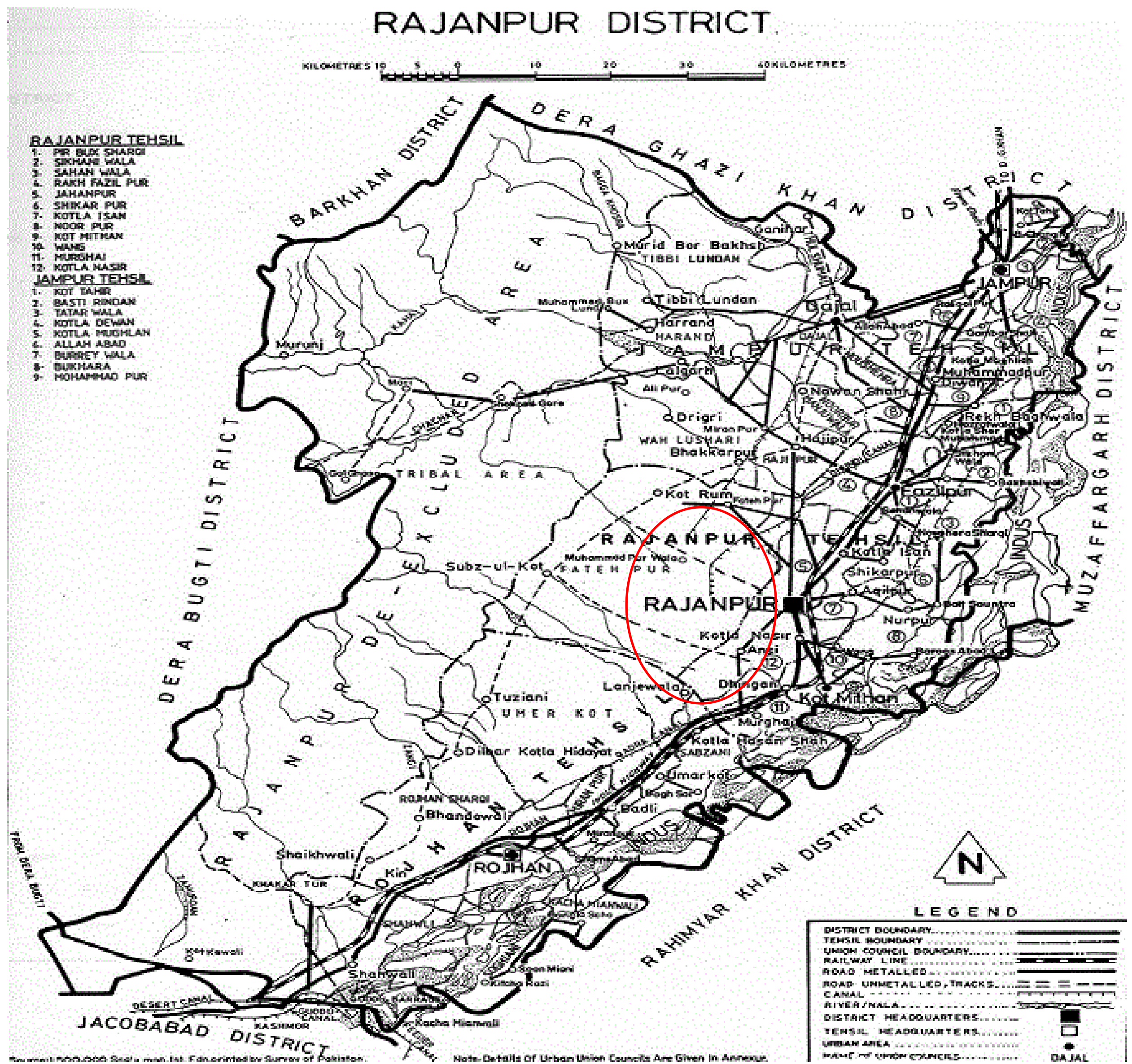

Figure 1: Map of District Rajanpur. *Source: District Census Report 2017*

Jampur is a tehsil headquarters town situated at a distance of about 15 km in the north of Rajanpur. It is said to have been founded about 600 years ago by one jam, a manik jat. According to another account, the jam was a Chughatta who escaped from Dehli after the rest of his clan had been slain in battle. The jackals claim descent from him. It is connected with pucca road with Dear Ghazi Khan, Rajanpur, and Jakabad. It is situated on the right bank of the River Indus and in summer is attacked by floods. The town being

of a low level is surrounded by Same and Thoor on all sides, drinking water is obtained through a hand pump. It is important for lacquer and wood. The manufactured wooden boxed and the toys are sealed out the other parts of the country.

3.2.4. Access

Transportation was not easily accessible finding a vehicle from city to village was relatively easy than finding a vehicle from village to city. Transport infrastructure was also in very bad condition. The road of Indus highway was damaged and the same was the condition of the streets. The municipal corporation was not functional as it should be.

3.2.5. Language

The language of my locale is Saraiki, but Balochi is also spoken in tribal areas of the Tehsil. Muhajir is the second largest spoken language of my locale. Their mother languages are Saraiki and Baluchi in the schools their children learn Urdu and English languages. I knew three languages from the group of languages spoken in that local which helped me in understanding the official document as well as the issues of the local people.

3.2.6. Dress Pattern

Like the other parts of Punjab, the people of this area like to wear Shalwar Qameez, but pent culture is also present and the young generation gives priority to wearing pent than shalwar Gamez. The people of different Bloch tribes like to wear their traditional dresses like Pageri, Shalwar, Games, and Chapel. They also wear a jacket which is woven very carefully and beautifully. Mostly tribal girls are experts in weaving; this training is given to them from their childhood. Most of the girls like to wear clothes made with their own hands. The girls also catch their hair with the Pranda which is again their product. The tribal women took very care of Prada. The red color for the mother's dress was traditional common and post-birth rituals.

3.2.7. Food Pattern

The food habits of the people are very simple they use freshly cooked food. Roti Salan is the usual food of this area but some food restaurants are also available there. Like other

Baloch tribes' people like the dishes for eating, but they are non-vegetarian people. They also dry the meat in the winter like Pakhtoon. There is also a taboo in the food for instance they give less meat to the female members of the family because they think that meat increases the sexual urge in the females which is why they give less meat to the female members.

The diet of the mother after childbirth for three days consisted of meat-based soap or stocks. During pregnancy for their craving, they used *'trang'*[2]

3.2.8. Kinship

The family structure of people was near to village living style. They mostly live in a form of groups, because most of the people living in the city are migrated from villages for livelihood. The living pattern of people is divided into three types; joint, nuclear, and extended families.

3.2.8.1. Family Structure

Family is the basic unit of socialization with people. The people within the family are related by marriage or blood. In the village word, '*Bal Bachy'* is used for the family. The following types of families were present in the village.

3.2.8.2. Joint Family

This type of family is common but more than nuclear families. In this type of family structure, adult brother lives together with their respective families of procreation. As well as maintaining a common household, also had common property. Usually, the father and eldest brother assumes joint responsibilities, for younger siblings. Joint families are seventy-one percent of the total families of the selected population. It is the traditional living pattern of the people in the village but now people are changing their pattern of living rapidly.

[2] Cardamom and rose petal bolied is consumed during pregnancy

3.2.8.3. Nuclear Family

The term nuclear family refers simply to the two adults of the opposite sex living in a socially approved relationship e.g. marriage. It is a unit of mother, father, and their children. Nuclear families are in minority nineteen percent of the total families.

The selected locale only uses one entrance, but the house is divided into many portions internally. Such types of houses show only one house with many families.

3.2.8.4.Extended Family

This is the kin-based unit found in the village. In the extended family, three generations live together under the same roof. Several married couples. Their spouses, their children, and grandparents lived together and forms a residential, economic and educational unit. This form of family is also observed in a village as nineteen percent of the selected families of the village.

The very fact reveals that the common families were but nuclear families were increasing rapidly. But it was not the same in the past. This change from a joint and extended family structure system to a nuclear one is due to the transition of the family from a unit of production to a unit of consumption. In the past, more hands were needed for agrarian activities but now modern techniques, appliances, and availability of labor on wage bases have been dissolved the compulsion and now there is a liner need for these social institutions. This is the way they are being broken down rapidly.

Table 1: Frequency of family structure

Sr.#	Family Structure	Number of Families	Percentage
1	Joint Families	206	71.5
2	Nuclear Families	56	19/4
3	Extended Families	26	9
Total		288	100

Source: Field Data

3.2.8.5. Marriage

In the social institution of marriage, I was shocked to know that in cities people are motivated to polygamy. They feel honored having two wives and many children, it seems like an old age picture and in ancient civilization people's honor is measured by their children. In this area major categories of marriage are practiced; Endogamy Exogamy and polygamy. The local term used for the dowry is Daaj. The concept of dowry in tribal areas of southern Punjab follows some strict rules. Dowry must be given to the bride by her siblings in present days the amount of dowry is very high. Many families cannot give the dowry so their girls remain unmarried. This is the major cause of endogamous marriages.

Table 2: Frequency of marital status

Sr. #	**Gender**	**Number of Married People**	**Number of Unmarried People**	**Percentage**
1	Male	141	242	37.1
2	Female	144	240	62.9
Total		285	482	100

Source: Socio-economic census survey forms.

The above percentage shows the married and unmarried people of the village. During the fieldwork. I came to know that only three widows lived with their families and there would not see any divorce cases.

3.2.8.6. Types of Marriages

In South Asia, there are two types of marriage practiced. That is;

- Endogamy means marriage within the family
- Exogamy means marriage outside the family

From the south Asian perspective, Endogamy and Exogamy are also divided into two broader categories i.e. Polygamy and Polyandry.

In the selected local; was town-like village endogamy was practiced more than exogamy and there were 50 cases of polygamy noticed.

Table 3: Frequency of marriage types

Sr.#	Type of Marriage	Number of Couples	Percentage
1	Endogamy	97	67.3
2	Exogamy	44	30.6
3	Polygamy	50	50/7
Total		144	100

3.2.9. Common Diseases

In local epilepsy and hepatitis C were common. Because people were less educated about the symptoms and cures; they were unaware of the latest medical facilities. They practice traditional healing practices. drinking water of the locale was not good for health so the disease largely transfers to the common people.

3.2.10. Health Facilities

The health condition in the village was very bad because there was MBBS doctors were available in a government hospital in the city. But people, unfortunately, prefer to the peer 'Taweez'[3] first on doctors medicine. According to the people's perception medicine of local stores was not effective.

3.2.11. Ethnic Group

Jampur is a mixture of all Balouch casts because most of its population is newly settled. Balouch tribesmen who have some resources came there and settle in this area. In this area, we found Gurchani, Dreshik, Leghari, Mazari, Qusrani, Sanjrani, Buzdar, Khosee, and Pitafi tribesmen.

[3] Amulet

3.2.12. Irrigation System

There is a water irrigation authority working in the Tehsil which regulates the water among the farmers. Mostly tube-well and motor pumps are used to irrigate the crops. There is also a canal which is starts from Head Bridge and ends on the southeastern side of the district. The underground water is very good in taste and it is also good for health. The major reason for the migration of the people towards this region is its underground drinking while the water in the nearby areas is bitter and not able to drink but in Jampur water is sweet.

3.2.13. Occupation

The city of Jampur has an agriculture-based economy. The agriculture industry is the major source of income in Jampur. Agriculture is of immense importance to the city of Jampur. As more than half of the population of Jampur lives in rural areas. Rural agriculture is the sole means of subsistence and employment. According to the economic survey of Pakistan agriculture remained to be the dominant source of employment for Jampur.

The following is the illustration of people related to the different occupations in village Basti Meeran.

a) Agriculture

The majority of the people in the village are engaged in agriculture. Some people have their lands and some work as tenants locally called 'Hathaein'. This occupation is called 'Zamindara' and owners of the lands are called 'Godas' and the people engaged in agriculture are called 'Hathaein'. Males play an active role in land preparation harvesting, threshing, and storage. Females also assist them in their work by providing free labor.

Most of the crops are grown for the owner's will and all members of the household are consumed in the cultivation of land.

b) Wage labor

About eighty percent of working people worked as hired, wage labor i.e, '*Mazdoor''*. For this purpose, they visit the village or go to a nearby village to get Mazdori sometimes

they went to the city. These laborers work daily i.e. '*Dehanwar*'. They might work at construction sites and during the sowing and harvesting of crops.

c) Local Business

About three percent of the local people run their own business as shopkeepers and dealers of diesel and petrol agencies. These people mostly have no land or are unable to sustain on the meager income from land some of them have their shops in the village where they sell almost every item. Some go daily to the city shops where they work as helpers or servants in shops and offices of multinational agencies of pesticides etc.

d) Govt. Servants

Only two percent of the villagers have government jobs. They are employed in schools and government offices and one of them was serving in the army as a commission officer. Most of them are teachers, clerks, peons, and sweepers in government institutions. They earn four thousand rupees to seven or sometimes eight thousand rupees. A government job is a source of regular income. Those who get some formal education, want these types of permanent jobs.

Table 4: Frequency of occupational distribution

Sr.#	Occupation	Number of People	Percentage
1	Agriculture	25	4.9
2	Wage Labor	460	90.9
3	Local Business	13	2.6
4	Govt. servant	8	1.6
Total		506	100

3.2.14. Paid and Unpaid Labor

Some people also work at daily wages during the sowing and cultivation of crops and they are paid on the compilation of the sowing of tobacco session. They are the paid labor that comes from in rear cases outside the village. But sometimes relatives of the tenants

also help them in the fields and other economic and non-economic activities which are called '*Vingar*'. In this activity, they worked as non-paid laborers but the meal was given to them by the owner of the land and when they need some help the tenants helped them in any activity, it is a vice versa process.

3.2.15. House Settlement Pattern

The living pattern is based on peoples' economic conditions. A large number of the population lived under the poverty line in Pakistan and in selected locales too. In the village, they have only one-room houses for a large family in which sometimes the family members approximately ten individuals. Secondly, about thirty percent of people lived in two-room houses, fewer in three or more rooms, and only landlords lived in more than three-room houses.

The study area was agricultural, so the large families lived in two-room houses and tenants lived in one-room houses; they use that only room as their kitchen, bedroom, and guest room.

Table 5: Frequency of household structure

Sr.#	Number of Room	Number of Families	Percentage
1	One room	57	50
2	Two room	34	29.8
3	Three room	2	17.5
4	More	3	2.6
Total		114	100

Source: Socio-economic census survey forms

3.2.16. Type of Houses

Houses of people are divided into three types; *katcha*. Semi katcha, paka(cemented). People lived in the countryside semi *katcha* and *paka* houses present but in the locale

mostly people lived in the *katcha* one-room houses. Here is the distribution of houses in broader categories.

Table 6: Frequency of Household Type

Sr.#	Type of house	Number of households	Percentage
1	Katcha	85	74.5
2	Semi-katcha	18	15.7
3	Paka	11	9.6
Total		114	100

3.2.17. Religion and Sects

The main religion of my locale is Islam. Sunni, there were two major sects Sunni and Shehia (Fikah Jafffiera). There are many sects of sunnies; in the selected only two sects were presented e.g., Baralvi and Daubandi. Two sikes also lived there but they left this area one year ago and they were the last people of the other religion. People are not much religious rather they are superstitious and have faith in pirs and other supernatural things. Fake pirs earn a lot of money from the newly settled people and also spend a lot of money on different religious rituals. They perform rituals with full religious zeal and zest.

Table 7: Frequency of Sects Distribution

Sr.#	Sect	Number of Individuals	Percentage
1	Sunni	534	69.7
2	Fikah Jaffria	233	30.3
Total		767	100

3.2.18. Educational Institutions

Jampur is rather sparsely populated and has little industry, though the land is not enough fertile. One of the most famous educational institutions in the Govt. Boys High School, Jampur was constructed in 1935 under the British Government. Three Govt schools one for boys and one for girls and one boy's middle school are in the city. There is no university and the campus of any university is not available. There is also a commerce college for boys. Private school approximately 100 working in this city.

The literacy rate of Jampur city is 80%. There are two Madrassa where Islamic education is given to both underage boys and girls while sewing training is given to the females in the house.

Education is the fundamental right of the people of any country community or area. But in Pakistan, the situation is quite different because in rural areas schools showed the scene of cattle forms. Nowadays checking schools 'overall working capacity starts with the education department improving the condition of the school.

There are two types of education,

1. Formal; education is given in schools, colleges, and university professionals.
2. Informal; education and technical education are given in houses, muddarsas, and home schools.

The selected locale is 10 km from Jampur city and attached to the town of Moza Pol waa. Here the overall percentage of literate persons is not good but sufficient.

Table 8: Frequency of Illiterate People

Sr.#	Gender	Literate	Illiterate	Percentage
1	Male	198	206	47.6
2	Female	167	196	52.4
Total		365	402	100

Source: Socio-economic Census Survey Forms

The above percentage refers to the total number of literate and illiterate people in the selected population including children.

3.2.18.1. Formal Education

Formal and informal education is provided in government schools. A large number of students leave educational institutes after their matriculation examination. Girls also leave school after matric at age of fourteen after which parents search for their spouses for marriage and teach them household management skills.

The percentage results are not sufficient as people prefer working in their fields rather than under formal organizations.

Table 9: Frequency of male students' educational level

Sr. 3	**Educational Level**	**Number of Students**	**Percentage**
1	Primary	97	48.9
2	Middle	51	25.7
3	Matriculation	31	15.7
4	Others	198	100
Total			

Source: Socio-Economic census survey forms

Table 10: Frequency of female students on educational level

Sr.#	**Educational level**	**Number of students**	**Percentage**
1	Primary	79	47.3
2	Middle	43	25.7
3	Matriculation	39	23
4	Other	6	4/0
Total		167	100

Socio-economic census survey forms

3.2.18.2. Informal Education

It stands for the education given to the kids outside the traditional settings of a school. Sometimes religious and technical education is provided to the students in informal educational institutes that can be Madrassas to home schools. Informal education can be divided into two broader categories, one, Madrassah education, and the second sewing schools for girls who also study in Madrassas of the village for Qur'anic education. Many boys after their primary education work with their parents in the field and some are sent to the Taylor master to learn the sewing skills which will help the household's economy in the future.

In the locale, there were two Madrassas and a woman who had her home-based sewing school for the girls of the village.

Table 11: Frequency of informal education

Sr.#	Gender	Madrassas	Sewing School	Percentage
1	Male	171		50
2	Female	5	88	50
Total			176	100

3.2.19. Cultural Life, Rituals, Myths

People of *'Basti Mohran'* have a great inclination towards their culture. They strictly follow the norms and values of their culture. Respect for elders and love for children is an obvious obligation. People also believe in rituals. During all the ceremonies rituals were also performed by the whole community or family. There were some particular myths in society. For example, females cannot use perfume at night, because they think if they practice it the evil eye may affect them mentally and psychologically.

Chapter 4
Changing Antenatal Care Practices

There are different modes of antenatal care. At an early-stage women are more inclined toward home remedies and traditional practices to cure the problems related to pregnancy. Spiritual healing and homeopathic medicines are more common than the allopathic treatment of medicines among the villagers. A comparative analysis will help us to understand the antenatal care practices among the villagers. Here I am going to explain the perspective of the local people.

4.1. Perception of Antenatal and Traditional Care

In the village traditional perception of antenatal care was confined to herbal and homeopathy and spiritual healing. People are more inclined to these practices because of their easy access. Herbal remedies are often used by the respondents because they consider them more effective at a low cost. Further spiritual healing is also used as a means to soothe the problems during pregnancies. A local shaman was famous for his spiritual healing. Many respondents reported their regular visits to the shaman for dam. Further *Qari Sahab* of the local *masjid* also called for spiritual healing and avoiding any misfortune and the evil eye.

Case study

Amna was my first respondent. I reached her house in four to five minutes. She was doing *kaaali* (Mazdori). Her mother-in-law was sitting under the shadow of the tree and having breakfast with *lassi* and *namak mirchaon wala paratha*[4]. She permitted us to enter her house and insist we share breakfast with her. She started an informal discussion with us and tries to get information related to the research topic. Then Amna came and she *bring gachi*[5] with her to *chabbi*[6]. She shook hands with us and sat down. She started eating *Gachi*. The *Gachi* was *roasted* on the fire. Then I explained the topic of research and the purpose of research in front of her and make it easier for her to understand my

[4] Paratha with salt and paper filling.
[5] It is a soil base substance, which pregnant ladies consume for pregnancy carvings.
[6] Traditional tray made by date leaves.

point. Amna was 24 years old. She was married to the son of her first cosine in the family but her mother was living in Dajal. Dajal is a city with a destination of 25 km. Amna and her husbands were wage laborers in the agricultural land of local landlords. Then she share her life experiences with antenatal care practices and Amna started her story as:

″My name is Amna. I got married six years ago. I and my husband are illiterate people and we are poor wage laborers. Our house is made of mud. you can check our poverty level from this, our house is doorless. When I did conceive. I was too young and obviously, it was my very first experience. I remember that day suddenly I started feeling suffocated and nauseous. I go to my mother-in-law and tell her I am not feeling well. She was an old experienced woman. She asked me about periods and I tell her this month's cycle is late. Then she called a midwife to the home. the midwife confirmed the pregnancy through pregnancy stick and congratulate my mother-in-law on the good news. I was worried about my suffocation and vomiting because whenever I eat something after 15 to 20 minutes all material came out through vomit and I feel suffocated and nosey as well. Sometimes husband brings *Thaky wali*[7] bottle to reduce my suffocation during the condition of vomiting. It was useful for me sometimes not every time.

My mother told me, it is not something different it is casual and happened with all the women. My mother and mother-in-law advised me to taste *aloo immli*[8] and *choran*[9] to stop the vomit. My husband brought both things for me and they were working effectively and it was the start of the first month of pregnancy. After this, I felt tired and had a headache. at first, the headache was mild but with time the intensity increased, and my whole face swelled up whenever I felt a headache. Later this situation turned very serious.

My mother-in-law took me to the THQ hospital Jampur in gynecology OPD. We got our patient slip and go to the ward. But the doctor did not take good care of me even though she did not take my proper case history and just try to satisfy me and declared my condition normal. The staff of maternal health care in the gynecology ward does not care for the poor patients in the hospital. They do not justify their duty.

[7] Lemon based Frizzy drinks for morning sickness.
[8] Dry Tamarind
[9] Saltish Tartary powder

Then my mother-in-law took me to the clinic of a homeopathic doctor. When we reached there 50 to 55 years old man take my history and gave me some homeopathic medicine and told me the use of medicine as well and told my mother-in-law that her daughter-in-law is weak. He told us the causes of the disease and make a *dasi*[10] food chart for me and sent us back home and advised my mother-in-law for a follow-up he say if a medicine does not work then we can come again to his clinic he will not charge more money. We came back home and I opened the medicine which was folded on a piece of paper. When I opened it. It was black in color round tablets just like black pepper. I used the medicine properly but it was not effective for me and my condition was the same. Then my mother-in-law took me to the midwife. The House of the midwife was a long distance from our home. She took the medical history from me and she said "I should use a healthy diet and take maximum rest. She said it is normal for every pregnant woman had to face these hurdles". She injects me with a *haifazti*[11] injection which was necessary during the pregnancy.

We came back home and again I start homeopathic medicine with the restriction of food as well. On the days of my suffocation, my mother-in-law advised me to eat *Gachi*. I try it and I love its taste then I start eating *Gachi* regularly whenever I feel suffocated, I use *Gachi*. During the pregnancy, I was not allowed to eat beef, mutton, pulses, or certain vegetables, and I was allowed to eat *Thandi Chezain*[12] like *lasi*[13], yogurt, butter, and sessional fruits. In the fifth month of pregnancy, my mother-in-law advises me to sweep every day for normal delivery and advises me to wash clothes on hand as well. My niece who was married came to my home to give me *Laaathan mookhin*[14] and she advised me to have *kalli goli*[15] in the condition of pain I do not know the name of the tablet. It is a famous effective tablet and is used as a pain killer.

But during the six-month, I was feeling headaches daily. One day I feel severe pain in my belly and I told my mother-in-law she took me to the house of a midwife. The midwife

[10] Local Healthy Food
[11] Prenatal Vaccination.
[12] It is cultural belief that few things have cooling effect on the health and they are considered beneficial for the pregnant women because of all the heat generated by the hormones.
[13] Courd based drink.
[14] A traditional Masseuse, a midwife always gave the services of masseuse.
[15] A commonly used pain killer of which she did not know the name.

wears her hand gloves and checked my condition. She did not feel the movement of the baby. She referred us to the hospital where the doctor did not take care of me and we go to the private clinic of another doctor. The private doctor did my ultrasound test and declared that the baby was expired due to high blood pressure four days ago. And, she delivered the expired baby through cesarean section. At that time, I and my husband were unaware of the pregnancy-related disorders and the causes and effects of the disease of blood pressure. Pregnancy-related complications were new things for us.

After some time I again conceived. But unfortunately, I faced similar conditions during my second pregnancy. I also lost my second baby due to ineffective traditional healthcare practices".

Figure 2: Respondents were working in the lands of the landlord. *Source, Field Data.*

4.2. Modern Perception of Antenatal Care

Among the elder generation, the perception of antenatal care was a purely spiritual, natural process and the elderly women believed that the problems related to pregnancy can be resolved through spiritual healing and traditional home remedies. But for the financially stable and educated people of the community, the modern concept of antenatal care attitude, knowledge, and practice was related to Allopathic doctors. They believed that all problems related to pregnancy can be resolved by modern treatment and medicine and proper nutrition and a suitable diet for females. But it was evident through the responses of the respondents that in the whole community, the modern treatment of antenatal care was adopted after self-medication and home remedies.

Case study

I visited again the same respondent Amna. Where she shared her third baby experience with me. Her age was one and half years and she was again expecting and her pregnancy was surviving in the 7th month. When we reached there, she was again doing *kalli* in the field. She left her work and came to the house and set a *charpai*[16] for us. in the shadow of a tree. She served fresh *lasi* to us and brought *Gachi* for her as well. Then she told me about her experience with modern practices of Antenatal Care services and she said:

″After the mishaps of two pregnancies, I and my husband were very conscious about our next pregnancy. My brother advised us to a lady doctor for a check-up. He told us she is an MBBS doctor. She treated his whole family. The experience of my brother's wife provoked me and my husband to consult that particular lady doctor before planning a baby. first, we decided to visit a private gynecologist for guidance and treatment.

I request my brother to share the address of the doctor's clinic. We told the doctor that we are here to avoid more misfortunes and plan a baby and tell the case history of previous mishaps. She recommended some tests Unrein test, CBC, and ultrasound test after the check-up. We take the prescription and went to the recommended liberatory for the test.

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[16] A local version of bed made of wood and barn.

After a couple of days, we visited the doctor and we took reports along with us. She guided us about modern antenatal care its advantages and practices. She recommended some supplements to use during the family planning. I use all the medicines and supplements then after two months. I feel pregnancy signs and symptoms i.e nausea, suffocation, vomiting, and I started eating more than usual. we have again visited the doctor where she again recommended the urine test and CBC test ultrasound test and she confirmed my pregnancy through these tests and congratulated us. Then she started my proper treatment and nutrition. In the first Antenatal care visit in which the doctor confirmed my pregnancy, she gave us a special time because we told her about our background. Then she told us about the complication of pregnancy in detail. She guided us about useful nutrition patterns and follow-up visits, and she changed my folic acid supplements and gave me the diet chart to follow. At every follow-up visit, my doctor compared the previous reports with current reports. She told us about the growth and development of the baby. Guided us about the current health situation of both mother and baby. My husband started double duty during the day for my good health and the well-being of the baby. I started taking milkshakes, and fresh juices of sessional fruits as well. I was bound to eat mutton cooked in organic oil. I use the dry fruits almond, Pistachio, cashew, and walnut because my pregnancy was processed in winter and dry fruit was useful for me. I was allowed to drink zero diet cold drinks to reduce my vomiting and digest my food as well. Sometimes If I wanted, I was allowed to eat the cake and sweets as well. We follow the Modern ANC during the nine months. Every month we go to the clinic of our gynecologist for ANC follow-up visits. Where she recommended an ultrasound test every month and she check the growth and development of the baby. Because my pregnancy was sensitive and complicated, she changed my supplements according to the requirements of pregnancy. And, she injected the *haifazti* injections every recommended month.

ANC follow-up visits and consultations with the doctor were very useful for the health and wellbeing of the baby. We were satisfied with ANC and I spent the duration of pregnancy smoothly my sugar was normal, my headache and blood pressure were controlled and, I was very easy during this duration. Then after nine months, by the vaginal birth, we were blessed with a baby boy and it was possible just because of proper

follow-up of Antenatal Care in the third pregnancy our attitude was positive about ANC and the doctor increased our knowledge about the advantages of ANC and she educate both of us about health care. The doctor was very calm and kind and she handled my case carefully.

After the delivery, my mother and my mother-in-law made a *choori*[17] in *dasi ghei*[18] for me and make *desi chooza*[19] for me for the first three days. I recovered very soon almost in two or three days. On the second day of my delivery, I stood on my feet. I started breastfeeding my baby on the very first day. Then I left the sour food i.e yogurt, lasi, pickle and *chattni*[20] , and *Thandi cheizn* for the well-being of my baby and health of my baby.

My in-laws were very happy about the birth of my son. My husband was very happy because after a long struggle we were blessed with a child. I gave him his heir. We were poor people. My in-laws cannot afford much expense. But they celebrate the birth of my son and arranged a *sathi*[21] at home. my mother-in-law cooked *Zarda*[22] and invite neighbors and relatives. She called the *marasan*[23] with a drum. Who sang the cultural folk songs and prayed for the good health and long life of my son. People gave me "gift money" according to their affordability.

Now, I am again pregnant. I am the patient of the same lady doctor. Her clinic is on Dg Khan Road. We are compromising on our necessities; we cannot compromise on my maternal health and our upcoming generation."

During the research, another respondent reported her pregnancy experience in the following words.

> "Baji hamra bhot bara noqsan hu gaya mery do bachy dunia mn any s phaly hi llah na wpis la lia. Yahi jo ham parhy likhy huty to ham dhian

[17] A dish made of chunks of bread and sugar and oil.
[18] An organic unsaturated oil.
[19] Chicken stock.
[20] Made of crushed coriander, mint and yogurt.
[21] A name giving ceremony in which the child birth celebrated, marked by feast and cultural songs and dances. Where close relatives supposed to bring ring as the gift for new born.
[22] A Rice desert.
[23] Those who sing and dance at celebration as their family occupation.

karty shoro min hi lady doctor k pass jaty. Hamin to paata hi nae tha k is trha ki bhe bimarian huti han. Lakin ab tesri bari min mer asohar n zra koi kami nae xhori mera khyl rkhny mn. Antenatal Care k to bhot faidy han maa or bachy doono k lia. Chyea mera sohr khod bhoka soya h hmary pass khamy ko kuch bhe nae tha. Kaali karta rha ha phe mazdori karta tha shair mn . par osny kh ha k ab bas illaj isi doctor sa karvin gay. Mjh ab satavan month ha ab bhe ham miss k pass jaty han. Miss bhot achi ha. Mn to osky bachon k lia bhe dus karti hun Allah oski saat nasln ko salamat rakhy. Ab daikho aik bacha phaly bhe ha hmara. Osk doud bhe lana huta hamry ab kharchy ziada hu gay han is lia mn na pna husband sa kha ha tum shair mn mazdori kro mn ynha kalli kar ln gi. Miss ko bhe check karva ln gay. Mil jul k waqat guzar lin gay koi bt nae par ANC nae chorni".

"Sister, miscarriages were our big loss. God took back my child before they arrived in the world. If we were educated of course we were consulted by the doctor at the start. We were unknow of such complications. the second time my husband did not compromise on ANC services. ANC services are very beneficial for maternal and neonatal health. My husband did hard work and sometimes slept on an empty stomach. But he said now we will take treatment from a lady doctor".

During the research, I observed that the respondent were uneducated and poor wagers. They lack awareness related to pregnancy issues. The young women had positive attitudes toward modern practices of healthcare. Some of them were helpless to follow the modern ANC due to the lack of economic resources. Their financial circumstances did not allow them to follow modern Antenatal care practices and most of them have zero knowledge of antenatal care practices. Most of the respondents reported that they prefer to rely on references while adopting any advance medical treatment.

Mrs. Javed Iqbal another respondent from the old age group said that:

″ Reproduction is the natural process of ALLAH. But now people are representing it as a disease. In our time, 35 years earlier. A pure and healthy diet was available and people were healthy. That was a simple

> time, during our time there was no disease and now everyone is a patient with blood pressure, sugar, heart, and uric acid, and migraine is a very common disease. When I conceived and delivered my first baby. I did not tell anyone about the pains and at that time medical facilities and midwives were not available in society. I delivered my baby on my behalf and after the birth of the child, I called my mother-in-law and request her to cut the food pipe of the baby. Now when the diet is not pure and vegetables are artificial mutton and beef are out of the range of poor people that's why health is deteriorating. Now a day when a woman conceives, she starts repeating again and again that she is sick and goes to the doctor for a very minor problem. Modern ANC is good for the health of both mother and newborn but the young generation treats pregnancy as a disease instead of a natural process. In our time facilities, medical sciences, hospitals, BHUs, RHCs even midwife was not available but at that time reproduction and maternal health was not complicated. It was considered as part of life and procced as a natural process. Now every modern medical facilitation is available but reproduction is presented as a disease and a lot of diseases are generated related to reproduction and maternal health. With the increase in health facilities, the number of diseases also increased, both are moving hand in hand''.

Mis Shamim Javed was comparing the past time with the contemporary world. After having lunch in a soft environment, I decided to visit the next respondent. Her name was Farzana. Her house was also on the walk of four or five minutes. It was almost 1:30 pm. The health worker led me to their house in Farzana. We reached there and knock on the door. Women open the door. She was known as a health worker. She allowed us to enter the house. I gave her my short introduction. The health worker asked where is Farzana? She replied she went to the peer Asmat shah. Then we decided to go to the Astana of Asmat Ullah. After 15 to 20 minutes of walking, we reached there. There was a huge number of people who were waiting for their turn. The health worker search Farzana and called me to her.

4.3. Superstitious Beliefs among Pregnant Women

People in rural areas are more inclined towards superstitious ways of diagnosing and treating the ailment. It can be inferred that lack of education and lowered education and lack of economic resources rate push people to rely on superstition instead of treatment through allopathic medicine**.** Moreover, the source of superstition can be dated back to older and traditionally rooted ways of treatment that remained unchanged with passing times and development.

Case Study

Farzana was 30 years old woman, a resident of Basti Meeran, and had a 31 years old husband. She was sitting in the Astana Alia of peer Asmat Ullah for prayer and *taviz*.[24] She was along with her mother-in-law and she had a pregnancy of six months. She was married to her patrilineal cousin eight years ago. After her marriage, it was her 3rd conception. I spent one hour in the astana e Alia pir Asmat Ullah with Farzana to conduct an interview. Farzana said:

> "After six months of my marriage, I conceived the first time. I was taking care of it properly but after four months suddenly I feel pain in my back and belly. My mother-in-law took me to the private clinic of a doctor. The doctor did my ultrasound and declared in the report heartbeat of the baby was stopped and the baby expired 12 hours before. I had a miscarriage. The same problem was repeated 2 times then the doctor said it is the disease of *hatra*[25] so that is why the pregnancy was not surviving again and again. After this result from the doctor, we decide to go for Astana e Alia of peer Asmat Ullah. First, we go to the home of peer Sahab and discussed the matter with the wife of peer Sahab in detail. Then peer Sahab called us in their Astana and *dam* water and sugar for both of us and wrote down something on paper for me to wear and other folded paper to dep in oil to burn it. Our next appointment with him was after two months.

[24] Amulet.
[25] Repetitive miscarriages.

Before the finishing of time, I was again with a positive pregnancy report. Then we visited the Astana e Alia and told peer Sahab about my pregnancy. He strictly advised me not to go to the doctor and not to have an ultrasound test. He asked me to sacrifice a black-colored goat. Then he gave one more *taviz* to tie in back for three months for the growth of the baby and in the remaining time of pregnancy. Peer was injecting injectables every week on odd days for the treatment of *hatra*. With all this care after nine months, I gave birth to a baby girl with a c-section which cost me 30,000. After the birth of my daughter, I did not leave to visit peer Sahab. He was calling for the *Salwat*[26] and *dam droud*[27] of my daughter because my daughter showed reluctance in taking mother feed. After all, peer Sahab said, *"due to the evil eye she is reluctant".* Unfortunately, after 10 months my daughter passed away because she was weak and she was not growing properly. It happened to me because of the negative impact of black magic. My sister-in-law is doing this with my husband and me because of the jealousy factor my husband was engaged with her sister but do not get married because of some family issues. Now she is taking revenge on us.

After this again I am 6 months pregnant, when we reconsulted with peer Sahab he strictly forbade us from having the ultrasound test and any allopathic medicine. Now he is treating me. I am hopeful he will take good care of me for this time and I will deliver a healthy baby. I am taking care of my nutrition I am taking seasonal fruit which is affordable. I am using the herbal medicine advised by the *desi hakim*[28]. Government doctors do not pay attention to the patient so that is why I am not visiting there moreover we are unable to afford the monthly fee of 300 or 500 of a private Doctor. I always offered prayers to Allah for my healthy baby and safe delivery. I am reading *Quraan e Pak* and doing *wazaif*[29] for a safe and successful pregnancy. Hopefully, Allah will consider our hardships and reward us with our baby (Ameen)."

[26] Religious prayers to break the curse of evil eye.
[27] Religious prayers.
[28] Traditional Doctor.
[29] Particular religious prayers in specific time and place.

In this case, it is depicted that the belief of people in superstitious magical power is very strong. Further lack of awareness, negative experience with government health institutes, and poor economic background are some of the root causes of such superstitious behavior among villagers. They preferred to go to peer Sahab instead of going to a health facility because they think peer shahb with his supernatural powers will help them in getting their desired results and break the curse of magic and the evil eye. They are still living in the 19th century because of their superstitious beliefs.

4.4. Knowledge about Pregnancy-Related Disorders

The simple villagers lack the awareness related to scientific treatments of the disorders. Most of the respondents reported that they used home remedies instead of going to the doctor.

They used the 7up cold drink to control B.P and use the *kali goli* or Panadol for headaches. They do not have any idea about the blood loss, or anemia even they don't know about the advantages of the antenatal care check-up. They are completely uneducated people who never visit the school and use to practice child marriages. Most people get married at the age of 14 to 19 and their offspring. Hence, they are unaware of any practices related to family planning and childbearing.

4.5. Behavior Regarding the ANC Attitude Practices and Knowledge

According to the young interview respondents of Jampur, the pregnant woman should have an antenatal check-up monthly. Through antenatal care, women can get the opportunity to learn about preventative care that will benefit the newborn and the mother. Young mothers also know about the hygienic benefits of breastfeeding nutrition, general health, pregnancy-related disorders, neonatal care, postpartum period, and all care during the antenatal period.

The respondents belonging to pregnant women and lactating mothers have a very positive attitude toward antenatal care. although they have very limited knowledge about antenatal care still, they show a willingness to adopt it because they are well aware of its benefits.

The aged group respondent's attitudes were also positive but their arguments and thoughts were realistic and straightforward. Their mutual answer was that" in their time 40 to 50 years ago doctors, hospitals, medical staff was not available for maternal health care or the care of reproduction process. Their time was very simple. They were poor and simple people and they were practicing the barter system. In their time there was no concept of antenatal care. Women got pregnant but follow the daily routine of their domestic chores for complete nine months and gave birth to a healthy baby. They were of the view that in previous times antenatal care was not that important because people were healthy due to their pure diet but today it is important. The elder generation was in the favor of antenatal care however, they were also of the view that antenatal care was necessary when problems arise with the health of mothers and babies during pregnancy. But the recurring regular check-up over small things was nothing but Darma of the younger generation during pregnancy and it does not benefit their health".

4.6. Religion and Medicine

Old women believed that disease should be treated religiously. The belief that offering prayers and reading the Quran and saying "ALLAH will make everything alright and with the blessing of ALLAH patient will be fine" will put a positive impact on the health of the individual. They try their best to train their young generation to control the disease religiously.

Young respondents were lightly practicing religious treatment rather prefer to going to scientific treatments. One of my respondents Asma discusses it and she said:

"We cannot mix religion in every matter of life. ALLAH said: " firstly a person should try and then pray to me for the success." So now we are getting knowledge about the medical sciences and modernization. We are trying to consult doctors and leave the herbal medicine and dasi Hakeem. Yes, of course, we are Muslims and we are obeying the orders of ALLAH but we are not ready to mix the religion in everything, anymore."

4.7. Health Change Behavior from Traditional to Modern

Data shows that the health-seeking behavior of Jampur is changing from traditional to modern. In the past traditional mode of treatment was very popular and common among the Jampur natives and people have a strong belief in it. Spiritual treatment was one of the most important categories of the traditional mode of treatment. It includes the *dam, Taweez, toona*, shrine, etc. similarly fatalistic attitudes, magic, and superstitious belief also played an integral role in shaping the health-seeking behavior of people. Different treatments related to Allopathy, Homeopathy, Spiritual healing, and Magic are found in Jampur.

The traditional treatment was related to spiritual healing because every disease was considered a spiritual disease. In this treatment, the patient was taken to the *molvi*[30] *sahab* for dam or peer sahab for the *amliat (Taveez*). Another facility providing treatment for the patients is a spiritual shrine near the city called the *Qalandar Shah.* The patient used to go to that shrine to vow the manat even for the headache, earache, and throat ache. All the respondents shared that they used to go to the shrine before taking any medical care. Disprins, aspirin, and Panadol are the most common tablets which are used by the villagers.

4.8. Modern Mode of Treatment and Satisfaction Level

Awareness about modern medicine is in the process although its speed is slow. Women were in the learning process. Their satisfaction level with modernization or modern modes of treatment is developing slowly.

4.9 Evidence of Change

The change in Jampur led people to another confusion in which they are unable to decide on suitable options for their maternal health treatments. Moreover, the financial constraints and limited options acted as a hindrance to adopting modern means of treatment. And sometimes they have to face social constraints as well in which they

[30] Cleric

prefer to follow their peers no matter what. They get influenced by the choice of ones who are economically and socially strong than the others.

4.10. NGO's Interventions

The research shows that NRSP (national rural support program works with the communities for the international development of Pakistan. NRSP did a lot of work on the health issues of Jampur. (PAIMAN) the Pakistan initiative for mothers and newborns is a five-year project funded by the United States Agency for international development. PAIMAN is tended to improve the health of all pregnant women as well as their newborn children. They consider it important to understand the obstacles that stand in the way of good health in Jampur. NRSP and BEDARI organizations have been working on awareness for social development in the field of health in Jampur. These programs have been designed with the realization that the physical health and reproductive health of women will be improved. These programs have five major strategic objectives which are as follows:

- Improve the management and integration of services at the THQ level.
- Increase the awareness of antenatal care attitudes, practices, and knowledge in society.
- Batter service quality in both the public and private sectors in Jampur.
- Promote positive maternal and neonatal health behavior.
- Increase the capacity of maternal and newborn health MNH managers and care providers.

4.11. Training of Community Health Workers

In Jampur and D.G khan, Sangi and NRSP gave health worker training. The course was about 15 days. The women they chose for the training were of the ages 35-45 years. In the training, they were taught about the proper and safer method of delivery for a pregnant woman. Following are the important points in the training:

- Person's family planning education.
- Education about women's reproduction health problems.

- A delivery kit and pregnancy confirmation kit were provided to the LHW.
- Vaccination referral cases.
- Providing iron supplements during pregnancy.
- Checking of contraction before delivery.
- Sterilization equipment for delivery.
- Drip before delivery.
- After the delivery cut of cord in a technical way with sterilized scissors.
- Childcare immediately after delivery.

4.12. Theoretical Discourse

This chapter deals with changing practices of antenatal care from traditional to modern practices. It is observed that when asked the patient about the general problems of reproductive health which is usually the part of a human being. They shared ‘ some years before and some of them yet used the traditional healers and others used home remedies because they were effective. The discussion so far clearly shows that there is a development in the field of the health care system. There is a very visible change from traditional to modern methods. The traditional and cultural methods of treatment are replaced by modern methods of treatment. Major changes were also observed in the lives of native people. People compromise on their needs and deeds but people are practicing the modern services of antenatal care. On another hand lack of economic resources prevent people to go with the modern methods of treatment. Modernization and technology influence the lives of people towards the modern methods of life.

Chapter 5

Caesarean Section and Normal Deliveries

Childbirth is taken as both a biological and cultural phenomenon. Multiple social and cultural forces create the potential for diversity among people regarding birth, related beliefs, and practices. The social meaning of childbirth gets directly influenced by the society in which a woman gave birth.

There are two different methods of childbirth. Vaginal birth and cesarean section delivery. In vaginal birth mother gave birth to the baby from the vaginal canal and vaginal birth is the natural method of delivering the baby or child. It is possible to do it at home but now it is also happening in private maternity homes. The other method of childbirth is Caesarean section. Cesarean section is also known as C-section or cesarean delivery. It is the surgical procedure by which a baby is delivered through an incision in the mother's abdomen, often performed because of unsafe vaginal delivery and its repercussions. It is observed that cesarean section was less common among villagers.

5.1. Perception of Reproductive Health

Reproduction is the natural process for the continuity of the human race. Marriage is considered an ultimate means through which the reproduction process can be legalized in any society. Respondents consider reproductive health important for human life.

One of the respondents shared the story of her mother-in-law which depicts her perception of reproductive health she said:

> "In our tribe early marriages are common. When I got married my mother-in-law was sixty years old. I got married to her younger son. When I got pregnant my mother-in-law was also pregnant. It was not a piece of surprising news for me because there is no embracement in it if the mother-in-law and daughter-in-law give birth to their children at the same time. After all, it is common. My husband and his nephew are age fellows. Now my elder son and my bother in law are of the same age.

> Due to the organic food even now aged women have good reproductive health and young generation is not healthy so that's why infertility rate is increased in our society".

5.2 Perception of Normal Deliveries

Women were satisfied with the normal delivery method. Every woman thinks vaginal birth as a normal process. They have complete information and benefits of normal delivery because this is the only method they knew so far. Respondents of each group current pregnancy group, middle-aged group, and old age group agreed on one point in the focus group discussion that normal delivery is the healthiest way for women to give birth to a child. By normal delivery, women get recover soon and get back to their daily life quickly. Some of them shared their experiences with me and said:

> "After giving birth to our baby by normal delivery. The next day we were able to work normally like I cut grass on the chopper for my cow".

Others were saying:

> "She cooked the meal for her husband and kids. By the normal delivery, the woman did not go for a long time on bed rest she does her work by herself and she takes back all the responsibilities of her home without burdening others. In a normal delivery doctor or midwife does not inject the injection into the backbone. It is very beneficial for women. Through a healthy diet, women get a speedy recovery in a few days. We will prefer normal delivery every time and we will recommend to our offspring to go with normal delivery. God forbids if complications happen in pregnancy, then we will take the risk of Caesarean Section to safe life."

Rakshana was one of my respondents she shared her experiences regarding vaginal birth she said:

> "I am 19 years old. I got married 2 years ago and it is my 2nd child. The first baby was born at home through normal delivery smoothly. I recovered soon. I was very comfortable after the vaginal birth. Although it is a very painful process still it is good for maternal and neonatal health. But now in my second pregnancy. I am very worried because when I go to the midwife she told me that she could not understand my situation so she recommended I visit a doctor to check the position of the baby. At the home of the midwife ultrasound facility was not available. Then I visit the private doctor in Jampur and she confirmed that the baby is in a breech position. She said, "normal delivery is not possible in your case so we will do your Caesarean Section". I do not want to go through Caesarean Section. In any condition and situation, my preference would be a normal delivery. I am using herbal medicines to avoid any unpleasant situation and getting into c section".

Through this short informal discussion, the researcher observed the positive attitude towards normal deliveries and reluctance towards modern means of delivery.

Case study

One of my respondents was Nasreen. She was 14 years old. Her husband was 17 years old. She got married six months ago and she got pregnant. It was her 3rd month of pregnancy. She shares her plans with me and said:

"I am too young but my parents cannot afford the expenses of 12 family members. So, they got me married. My husband is my matrilineal cousin. I do not know how I will handle my pregnancy and delivery. But in 14 years of my life, I have always seen normal deliveries in my family. My mother also gave birth to my younger sister through normal delivery. I only knew about vaginal birth that takes place at home in our village. I will pray to Allah that my delivery should take place at home. I am sure I will be fine in 2 or three days and it will be a healthy process for me."

Other respondents have also reported the same responses because of the same social experiences. Most of the deliveries are normal. Throughout their lives, they observed normal deliveries hence these experiences shaped the traditional worldview of young women who are reluctant to adopt modern C-sections.

5.3 Birth Process in Early Ages

The birth process at an early age was very simple and done naturally. In the last decades, technology was not introduced in the village. There was a lack of resources and facilities in the village. Further lack of awareness made their life miserable. People commonly used the barter system and there was less use of currency. Aged respondents told their birth experiences that helped the researcher to find out how the time change the perception and practices of the people.

Case study

It was the 9th of June. The weather was as usual very hot I knocked on the door of the house of my respondent at 12:30 pm. Bhanvan opened the door and I introduced myself to her. She was very confused about my research topic. My key informant helped me get free access to my respondent. The respondent knew my key informant as she was the health worker. Meanwhile, her daughter-in-law came out from home. She passed a smile and said to her mother-in-law:" *ama* let her come in the house. She is *Baji* from Islamabad. I knew her. She will conduct your interview about her research purpose. Do not feel worried about her. She is very kind to us. Just let her in she is standing in direct sunlight and it is very hot." Then the woman allows me to enter her home and started talking to me and asking questions about me. Her daughter-in-law Momna brought a glass of water for me from the pitcher and told her mother-in-law "I was doing *kali* in the field of Tobacco yesterday where she met with me along with her key informant health worker Samina Bibi".

Bhanvan was 65 years old but she was healthy. Meanwhile, she asked her daughter-in-law to refresh her chillum[31]. The researcher explained her research purpose to old woman

[31] Smoke pipe.

Bhavan and make it easy to understand for her. Then the old woman started sharing her life experience with a researcher with wet eyes:

"I was 14 years old when my parents got me married. In those days we were very poor and due to poverty, my parents decided on my early marriage. I get married to my patrilineal cousin. They also have the same financial condition as us. From the start of my marriage, I started going for *hatap* with the other women of the family. In summer we cut the wheat and in winter we do *hatap* in the tobacco field and the field of rice. After one and half months of marriage, I was gaining weight slowly. After more than one month I felt vomiting after breakfast and dinner. Then suddenly nausea attacked me two or three times a day.

One day after the *hatap* when we came back, my mother and mother-in-law asked me about the regularity of the period and I told them "period been disturbed for the last two months". Both of them ask me for the last date of the period according to the lunar months. Because in those years English months were not understandable that's why we check the record through lunar months. Then both of them told me "These are the symptoms of pregnancy but we could not confirm it. We should wait for one or two months more but I should act carefully now".Afterward, my weight increased, and one day suddenly, I felt movement in my belly. I told my mother-in-law she called my mother to discuss the matter. They told me that my 4th month is near complete. Both women came and guide me "It is a natural process and I am going to be a mother in a few months and I should be careful now". Days passed and I continued my routine work. My nutrition was simple. In those days I always like to eat the seed of mango with lasi it was my favorite diet during pregnancy. I like to eat the skin of bitter gourd with *tandoori roti*[32]. We were poor fruits were not available to us. The 8th-month started and I was still working it was my routine to cut the pack of grass and load it on my head and bring it home. In our time we were not used to taking rest during pregnancy. We were allowed to do every work. Ninth month started my mother advised me to washcloths on hand maximum. This activity will be beneficial in delivery. She advised me to drink tea of cardamom and rose petals. This tea was called *tarang*. In the last month one day I was in

[32] Smoked bread

the field, I felt pain in my belly and back. I told my mother-in-law. She sent a child to my mother's home and called her infield. “Pains were started from last night but I did not tell anyone due to shyness. But the next day in the field pains was unbearable and I told my mother-in-law”. Then my mother came and checked me. I was unable to move and the house was a distance. I gave birth to a baby boy in the field. My mother-in-law bought a *ranba*[33] and cut the food pipe of a baby. My mother covers my son in her burkra[34]. They covered me in their scarf and helped me to stand up. After 5 minutes I walked home along with them. We reached home slowly. When we reached home everyone was surprised to see me along baby. My mother-in-law shifted me to *charpai*[35] in my room. She changed my clothes. They gave me raw eggs immediately to eat. Afterward, they gave trang and soup for 3 days. The next day I washed my clothes and clean the house and after 4 days I went back to work. Again, cutting grass, wheat, and Tabaco. I gave birth to my 14 kids through normal deliveries and after the first experience, I did not tell any problem to my mother-in-law due to shyness. Old-time was very simple and honest. Our village and city are still backward. In our time there were no hospitals, doctors, midwives, TBAs, LHVs, and LHWs. We handle maternal health issues by ourselves. Reproduction is the process of Allah and Allah gave us the strength to plan our families. But with time, I saw many changes".

[33] A gardening tool
[34] Veil or gown
[35] Traditional wooden bed

Figure 3: Cultural Smoke Pipe. *Source field data*

It is the complete life experience of 65 years old respondent Bhanvan Mai. In which she shared her views in detail. In the focus group discussion, which was held among the respondents of the old age group researcher collect rich relevant data on her topic. Women agreed on the point that time changed a lot, and with change in time people and their practices also changed. Their life experiences were similar to each other because the majority of them belong to the same economic and social background.

The use of home remedies was popular among aged women. Due to extreme poverty, they were unable to enjoy the luxury of readymade food. They only have a one-time meal to fulfill the nutritional needs of the body. At that time there were no facilities for them. Time has been changed but their lives did not change. They spent their lives in extreme poverty. The researcher observed that still in 2021 in Jampur. There are no proper health facilities or maternal neonatal, postnatal, or antenatal care facilities for poor and uneducated people. A huge difference has been observed in the reproduction process.

Now all types of health facilities are available in society and people can afford the health care facilities but still, they are more inclined towards the traditional model due to various social and economic reasons.

One of my aged respondents elaborated on the behavior of young pregnant women in the following words:

> "Young generation think that they are the first ones who are giving birth during pregnancy they are not willing to move. They tried their best to avoid domestic chores by making several excuses. These young women always told their husbands that they are ill and they cannot do any work. They pose in front of people like they are going through a critical condition. We were also women who fulfilled our all responsibilities while giving birth to children. In our time there were no facilities available but now facilities are available but the young generation is not utilizing them in the right way. They do not consider our useful advice and misbehave with us and say that you are the women of old times you do not know the new methods of health care".

5.4. Child Birth in Modern Times

In 21-century, technologies and modernization have brought a drastic change in the life of people. The use of technology especially in the area of childbirth has increased tremendously in the last few decades. Advanced medical interventions transform the health sector in Pakistan. Now in major cities young mothers are provided with every kind of facility. But unfortunately, the conditions of health care facilities in villages are far behind. In the present research locale, there is a hospital with limited facilities.

One of the respondents elaborated on the health care facility provided in Jampur in the following words:

Case Study

Sadia, was a 27 years woman, who was a resident of pol wala Jampur. She was a housewife and her husband was running a restaurant on large scale in Jampur. Sadia had 3 children under the age of five years. She belonged to a financially strong family and got married to her matrilineal cousin. She uncovered her experience by saying:

"When I felt that I am expecting, first I shared thoughts with my husband he bought a pregnancy kit from the medical store and asked about its use. I try to confirm my pregnancy at home and the result was positive. I told my husband he was very happy. Then we silently visited a private doctor for confirmation. The doctor recommended a Complete Blood Count (CBC) and urine test and confirmed the six weeks of pregnancy.

The doctor made my medical file and mention our next appointment. She was a very cooperative and responsible doctor. She wrote folic acid and made a food chart and advise me to follow all protocols of the antenatal care period. Anyways we bought sweets and came back home and shared the good news with family everyone was very happy and advised me to be careful for nine months. After 4 weeks my weight started increasing. I felt the baby's movement, it was a very happy and emotional moment for me. I ate fruits, less oily food, mutton, fish, milk, and butter. My pregnancy was going smoothly and we were visiting the doctor on the due appointments. The doctor was quite satisfied with my condition. In the seventh month, she advised me to walk daily in the morning and evening and change my folic acid and diet chart.

It was my first experience so, I was scared. My family insisted on me for normal delivery but I was not satisfied. I shared my fear with my husband and he discussed it with the doctor. Then the doctor did an ultrasound in the last months and said both ways of delivery are possible. But I gave preference to Caesarean Section and it was my last decision. Last month I felt false pains. I called my husband he took me to the doctor's clinic. Where doctor checked my condition and ordered the nurse to prep for Operation Theater (OT). The nurse took me to OT. My family was waiting outside and after 20 minutes nurse told my family I am blessed with a baby boy. I was admitted to the clinic for three days. Then doctor discharged me and mentioned the date of the visit to open stitches. We came back home. I just follow the protocols of allopathic medicine and the

instructions of the doctor. I did not use any herbal medicine during my whole antenatal care period. I did not use any home remedy because I do not believe in it. After opening the stitches, I was completely fine. In my other two pregnancies, I adopted the same medical method for giving birth. I only experience backache that's it other than that I am fine and if I will plan baby again, I will consider C-section.:"

The researcher observed that old women of the village were not happy with the childbirth of the 21st century. She highly criticized the modern means of childbirth. It was a rare case in the field in which the respondent is financially strong and interested in c-sections. The mother-in-law considered a cesarian section as a source of earning money for doctors. She said, “that the young generation lacks patience and destroying their reproductive health by adopting modern methods".

5.5. Perception of Caesarean Section

Among the villagers, Caesarean Section is the last option, if the life of the mother or child is at stake then they are willing to do it. Many respondents showed their reluctance toward cesarean because they know it will hurt the reproductive health of the mother in the future.

One of my respondents said:

> “Now C-section is commonly practiced. People avoid vaginal birth to relieve the pain. I agreed with the point that vaginal birth is extremely painful. But God gives strength to women to overcome the pain of vaginal birth. If God designed childbirth in that way then who we are to change this natural process. Even now doctors are not willing to do normal deliveries to make an economic profit. They encourage women to adopt modern medical methods to give birth”.

Case Study

Miss H was 23 years old lady. She was a lactating mother. She had a son under the age of one and a half years. She was living in a joint family with her in-laws. They were daily wage laborers. Husband and wife both worked in the land of Mr. *Sanjrani*. She shared her perception about the cesarean section and her experience too. she said:

> "I got married before 3 years and I have one and half years old son. My husband is a daily wage laborer. We do not have enough resources for the life. We both are uneducated and have less understanding of reproduction and antenatal care. Almost 38 weeks were completed of my pregnancy but I did not feel pain. I was worried about it and discussed it with my mother-in-law. My mother-in-law called the midwife at home. She checked my condition and tried to initiate artificial pains by the medicines but she failed. I do not know what happened suddenly she said: "baby is not coming down and now I cannot handle this case at home please take your patient to the hospital and go to a professional doctor for help". My family took me to the THQ. The doctor was fortunately available. She did an ultrasound and shifted me to the operation theater immediately. She told my family that my condition is critical. We can save anyone either mother or baby. My husband signed the consent form to allow the caesarian process. She did C-section and successfully saved our lives. So, for me, C-section proved as a life-saving method. It was a miracle for me and my family. We were very happy and my husband sacrificed the goat immediately for blessings. The next day doctor discharged me and gave me an appointment after seven days to open the stitches. The huge side effect of cesarean section was postpartum depression. The doctor told my husband to take good care of me during the first seven days after C-section and handle me carefully but we were illiterate people. We could not

> understand and after the sixth day of the C-section, I quarreled with my in-laws regarding a common issue. When we go to the doctor to open the stitches. She asked about my health. My mother-in-law talked about our fight and requested her to guide me. The doctor said that "It was the postpartum depression which affected me and I quarreled at home with a family member. She said it was the side effect of c-section nothing else". Then we went back but it was an embarrassing situation for me. I said sorry to my mother-in-law and she forgave me. C-section had complications. But again, it is the lifesaving method for me."

5.6. A complication of Caesarean Section

The findings illustrate that all respondents have a negative tendency toward Caesarean Section. One of the most common assumptions about cesarean section is that women have to face backache after it. This will lead the new mother to permanent disability. Other than this reason respondents were unfamiliar with the pros of the medical intervention. Women considered cesarean Section as the last option to counter the pregnancy-related complications and to save both mother and baby.

5.7. Concept of Contraceptive Methods and Practices

Contraception is the method to avoid pregnancy. There are different methods and ways that are used to avoid pregnancy. Mostly after the first child people avoid planning for the next baby. Contraception is more understandable for educated families in cities. But in the villages, there is a lack of education and knowledge women do not know about the loss and benefits of contraception. The old age group responded that in our time there was no concept of contraception.

One of my respondents said:

> "After the birth of a child, we were bound to feed our baby for two years, after that we conceived. But sometimes we conceived in our

> *chilla*[36]. Even sometimes we got pregnant again when our baby ages six months. Pregnancy was the planning of ALLAH and we accepted it happily. Contraception is fashion now. Young ladies do not want children after the first child, to maintain their figure and make their husbands happy. Those young girls prefer contraception due to various reasons and when they want to get pregnant nature took its revenge by negating their wish".

Research illustrates that the use of contraception is not common among women of Jampur and those who are using, lack the basic knowledge about its negative impact on reproductive health. Respondents reported that most of the time they preferred to use traditional modes of contraception. There are several reasons behind using contraception some are illustrated below. One of the respondents shared her reason for using contraception in the following words:

"They cannot take care of more children. They are physically weak and if their figure will not maintain then they will be unable to make their husband happy. We are insecure that if we will not look good our husband will be attracted somewhere else. At least I will try to avoid pregnancy for at least 3 to 4 years".

Polygamy is common among the residents of Jampur. Men are interested in getting married too young beautiful women. Therefore their wives feel pressurize to maintain their figures and gain the favors of the husband.

Case study

My respondent Bakhtan met me with her daughter who was married on her matrilineal side. But she was not happy and left her home three months ago. When I met her I observed that she is very disturbed. Humira was twenty-seven years old lady. She shared her life story with me by saying:

> "I am married to a person who is intermediate pass. When I got married, he told me clearly that he does not need children for at least five years and we started to use contraceptive methods to

[36] First 40 days after the child birth.

> avoid early pregnancy. After two years his mother started asking me about the baby and recommended I go to a lady doctor for a checkup. I discussed this matter with my husband. He said to his mother "it is too early to visit the lady doctor. We should wait for some more time".

He did not tell her the actual reason that he did not want the children. Three more years passed.

Then according to his commitment after five years we tried to plan the baby. But we failed to achieve our goal. We realized that there must be some issue. We visited the doctor for a checkup. The doctor was angry on continues use of contraception. After the checkup, she said, "due to continues use of contraception now there are complications". My reproductive health is damaged so the chance of pregnancy is fifty, fifty. When we went back home my husband told the situation to my mother-in-law and he declared that it was all my fault I do not want the children. Even now he put all blame on me in front of everyone.

He asked his mother for second marriage with his cosine. He sent me back to my home. I obeyed his orders because he is my husband; I do not want to disrespect him. I told him about medical treatment to get rid of all complications but he refused and said "he will get married again". I was simple and illiterate and trusted him and follow his advice. I was unaware of the side effects of contraception. If I was educated then obviously I knew about it. I do not know whether my relationship will survive or not. But unawareness and use of contraception destroyed my life".

Another respondent shared her experience with contraception. She graduated from college. Her husband was employed in a bank. She was a very polite and cooperative lady. She had two children under the age of 15 years. She said:

> "I belonged to Multan. But I got married to my patrilineal cosine who is a resident of Jampur. After my master's I got married and planned a baby. But after my first baby, I adopted contraceptive methods to avoid second pregnancy. But after three years again

> we tried to plan a family. It was not successful. We visited the doctor for a checkup. The doctor said, “due to the use of contraception for a long time. Now it will be a little difficult to plan a second baby although everything seems alright. Just pray to God for blessings”. When I discussed this with my mother-in-law. She said, “you used the contraception now it is God’s course”. After eight years, I conceived there were a lot of complications related to the growth of the baby. The doctor said, “because of Hormonal Changes it happens and your chance for pregnancy retention is only fifty percent”. Later I delivered a premature baby in the 7th month by C-section. I always wished to have a daughter but I couldn’t get the chance again. In my life, I will never guide someone to adopt a contraceptive method because it affects your reproductive health badly”.

5.8. Theoretical Discourse

This chapter deals with the perception of vaginal birth and C-section. It is observed that due to the lack of awareness and high ratio of illiteracy people were unaware of the side effects of C-sections. It is observed that there is a visible change to decide the place of childbirth. People go to the private clinic of a doctor for vaginal birth. There is consistency in the behavior of people regarding vaginal birth instead of a C-section. Vaginal birth is more practiced due to its low cost and advantages. It is a noticeable change that modernization and the biomedical industry advertised the people towards the modern methods of child birth by technology and doctors are exploiting the people to increase their economic resources.

Chapter 6
Maternal and Neonatal Care Facilities

The available health facilities for antenatal care and maternal and neonatal health care will be discussed in this chapter. Antenatal care facilities are very rare in Pakistan. Big cities having huge health budgets try their best to facilitate the patient but the situation in remote areas is worst. The governmental health facilities in rural areas cannot even provide the most basic health services to the people.

6.1. Tehsil Headquarter Hospital

Research showed that THQ (Tehsil headquarters Hospital) had the least facilities in the whole city of Jampur. There were not enough facilities and medical staff to treat a large number of patients. In any emergency case, a medical staff of the THQ was bound to refer the patient to Dera Ghazi Khan or Nishtar Hospital Multan. The hospital has a few departments like cardiology, gynecology, eye, general medicine, and emergency wards. The gynecology ward can only admit Cesarean Section cases. There is a dire need to increase the workforce to establish more departments and wards in the hospital to facilitate the patients.

Figure 4: Tehsil Headquarter Hospital Jampur. *Source; Field Data*

6.2. Doctor-Patient Relationship

The doctor-patient relationship tenanted an extremely important place in the field of public health. This relationship needs to be strengthened, to develop trust among patients in government healthcare centers. This chapter consists of the following parts; the first part discussed the general practices of doctors in the government hospital of Tehsil Jampur and described components that are affecting the doctor and patient relationship.

It was proximately 9:30 A.M. when I reached the hospital and the assistant of Dr. Fiaz welcomed me. Dr. Fiaz was the current Medical Superintendent of MS of the hospital. When we went to the gynae ward where the waiting area in OPD of the Gynaecology ward of Tehsil Headquarters Hospital Jampur was full of patients. There was no vacant space on benches. Patients were trying to directly get into the doctor's room. The gynae doctor's assistant was an old lady 'Hjani Fatima'. She was unable to handle the crowd of people. Nasir ' an assistant of MS' asked the researcher to wait outside and himself went inside the doctor's room to get permission. After four to five minutes Nasir came out and took the researcher with him inside the doctor's room and said to Dr. Anila and DR Haani Gul, " She is 'Zainab Hassan'. She is a student at Quaid-i-Azam University, Islamabad. She is doing her research with the permission of MS *sahib* and wants to sit with you to observe the patients. MS *sahib* has told you to cooperate with her". They allowed me to observe the whole situation.

Patients were direct coming to the doctor's room and telling their problems to the doctor. The doctor was sending them back to bring the prescription slip from reception. Dozens of patients were holding their prescription slips in their hands and waiting for their turn. But the crowd were getting impatient and patient were pushing each other to enter in doctor's room first. Only five patients were allowed to enter room number five (doctor's room). It was a large room with an attached washroom. There were only four chairs around the table one cupboard which was used to keep the tea ingredients and the stretcher was covered with a white bedsheet. One ultrasound machine was settled with a stretcher for examination of patients.

Ideally, there were supposed to be two doctors in OPD, but Doctor Haani Gul was bound to handle patients in the operation theater. Only three lady doctors were on duty. One was

busy in OT, the other one was examining the patient in the ward and the last one was dealing with OPD.

Preferably, the room of the doctor should be spacious with more chairs for patients and attendants. There should have been privacy for the patient so that he/ she could narrate his/her story of illness without being disturbed and without hesitation. It should be compulsory for the doctor to have in his possession a thermometer, a stethoscope, a torch, and all instruments required for the initial examination of the patient. As part of his training, the doctor should be welcoming toward a patient and be polite to him/her. This is an important factor to gain the confidence of the patient so that he/ she feels welcomed upon their arrival and examined thoroughly. A practicing doctor should give sufficient time to satisfy a patient. But this ideal situation does not exist in the locale. There was no thermometer or other necessary medical instruments to examine the patient. Dr. Anila even did not have a stethoscope during my observation. The doctor was surrounded by several patients at a single time. The doctor was asking again and again to every patient "please brought your slip along with you and have a seat on benches and wait for your turn". But patients were not listing her and behaving of their own will. The doctor used to ask every patient for a slip. First, the patient nods her head and s, “I do not have a slip “ Then the doctor sends her back to bring the slip. Those who had the slip were placing it on the table. After holding the slip doctor Anila asked a set of basic questions to every patient such as "yes, what happened to you? Since how long have you felt this?" Then doctor Anila prescribed the medicine on the slip and was directing the patient to go to the general dispensary.

Patients were uneducated villagers who came from long-distance. 90 percent of the patients visited the hospital to have an ultrasound test to confirm the gender of the baby. For any diagnosis, Dr. Anila prescribed an Ultrasound test on the slip and send patients to room number seven for the test. She did not use the ultrasound machine which was placed in the OPD.

One of the patients came to the Gynaecology OPD and tried to force the doctor to prescribe her one particular medicine called "earache". The doctor responded, "I am not an ear specialist I cannot prescribe any medicine, please visit the general medicine ward".

But the patient was persistent to get a prescription from her because the doctor also checked her before so now she cannot rely on another doctor.

Figure 5: Patients were collecting prescription slip. *Source; Field Data*

Afterward, Dr. Anila said:

> "Zainab, it is the situation of patients here. The woman just came for an ultrasound to check the gender of the baby but started forcing me to prescribe although; she didn't need any medicine at the moment. They are illiterate people who just gave birth to secure a source of income in the future. We gave them our best services but still, patients complained that we misbehaved with them and we did not pay attention to them. The reality is that; this is a backward area. Males have the dominant personality and they play a dominant role in their houses. They allow their females to visit a female doctor to confirm the gender of the baby and bring

> them to the hospital at the last stage where we cannot do anything to save the patient. In such a situation they put the whole blame on the doctor and government hospital."

I observed that the behavior of the doctor was kind and humble with the patient but the patient was not cooperating with the doctor. Patients were interested in their choice of tests and results. Patients were misbehaving with the doctor and the doctor was bound to tolerate the bad behavior of the patients.

6.3. Doctor-Patient Communication

Doctor patients' communication was continued in a good way. The doctor was trying to communicate with the patient humbly and kindly. The doctor was talking in the native language of the area which was understandable to the patients. The doctor marked the medicine with symbols that help the patients to understand the dosage easily. It was observed that doctors in the government hospital were soft-spoken and dealt with the patients professionally. Doctors were trying to resolve the issues of patients.

6.4. Components Affecting Doctor-Patient Relation

The power of doctors was directly influenced by the trust of patients. The power of doctors was based on the political economy of health, social status, institutional status, authority, and formal education. Through this power and authority doctors practice and exercise authoritative behavior towards patients. The feeling of dependency among patients further increased this concept of power. Talking about the components of power dynamics Doctor Haani Gul said:

> "Doctors exercise their power through the intensity of trust among patients. The power of the doctor is based on several components such as institutional setting, status, and formal education. Whereas poor patients are daily wagers and they do not have formal education, social status, or a strong source of income which directly influences their behavior of the patients. Most of the poor

> patients start with and shrieking voice while elaborating their problems."

Many other causes are affecting the doctor-patient relationship. Like overburdening of patients in the hospitals. THQ of Jampur is handling the patients of Dajal, Muhammad Pur, and Fazil Pur. In this case, enough doctors are not available to treat patients and the hospital is overburdened with patients.

Dr. Javaria said:

> "Government healthcare facility is the only option for poor people. There is always a long line of patients that made OPD overburdened and doctors consider themselves powerful and patients as their dependents. Because of the overcrowding of the hospital doctors are not able to manage to give proper time to each patient".

This behavior and overburdening of doctors towards patients had been disposed of by the trust of patients who felt neglected. While talking about the conduct of doctors in a government hospital and in private clinics Dr. Haani Gul said:

> "The doctor and the patient relationship became weak because a doctor seems more like an entrepreneur instead of a doctor. We are doctors in our private clinics and here in a government hospital, we are an officer. Doctors want to earn money and the government pays us less. Therefore most of us are forced to establish private clinics. In private clinics, we try our best to form a healthy relationship with our clients while in government hospitals we treat them as patients hence it creates behavioral differences in both settings".

It is observed that the reason behind the lack of trust is that in a government hospital a poor patient is always taken for granted by doctors and staff, whereas in a private clinic or hospital a patient is treated as a client who must enjoy all the perks of being a client and help in expanding the business of private clinics and hospitals.

In a private clinic, a doctor or lady doctor has to do a thorough checkup. The patients also found the doctor very polite and soft-spoken to them in a private clinic or private hospital. Whereas, in a government hospital the same doctor will rush onto patients because a huge number of patients are waiting in queue for the medical checkups on daily basis. One of the respondents stated that:

> "In the private clinic, we use a thermometer, stethoscope. We check blood pressure and do ultrasound tests of the patient on every visit. We do the complete check-up of mother and baby in detail. Because we try to win the trust of the patient by following all of the protocols of health. And this is the way through which we can earn fame and money from patients. In a reality, if a doctor does not practice these protocols to examine the patient in a private clinic. Then how we will develop the trust of patients. Then there will be no difference between private government health services. In a government hospital when a patient irritates us then we can say ' *BIBI CHAL AGLY KO ANY DAY'* (move on and give turn to next). These expressions of words show our bad behavior and show our bad communicational skills and disrespect for women and poor patients. But in our private clinic, we are bound to welcome the same patients and discuss with them, and examine them in a very friendly environment. During the examination of patients, we follow all clinical protocols. We do not get irritated on the non-sense question of patients we try our best to satisfy them and trap them for the next medical visit in a private clinic."

The doctors of the government hospital of Jampur were not using the medical kits to examine the patients the element of trust in a doctor of a government hospital was not confined simply to the behavior of the doctor, but the use of a medical kit of doctors was also an important factor for psychological satisfaction of patients. It is observed that the patients were not satisfied with the conduct and behavior of doctors and staff of the government hospital of Jampur.

Case Study

Saina was 34 years old lady and resident of Basti Meeran. She was an elder daughter-in-law of the family. She has seven children. She had normal deliveries. Her house was far away from the main city. Sania made a comparison of her visits to the public and private health facilities in the following words:

> "Don't ask about the behavior of government doctors. They are very rude and humiliate the poor people. We are insulted by the government doctors, in government hospitals man has to stand outside the doctor's room. Whereas in private clinics husbands accompany their pregnant wives to the doctor's clinic and became a part of the whole communication. I will never visit a government hospital again after my first worst experience. My husband is the sole breadwinner and we are very poor people. It is very hard for us to afford the fee expenses of the private doctors but we are compelled to do so due to poor health facilities at government hospitals."

Figure 6: Male patients were waiting for their patients outside the ward.

Source Field Data

Case Study

Hajra, a 24 year old respondent said that "Once I visited Dr. Amna (quack). Her clinic was located at the traffic chock. All of my family members get treatment from her during their pregnancy till delivery. She is a very good doctor and her prescribed medicine is always effective. Dr. Amna is always respectful towards her patients. There were five to seven patients already waiting for their appointment with Dr. Amna when I arrived for my checkup. I waited for my turn on the vacant bench. I entered the room. Dr. Amna asked me about my problem I told her about my condition which is having pain in my belly and back and also having a fever. She put a thermometer in my mouth to check my fever and then she checked my blood pressure. It was my eighth month of pregnancy. Then she prescribed me some medicine and advised me to use it for a week and she charged me just three hundred rupees. My husband was very satisfied with her. I took her medicine for seven days I felt very good for a few days. Then again I suffered from fever, severe headache, vomiting, and suffocation.

One day my sister called me to ask about my condition. She is married and lives in Dera Ghazi khan. I told her about my condition. She told me about the famous lady doctor in Dera Ghazi Khan and said she will get an appointment at her clinic. I should visit a doctor in DG Khan. I discuss this with my husband and told him that it is a serious issue. My husband get permission from her mother and called my sister to get an appointment with the doctor. The next day my sister called me to inform me about the confirmation of my appointment and she give me a rough estimate of the expense. The next day in the morning we left for Dera Ghazi khan and reached there in the afternoon. We had lunch with the family of my sister and then took some rest. Then we reached the private clinic of the lady doctor along with my sister. Where 3o to 4o people were waiting already. There were three and four assistants of the doctor who were dealing with patients. My husband went to the reception and reminded them of our appointment number. The Assistant doctor took fees of one thousand from my husband and prepared my file with my name, age, address, and pregnancy details. The assistant doctor checked my fever and measure my blood pressure and wrote something on the file and advised us to wait for our turn to come.

We were waiting in the waiting lounge. The waiting hall was fully decorated with shields certificates of doctors and vases, paintings, and pictures. It was well furnished and well-constructed. Then the assistant of the doctor called my name to go inside the room of the doctor. The Assistant of the doctor leads us toward the room of the doctor. We entered the room of the doctor. This doctor properly welcomed me. The doctor was in the covid kit and sitting at distance. It was a neat and clean large room. A medical kit and medical instruments were placed on the table of a doctor. One stretcher was placed in the room.

The doctor greeted us with *salaam* and asked us to have seats. Then the doctor went through my medical history file. I show her the prescriptions of the last doctor. She takes me to a stretcher and examined me. Then she wrote something on the prescription and ring the bell to call the assistant and advised her to follow instructions. The Assistant took us to the laboratory for blood sample collection. After giving me five to six blood samples, she took me for a urine test followed by an ultrasound. There was a lady who did my ultrasound. Then we went to another room there was another lady who ran a few tests and wrote something on file. After this process assistant of the doctor told me to wait in the waiting lounge. I was surprised by these clinic protocols. I shared my experience with my husband. He was surprised too by clinical protocols.

After two hours the assistant of the doctor again called my name. She collected all my reports and took me to the doctor. Where the doctor checked my reports and called my husband and discussed with us my condition. She said I am suffering from typhoid, high blood pressure, and anemia. These diseases are not good for my health. She prescribed some medicine, folic acids, and injection and made a diet chart for me. She said if I felt better then I should stay home. Otherwise, we should again come and she will not charge us. We came outside and met the assistant of the doctor who direct us towards the pharmacy where a pharmacist was wearing a white coat. She collected my medical file and after five minutes she gave us a medicine bag and bill. My husband pay the bill at the counter and we departed for home because we were already late.

The next day, I started taking medicine properly and in two or three days I started feeling better with the intake of folic acid and a good diet. After completing the course of medicine, I recovered fully. Medicine was very effective. It was a good experience. But

we realized that we can hardly afford the delivery of the baby at her clinic, despite our urge to get this done at her clinic. Ultimately, I delivered the baby at a local, low-cost, private clinic in Jampur".

It is concluded from a case study of Sania that the people of Jampur are bound to rely on local quacks because of their poor economic background. They are unable to afford the expensive private healthcare services regardless of their efficiency and benefits.

6.5. Lady Health Worker

In rural areas Moza Polwala, almost 70 percent of the respondents reported the non-availability of Lady Health Workers in their community. According to the respondent:

> "Lady Health Worker didn't visit our houses for the last three months. We can hardly see her. There is no check and balance on her."

Unfortunately, in the locale field, there is no local health worker. A health worker from the main city rarely visits Basti Meeran. And this situation clearly shows the deteriorating health condition of the villagers.

6.6. Dispensaries

Jampur is an underdeveloped village with a mostly illiterate population. There were only a few dispensaries located near the tehsil headquarter hospital. Private clinics were running their dispensaries too. The researcher had visited the dispensary to buy a mask for her. The researcher started the informal discussion with man Mr. Abid who was 28 years old and running his dispensary since 2017 and a resident of Moza Polwala he said:

> "I was middle passed person and I was nineteen years old when I left my studies because my father was a daily wage laborer. I am the eldest sibling in my family and I have eleven younger siblings. I started my job in the private clinic of a lady doctor. I worked as an assistant over there. At the start I face difficulties reading the prescriptions and names of medicines. But over time I learned.

> Then I planned to open my dispensary then I realized that I need to continue my study to avoid loss in the business. Then I took admitted to matric and passed the exams. During this duration, I decided to work on my English skills and gain job experience and skills. During this duration even I try to learn the diseases, symptoms of diseases, and their specific medicines. After this, I left my job and took a loan from my relatives, and opened my dispensary near the hospital. From the start, I started to train my younger brother too, and after two years when he was completely trained. I built a clinic near my home and gave treatment to patients as a quack. Now my brothers are running a dispensary and I am running my full-time clinic. Here you can see only a few dispensaries are available near the hospital and that's it".

It portrayed a clear picture of the availability of medicines for patients in front of the researcher. Patients were living long distances. Dispensaries were not run by professional and educated pharmacists which put a negative impact on the health of the local people. Ten dispensaries were situated far away and none was run by a pharmacist all dispensers were having no background related to medicine. But still, they are practicing and playing with their precious lives.

It is also observed that the majority of doctors have their pharmacies with their private clinics and hospitals. They gain maximum profit through the sale of life-saving drugs. Doctors highly prefer to prescribe all those products for which they had made deals with pharmaceutical companies. Because companies offer different gifts and incentives to the doctor. Every pharmaceutical company works according to its policies. Doctor who does not own their private pharmacy; makes business deals with private medical stores. They made deals according to the daily number of patients which is directly proportional to earning the profit of the doctor. Doctors deliberately prescribe expensive medicines to patients which are out of the affordability range of patients but they are compelled to do so to save their lives. These medicines were from selected pharmaceutical companies.

70 percent of respondents were convinced that doctors are giving medicine merely for profit. Doctors are destroying the health of patients and never think about patients and their poor economic backgrounds.

6.7. Theoretical Discourse

This chapter deals with the situation of maternal and neonatal health care facilities. It is observable in the locale. The availability of maternal and neonatal health care facilities is very compromised. The developed urban areas are exploiting the health care facilities from the villages. There is clear evidence that government hospitals in developed urban areas are more facilitated and developed with the modern facilities of health care than the government hospitals of the villages. Doctors are exploiting the patients to motivate them toward the modern methods of treatment and attract them to their private clinics. Where they trap the patients by satisfying the people to convince them for the next appointment.

Chapter 7
Cultural Perception of Breast Feeding

The world scientific community findings illustrate that only 39% of babies get breastfeeding during the first six months of their childhood. Breastfeeding is the natural method to feed newborn babies to maintain their healthy and authentic diet. It is practiced by mothers from the start of humanity because it is considered the only natural method to feed the baby. Research illustrates that breastfeeding is very beneficial for the health of mothers and babies because it provides full nutritious value.

7.1 Perception of Breastfeeding among Young Generation

Most of the respondents reported a positive attitude towards breastfeeding because they knew that breastfeeding is beneficial for the health of the baby. Women were culturally aware of the knowledge and practices of breastfeeding.

Case study

Asma was 34 years old illiterate woman. She had four children under the age of twelve years. One son and three daughters. Her husband was employed in a factory in Saudi Arabia. She was living at her mother's home. She had well-educated brothers but her sister was also illiterate. Her father was a feudal lord and her parents' family was financially strong. Her in-laws were illiterate and poor. She was living at her mother's home in the absence of her husband.

She shared her views and experiences with the researcher by saying:

"I am elder in my siblings and I have seen my younger siblings' growth. My younger siblings take birth in front of me. I watched the practice of breastfeeding from my childhood. I saw my mother feeding my younger brothers and then I saw my aunties adopting the same practice to feed their offspring. It was in my subconscious that I have to continue this practice as well. I have heard about the benefits of breastfeeding in the discussion of females in my family.

At the age of just twenty, I got married and I conceived. After the delivery, I breastfed my daughter but she got allergic to milk. We tried a lot to feed her but she did not take it. My family was worried about it and then we consulted the child specialist in Multan. We discussed the issue with her and she prescribed formula milk for the diet for my daughter. We started that milk powder as per the advice of the doctor. My daughter got comfortable with that milk powder. Then I started dairy milk in her nutrition. She adjusted with dairy milk too. But over time, she didn't have a healthy body and suffered from weak immunity and now she looks underage underweight, and under height. Now she is ten years old but she looks weaker than her age fellow girls. Her age fellows look elders than her. I am worried about her. Now I always ask others to recommend some nutritional diet so that it could help her to increase their weight and height.

When I gave birth to my son again, I tried to feed him by my feed because I knew breastfeeding is better nutrition for babies than everything. My son and other two daughters did not resist mother feeding and I feed them for two years each and then I diverted them to dairy milk. They are not weak like my elder daughter. They are *ghaghy* (healthy child, strong immunity, and heightened child) like their other normal age fellows. My elder daughter is *liessi* (a very weak child with less immunity, underweight, and underage). "

It was the experience of a woman who belonged to a family which was financially strong. She was able to afford the costly milk powder and it was very easy for her to switch her Children from mother feed to dairy milk. But still, she preferred breastfeeding over formula milk because she is well aware of its advantages.

During research different responses had been collected from different age groups of women. Every person had different experiences in their lives but mostly their attitudes towards breastfeeding were positive and women had enough knowledge and information about the benefits of breastfeeding

Case Study

Amna and Aisha were two sisters who get married in the same home with two brothers. Both were the wagers and their spouses were masons. They showed their children to the

researcher to reflect their level of poverty and weak health of the child, some of them were healthy and some of them were weak. Then they start talking about their stories and views they said:

"We are poor people and we are daily wagers. We are part of this culture where breastfeeding is the source of nutrition for children. We had seen that our mothers, sisters, sister-in-law's even every female in our community fed their babies by breastfeeding. We learned the benefits of breastfeeding. Mother feeding is a natural process and it is a very healthy and natural source of nutrition for babies. But when the time came, we succumb to modern methods of nutrition. In contemporary times, medical sciences and industry introduced many methods for the nutrition of babies. Doctors introduced many types of formula milk powder into society. But we are poor people if in case we want to use formula milk as the nutrition of the baby, we cannot afford the cost of milk powder. We cannot pay a heavy amount weekly to buy formula milk for our baby. Breastfeeding is natural and healthy nutrition for the baby. Mothers serve as the major source of nutrition for babies. The baby will grow healthy and will have strong immunity. Formula milk is not good for the health of the baby. Mothers usually do not take that diet or food which is harmful to the health of the baby during breastfeeding, for example, we do have not to eat pulses, pickle, and rice".

Amna said:

> "My health was not good when I conceived and I could not take healthy and nutritious food during my pregnancy so that is why my health didn't allow me to breastfeed my baby which couldn't gratify the hunger of the baby. Then I took a loan from my cosine and bought a goat for the fulfillment of the nutritious need of my baby. We are poor people we cannot afford the cost of the cow. But I managed the nutrition of my baby on small scale. At the start, he was not comfortable with goat milk but over time, he got comfortable with it. We cannot afford the heavy cost of formula milk and in our perception dairy milk is much better nutrition for the health of baby than the formula milk".

According to UNICEF, more than one crore of children dies every year mainly from causes that can be prevented such as diarrhea pneumonia, measles, and malaria. Some deaths of babies are related to the diets babies especially water and food quality. It is estimated that 3500 children could be saved daily. If every baby was exclusively breastfed during the first six months of their lives. According to the best estimates, exclusive breastfeeding can prevent a least 13 lacs deaths of children. Research stated that only 39% of the babies are exclusively breastfed on the international level in the first six months. Further, it is estimated that 63% of babies under the age of six months in developing countries have not breastfed to a satisfactory level (Daglas, 2012).

Case study

Hafsa was a young beautiful lady. She was married and had three children under the age of fifteen years; two sons and one daughter. Hafsa was asking about the purpose of the research and why the researcher selected this local. Then discussion goes into detail about the research topic. Hafsa belonged to a financially strong family. She served lunch in a friendly environment. After getting done with lunch, the researcher conducted an in-depth interview with respondent Hafsa. Hafsa shared her views about breastfeeding and said:

"I am very self-conscious. I did not breastfeed my three babies. As you see remarriage is very common in our cast and community. Every second person is remarried to the quite young almost fourteen- and fifteen-year-old girl. I have insecurities related to my husband because he is a part of this culture and community. Remarriage is now cultural practice. It is my experience that those women who breastfeed became physically weak and are not able to satisfy their husbands. Then their husbands get remarried to very young girls. My brothers and my brother-in-law got remarried and they gave this logic of remarriage that their women cannot make them happy and their family ".

Hafsa was a sensible and mature lady but she was suffering from psychological issues related to her husband. I observed that she was not happy with her act in which she did not give nutrition to breastfeed. But she was helpless and she was stuck in her psychological issues. She was unable to trust her husband as she said:

> “Baji inka koi qasor nae ha ya sub aik jaisy han. Jis k bhaion na ki hun dusri tesri shadian ya mera shoar nae chaly ga onk k naqshy qadam pa. bhai to bhion k hi htuy han na. jis k abu na tesri shadi ki hu onk beta nae kara ga kia dusri shasi. Wo khaty han na bap pa poot. Jisa baap wisa beta. Mn Allah ki javab dha hun kun k mn na is dar sa pani bachon ko onk bunyadi haq sa mehroom rakha ha. Aj mera bachy kamzor han
>
> koi mjh sa pochy mjh kitni tajkleef huti ha is bat kitna dukh huta ha. Log to sirf batain hi kar sakty han. Mera sohar dusri shadi kar k aa jaaya to koi sawal javab nae kara ga.mari ami khain gi to kia hua marad to dusri shadian karty hi rehty han. Tumhary bhaion na bhe to ki han to kia tumhari bhabian ghar chor k chali gai han guzara kar hi rae han tum bhe kro. Ynha koi kesi k sath nae data. Baji ya ab rivaj reet ban gai ha ynha dusri shadi marad ki shan hi ban gai ha. Baji mn na apna bachon ko onk bunyadi haq sa mahroom rakh k soteli maa k azab sa bachyea ha sotaly bhen bhaion sa bacha lia ha”.

Hafsa was very sad and disappointed due to the common polygamy practice. She was saying they all are the same because they are brothers. Elder brothers of my husband got married again. Her husband saw them getting married again and justifies their acts with lame excuses. Her husband will repeat the acts of his brothers in fact, his father got married thrice. "Mostly father and son have the same nature and strategies. In case even my parents will never ask my husband why he is getting married again. My mother will try to convince me to do not to create a mess. She will try to resolve my conflict with my husband and she will give examples of my brothers who are already in polygamy and their wives cooperating with them. Then do not even ask my brothers. My sister-in-law simply said: "it was written in our fortunes in the skies". I know I prevent my offspring from mother feeding but I am also saving them from stepmother and step-siblings. I do not want to give even a single lame excuse to my husband for second marriage".

The researcher was surprised by the possessiveness and sensitivity of the respondent. The respondent was psychologically disturbed therefore three kids were deprived of their right to pure nutrition. It is the gap of trust and mistrust in the relations between the people of Jampur.

Hazir discussed the Advantages of breastfeeding and the higher risk of childhood mortality and morbidity are mostly associated with the feeding practices in children. Due to this reason guidelines of WHO infant feeding recommended that newborns should be put on breastfeeding within the first hour of birth and infants should be exclusively breastfed for the first six months of life. Newborns should be introduced to safe complementary foods, thereafter with breastfeeding continue up to two years of age to achieve the best growth and development of health. Recent analysis shows that 1.4 million newborns die annually in the age of the first six months due to non-EBT. 10% of children fall into disease burden at the age of five years. Bottle feed has been recognized as noxious for children's health and the development of health. Pakistan is recognized as a highly populated country in Asia but development is still low and the entire population lives below the poverty line with high infant and childhood mortality and a high burden of communicable health diseases in children (Hazir, 2012).

Newborn's health is very important all over the world. Generally, women need to feed their newborns. Every woman is fully informed about neonatal care and infant nutrition in the contemporary world. But illiteracy and poverty are the major drawbacks of our society that are damaging our health system.

7.2 Perception of Breastfeeding in the Old Age Group

Now in this part of the thesis, I am going to explain the perception of breastfeeding among aged women through a case study.

Case study

Mrs. Javed Iqbal Sanjrani was 52 years old woman. She had six children under the age of 34 years. She had four sons and two daughters. Her elder daughter was married to their relatives. Mrs. Javed was living in a joint family and her husband was handling the arid

lands and finance of the family. Mrs. Javed was a mature and experienced woman. She educated her sons with higher education. The couple compromised on every step of life to educate their children.

After having lunch the researcher got back to the work and gave a short important introduction to that day's topic. Mrs. Javed Iqbal was very nervous in front of the researcher to talk about breastfeeding because the researcher was a young and unmarried girl. It was a very bold topic for them to discuss with a young, unmarried, and unknown girl. But researchers try to make her comfortable by saying; "You just assume that the researcher is your age fellow and your friend and you are sharing your experiences regarding breastfeeding with your friend and no one else". Then Mrs. Javed was able to talk about the specific topic of breastfeeding by saying:

> "I got married in 1986. It was an exogamous marriage. My husband and father-in-law have large arid lands and they were financially strong people. I belonged to a village and my in-laws were also village people. After one year of marriage, I gave birth to my elder daughter. I informed my mother-in-law about my pregnancy and delivery because it was my first experience so I was afraid. I feed my daughter for two years and then I conceive the next baby. I fed my all children for two years. That is why my all children are with an age gap of three years. I was a healthy woman and I was able to feed my children easily. I did not take rest or bed rest during my pregnancies. My mother-in-law never gave me any relief to feed the baby. My husband was the elder son of his parents. I was bound to take all responsibility for the house. I was taking care of my children also. I washed the clothes and cooked the food for all members of the house. It was tough for me but I overcome it and manage all the responsibilities.
>
> No one informed me about the advantages of breastfeeding. At that time there was no availability of doctors in our village and we were unknown to medical sciences and medical staff. As you can see our

city is still ten years back in the contemporary world. Then you can imagine the situation of that time in our city. I fed my children by exclusive breastfeeding today they all are healthy and away from diseases.

My elder daughter was four or five years old when my brother-in-law got married. A new member of the family was bound to follow all roles and regulations of the family and follow my all instructions as well. She also practiced breastfeeding for her all babies. I want to say that in my family all women practice the natural process of feeding instead of anything else. Even in 2010 when my daughter got married, she also did not compromise on the nutrition of her babies and she adopted breastfeeding. ".

Mrs. Javed was a simple old woman. Her exposure to life was limited to the village. She spent her life in a joint family. At that time scientific knowledge was not popular. All people were uninformed and unaware of modernity. She also said that:

"Hamra time to bhot sada tha mari bati.os waqat na to doctor thy na midwives thin. Ham na apny sary rishton phhopo, khala, chhachi ko maa k dood daty daikhy ha on k bachon ko. Os waqat na to itni garmi huti thi na jitni ka ab ha. Sara din ham kam bhe karty thy or bachy bhe palty thy sath mn ghar bhe sambhalty thy. Na os waqat hamin opar k dood k pata tha or na hi hamin pata tha k bachy ko dood pilany k koi or tariqa bhe ha or na os waqat hamray bachy bimar huty thy.nabachy tang huty thy or na hi maa tang huti thi, khalis khorakin thin ghar ki. Maa or bacha dono hi sehat mand huty thy.mn na apna har bachy ko pory pory do do sal dod pilya ha apna to daikho mery sary bachy sehatmand han javan han kabhi bimar nae huy. Allah lambi zindagi da. Aj k parhy likhy bachy han larkion ki marzi ha isi lia ham na apny bachon k lia alag ghar banvya han aram sa alag rahin bhoan or larian kam sa kam hun. Ham sady log han wo parhian likhian bachian hun gi pata nae kis mizag ki hun gi".

Case study

The mother of Mr. Javed Iqbal Sanjrani was seventy years old woman along with five married sons and one married daughter. Her husband was also alive. Her life was very comfortable in her home. She and her sons were living in a joint family and managing the family and lands mutually and carefully. She was a very sweet old woman who was waiting for her turn for many days and she was very excited about the interview. She said; "it is the very first time in my life when someone is taking interest in my emotional experiences of my life".

She does not look as old as she was. She was a very energetic and fit woman as compared to other age fellows. They all were relatives as well. The elder generation used to smoke a pipe (*Huka*) as it is their social and cultural practice. She ordered a child to make *huka* ready for her. She is an emotionally strong woman but when she started thinking about the past of her life her eyes got wet. She said that

"I was a beloved daughter of my parents. I was the middle child among my siblings. When I was in the age of fifteen years my parents decided to get me married within the family. It was the time of the 1950s. I got married and moved to my husband's house. My father and father-in-law both have arid lands. We were illiterate but financially strong people. It was a joint family system.

When I gave birth to my first baby it was my first experience and I was new to breastfeeding practice. My mother and mother-in-law helped me to feed my baby. Then I learn how to feed the baby through breastfeeding. I fed my baby for three years. No one in the family helped me during that time. I was bound to do all the work of home; I was bound to cook food, wash clothes and utensils, dust, and sweep the home. I was bound to do all this while managing my children. It was not easy for me sometimes I was too tired but my husband didn't help me. Life was very tough and facilities were not available. If facilities were available those were out of our range.

When I conceive again, my elder daughter-in-law was also pregnant. My younger son is a few days elder than the elder son of my son. Despite the age gap, old-age pregnancy is common in our society. When I entered old age it was the time when I gave birth to my

younger child. But I fed my younger son too till two years. But at that time it was tough for me to feed the baby. I used the traditional remedies to increase mother feed. Along with that I also used herbal medicine and I felt an improvement in the quantity of feed. Later my daughter-in-law provided me with the empty small bottle along with the nipple and guided me on how to use it to feed the baby. I started taking out mother feed in that bottle and then providing indirect mother feed to the baby. Even then, I did not compromise on the nutrition of my younger son. Breastfeeding is a very healthy source of nutrition for infants till two years. Breastfeeding can prevent the death rate among the infants under the age of six months and exclusive breastfeeding can save the babies from severe disease in their lives".

I observe that the elder generation was sensible and responsible regarding their acts and actions. Their exposure was not on large scale but their exposure was actual and realistic. Perceptions, priorities, and experiences of the elder generation are completely different from the contemporary world, middle and young generations. The mother of Mr. Javed Iqbal Sanjrani was not agreed with the contemporary world and practices of the young generation. She gave an argument on it and said:

> “Beta ham na apni maon ko diakha tha wo hamry bhen bhion of apna dood dati thin. Phr hamri shadian hu gain.mjh nari ama na kha k ya Allah k hukam ha or tum par faraz ha k tum apny bachon ko apna dood pilao.or bachon ko dood pilany k yahi aik tareeqa ha bas. Ham chyea bachy thy or phr bary hu gay par ham na kabhi doctor k bara mn pata nae huta tha. Hamin to dai k bara mn bhe koi pata nae huta tha. Purana waqat tha bemarian bhe kam hua karti thin. Khorak bhe khalis huti thi or orat bhe sehat mand huti thi or bachon ko dood bhe pna dati thi. Mn na apny sub sa choty bety ko apna dood dis tha Allah osko lambi zindagi da. Ab to nay nay tareeqy han bachon ko dood pliany k is lia ajkal ki larkian bachy ko apna dood nae datin.khati han hamra sohar ham sa khush ya razi na hug ga. Sohar ko razi karny k lia bachon k bunyadi haq kha jati han, phr daikho bachy kamzor han bilkul hadion ki trha”.

> "My daughter, we were children and over time, we got young. We see our mother doing the practice of breastfeeding our younger siblings. Even we get married and our mothers told us it is the natural process and order of ALLAH. We cannot refuse and we have to practice breastfeeding our infants. It is the only provided nutrition to babies. We were unknown of the name of the doctor and the field of medical medicine. That was old and pure time. People were loyal and pure with each other. Food was pure and the diet was healthy. Diseases were not at their peak and do not affect the people much. Sever disease did not erupt in society. Men and women were healthy for the process of reproduction and women were healthy for breastfeeding babies. Women do not refuse to breastfeed in our time. Even I gave birth to my younger son with my daughter-in-law. When my half age passed away and I feed my son by exclusive breastfeeding and I did not care for my health. But I did not compromise on the nutrition of my son."

She further added that now facilities are available. Life is very easy to spend. Medical sciences and industries introduced so many types of baby formula milk. The young generation is very conscious about their body and figure. Our young generations are compromising their children's nutrition for the sake of their husband's will. Today's women are only trying to make their husbands happy. Then as you can see the result their children are weak and survive with less immunity.

7.3 Home Remedies to Increase the Mother Feed

Sometimes women do not have enough mother's feed to provide for their infant's nutrition in the first six months. To increase mother feed women use traditional home remedies to increase it. When I conducted the focus group discussion among the elder generation, respondents share their experiences during the discussion. They said:

"We can better understand the importance and advantages of breastfeeding than the young and educated generation. Our problems were related to breastfeeding. Our mother

guides us about *dasi* tony which was effective and useful for us. When a woman feeds her baby with breastfeeding, she became physically weak. In our time we try to feed the baby for a minimum duration of two years. First of all, we use a healthy diet like we use to include lassi, butter, and milk in our daily routine. We used seasonal fruits. Through a healthy diet, breastfeeding automatically increased."

Research shows that In case if mother realizes mother, feed is reduced. Then she shares her issue with the elder generation and follows the instructions which are given by the mother, sister, grandmother, and mother-in-law.

Another respondent reported that:

> "We use two things the most; cumin and *khuskhus*. We boil both things in water and add some sugar to them. When it is boiled, we drink it the whole day. Another thing which we use commonly is *tarang* we take a leaf of red rose, cardamom, sugar, and fennel seed put it in milk and boil the milk and consume it at the night. We use natural oil (*dasi ghi*) in all items of food. We cook *dasi muraghi*[37] with minimum spices. Through these practices mothers get healthy and mother feed increased."

It is also reported that they cook thin semolina in milk and sugar. Women use that food for three days in the morning and evening and it proved effective. Another home remedy that is used by women is khhirni[38]. They cook rice in milk, sugar and put malathi[39], and cardamom in it. Women take this food in the hot form to improve breastfeeding.

Further respondents reported that the mother did not take the unhealthy food during the breastfeeding because if the mother will not take care of her nutrition then it will risk the health of the baby. Mothers usually avoid pickles, rice, and lentil during lactating period.

[37] Home farmed chicken
[38] Rice pudding
[39] Local herb

These are different home remedies to increase the mother's feed. All these cultural methods are collected by the focus group discussion. Then elder generation discussed the situation of the contemporary world, and the behavior of the young generation and said:

> "ab to aj ki larkian khati han k ham kun apna dood dan bachon ko. Beta ab to doctor bacha peda karny k sath hi dood k daba bhe likh k sath da daty han k ya pilain bachy ko. Phr aj kal ki bachian khati han k wo doctor pagal han jinho na ya itna qeemti dood k daba likh dia ha. Bachy ki sehat k lia hi likh k dia ha na. itna mhenga dood k daba aj kal ki larkian da rae han. Doctor to lot ta ha inko. Paisy bhe zaya hu rhy han or sath mn bachy ki sehat bhe. Aj kal ki larkian khati han k apna hi bachy ko dood dany sa wo bedhangi hu jain gi onk jism bura hu jaya ga dikhny min. apni khubsurti or sehat ko ahan janti han, khati han in burhi unparh orton ko kia pata nay zamany k ham to parhi likhi hui han. Or doctor powder waly daby sa kam rha ha in sa bhe or company sa bhe".
>
> "The young generation is very fast. Young girls do not feed their babies as their mothers feed. They start questioning that either we should feed our baby when doctors prescribe formula milk or not. Doctors are stupid they recommend formula milk for the good health of the baby. Now doctors prescribe formula milk with the birth of a baby, it is very costly but the young generation is purchasing and using it. The doctor is taking money from them and profiting from this, the doctor is misusing his profession. The young generation is wasting money on formula milk and compromising the health of their baby too. Today's perception of the young generation is that if they will feed their baby, their figure and beauty both will be destroyed and they will start looking old before their age and time. They do not consider our experiences and knowledge and think they are educated and trained for

everything and they believe that their elder generation is illiterate and stupid they do not know anything."

Nazarian was my respondent. She was sixty-five years old. Her husband has passed away and she was the head of the household. She shared her experience and said:

> “han sa kia pochti hu hamry ghurbat k hal mari beti. Ham bhot ghareeb log thy. Ghurbat k time tha. Aik time khana milta tha or aik time nae milta tha. Ham faslin kat ty thy sar pa rakh k ghar tak otha k laty thy. Zamindar ki zamino mn mazdori karty thy choty choty bachy thy hmry/ phr ham Karachi chaly gay wnha logon k gharon mn kam kia karty thy.na maa ko acha khana milta tha or na ham bachon ko dood pila sakti thin. Aik time bachy ko apna dood dati thin dosry time cheeni mila k pani pila dati thin. Maa dasi totky karti thi ta k maa k dood barh jay or bachy ki bhook bhe khtam hu saky. Hanary to dasi toony bhe bara sady sa huty thy. Na paisy huty thy na wo dasi tootky hu sakty thy jo k zaida asar karty thy. Ham khuskhus ko pani mn obal k wo pani pee lati thin to maa bachy ko aik time k dood pila patti thi”.

> "My beloved what do you ask about poverty. We were very poor people. Our circumstances were not good. We eat food once a day, at the night; we slept hungrily and on empty stomach. We were poor wage laborers. Then we decided to move to Karachi for daily mazdori there we did the job on construction sites as daily wage laborers. We live there with our little children. If the mother is healthy then she can feed her baby by herself easily. But when the mother bears hunger most of the time how she can overcome the hunger of her baby by mother feed. So, we were bound to feed the baby one time by mother feed and another time with a mixture of water and sugar. I boiled the khiskhas in water and then drink that water because by this practice breastfeeding increased. We tried

> and practiced free of cost cultural practice to increase the mother feed."

The above-mentioned responses show that due to poverty local women are bound to feed their children by breastfeeding.

7.4 Theoretical Discourse

This chapter deals with the cultural perception of breastfeeding. The discussion of this chapter so far clearly shows that there is cultural development regarding the advantages and exclusive practice of breastfeeding. Breastfeeding is common practice among the villagers because it is cost-free. People had a clear perception that breastfeeding is a healthy activity for mothers and children. Doctors were again exploiting the patients by prescribing the formula milk powder of different companies for the infant. On another hand, doctors are getting benefits from the advertisement of formula milk powder from owners of formula milk companies and exploiting the child's health and increasing their benefits.

Chapter 8
Summary and Conclusion

This study was focused on "Knowledge, attitude and practices regarding Antenatal Care". The research was conducted in the village of Jampur. The study aimed to explore patients' understanding of the antenatal care period in which I focused on the cultural and modern practices of antenatal care. I explored the Patient's understanding and preferences towards C-sections and normal deliveries. Further, it also discovered the available health facilities for maternal and neonatal care. I have sightseen the cultural practices of breastfeeding among villagers.

I used the mixed methodology to collect the field data. I used different methods for data collection such as key informants, participant observation, purposive and stratified sampling, semi-structured interview guides, in-depth interviews, focus group discussions, socio-economic surveys, and case studies.

In findings, it is found that there are different modes of antenatal care. At an early-stage women are more inclined toward home remedies and traditional practices to cure the problems related to pregnancy. Spiritual healing and homeopathic medicines are more common than the allopathic treatment of medicines among the villagers. In the village traditional perception of antenatal care was confined to herbal, homeopathy, and spiritual healing. People are more inclined to these practices because of their easy access. Herbal remedies are often used by the respondents because they consider them more effective at a low cost. Furter spiritual healing is used as a means to soothe the problems during pregnancies.

Among the elder generation, the perception of antenatal care was a purely spiritual, natural process and the elderly women believed that the problems related to pregnancy can be resolved through spiritual healing and traditional home remedies. But for the financially stable and educated people of the community, the modern concept of antenatal care attitude, knowledge, and practice was related to Allopathic doctors. They believed that all problems related to pregnancy can be resolved by modern treatment and medicine and proper nutrition and a suitable diet for females. But it was evident through the

responses of the respondents that in the whole community, the modern treatment of antenatal care was adopted after the self-medicine and home remedies. The elder generation was in the favor of antenatal care however, they were also of the view that antenatal care was necessary when serious problems arise with the health of mothers and babies during pregnancy. But the recurring regular check-up over small things is considered unnecessary

It is evident through the research findings that awareness about modern medicine is in the process although its speed is slow. Women were in the learning process. Their satisfaction level with modernization or modern modes of treatment is developing slowly.

Research also shows that childbirth is taken as both a biological and cultural phenomenon. Multiple social and cultural forces create the potential for diversity among people regarding birth, related beliefs, and practices. The social meaning of childbirth gets directly influenced by the society in which women gave birth.

There are two different methods of childbirth. Vaginal birth and cesarean section delivery. And most of the respondents showed a negative attitude towards medicalized childbirth because of its negative effects. Respondents of each group current pregnancy group, middle-aged group, and old age group agreed on one point in the focus group discussion that normal delivery is the healthiest way for women to give birth to a baby.

Further research illustrates that the use of contraception is not common among women of jampur and those who are using, lack the basic knowledge about their negative impact on reproductive health. Respondents reported that most of the time they prefer to use traditional modes of contraception to avoid pregnancy due to socioeconomic reasons.

It is also observed that the government health facilities in rural areas lack the ability to even provide the most basic services to the people. Research shows that THQ (Tehsil headquarters Hospital) had the least facilities in the whole city of Jampur. There were not enough facilities and medical staff to treat a large number of patients. The doctor-patient relationship tenanted an extremely important place in the field of public health. This relationship needs to be strengthened, to develop trust among patients in government healthcare centers. The power of doctors was directly influenced by the trust of patients.

The power of doctors was based on the political economy of health, social status, institutional status, authority, and formal education. Through this power and authority doctors practice and exercise authoritative behavior towards patients. The feeling of dependency among patients further increased this concept of power.

It is observed that the reason behind the lack of trust is that in a government hospital a poor patient is always taken for granted by doctors and staff, whereas in a private clinic or hospital a patient is treated as a client who must enjoy all the perks of being a client and help in expanding the business of private clinics and hospitals.

It is also found that only 39% of babies get breastfeeding during the first six months of their childhood, globally. Research illustrates that breastfeeding is very beneficial for the health of mothers and babies because it provides full nutritious value. Breastfeeding is the natural method to feed newborn babies to maintain their healthy and authentic diet. Respondents were well aware of this fact too. In case of insufficient mother feed, women use several home remedies to fulfill the requirements of their baby's nutrition.

Conclusion

In the concluding remarks, the health facilities in the cities are in abundance when it comes to antenatal care but are very scarce in the villages and remote areas. It can be seen that the urban areas being the core exploits the remote peripheries. It is observed that the people were uneducated and poor wagers. They lack awareness related to pregnancy issues. The young women had positive attitudes toward modern practices of healthcare. Some of them were helpless to follow the modern ANC due to the lack of economic resources. Their financial circumstances did not allow them to follow modern Antenatal care practices and most of them have zero knowledge of antenatal care practices

Vaginal birth is more practiced and preferred than C-section deliveries. Childbirth methods are not much changed yet. Women practiced the vaginal birth process and the majority is agree with it. Vaginal birth is a painful procedure but still healthy for maternal ad neonatal health. Health facilities are available properly for the villagers and the quality of health facilities is very low. Developed urban centers as a core are exploiting the health facilities from the villages as peripheries. In rural areas, doctor and patient relationship is also very weak

People have a cultural perception of breastfeeding and its advantages. Cultural activities guided the people about the advantages of breastfeeding. Breastfeeding is more practicing among the villagers than bottle feeding. The people of Jampur are not educated. They are unaware of the antenatal care health services. But there is evidence of change. People are changing their behaviors towards modernization. However, several other aspects of the transition can consider for further studies. The scenario can be viewed from a different lens as well.

Recommendations

Government should take an initiative to launch a program for newly married couples so that they can get knowledge about prenatal and antenatal. Both Midwives and nurses could play an efficient role in increasing participation from the local community.

Government should provide the proper health facilities in government hospitals in underdeveloped rural areas or villages.

Government should make policies to educate the people in rural areas.

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