Socio Medical issues of Pregnant women in flood prone area in district Rajanpur

By

Rameesha Mujahid

Quaid-i-Azam University

Department of Anthropology

Islamabad – Pakistan

2023

Socio Medical issues of Pregnant women in flood prone area in district Rajanpur

Rameesha Mujahid

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

Quaid-i-Azam University

Department of Anthropology

Islamabad - Pakistan

2023

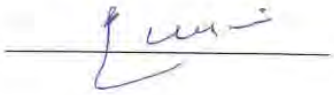
QUAID-I-AZAM UNIVERSITY

Final Approval of Thesis

This is to certify that we have read the thesis submitted by Ms.Rameesha Mujahid. 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.Phil in Anthropology.

Committee:

1. Dr. Inam Ullah Leghari
   Supervisor



2. Dr. Anwar Iqbal Shaheen
   External Examiner

3. Dr. Inam Ullah Leghari
   Chairperson
   Department of Anthropology

Formal declaration

I hereby, declare that I have produced the present work by myself and Without any aid other than those mentioned herein. Any ideas taken Directly or indirectly from third party sources are indicated as such. This work has not been published or submitted to any other examination Board in the same or a similar form.

I am solely responsible for the content of this thesis and I own the sole Copyrights of it.

Islamabad, 28 August 2023

Rameesha Mujahid

ACKNOWLEDGEMENT

This research would not have been possible without the blessings of ALLAH (SWT), the Most Gracious, the Most Merciful. His blessings Helped me get through the hardships experienced. I am grateful to all participants who devoted their time in hard phase, shared their stories and case histories with me. It was great honor for me to participate in their daily lives, observe and interview them. My heartfelt gratitude to Dr Farah who acted like a bridge between me and my respondents. Furthermore, I would like to extend my special thanks to Key Informants Salman Ahmed and Batool Mai who played a significant role in building my rapport in my field area and helped me to make connections with my respondents.

Next, I am very thankful to my research supervisor Dr. Inam Ullah Leghari, Head of Department of Anthropology, Quaid-e-Azam University Islamabad, for his guidance, expertise, words of encouragement, academic experience and most of all patience. I am grateful for your valuable and insightful discussions that helped me complete this research. The effort and time you invested in reviewing every single detail of this thesis is truly appreciated.

I would like to express thanks to my entire family specially my uncle Baqir Leghari and aunt Rafia Baqir for their Love and support. Thank you for making me who I am Today. Gratitude to my uncle Tahir leghari for being my constant motivation. Special thanks to my parents Mujahid Leghari and Asfa Leghari for their prayers and unconditional love. I acknowledge and appreciate the sincere and tremendous support of my Husband Mohsin Leghari in process of data collection and thesis writing. Last but not the least my sister Rumaisa for helping me out by taking care of my daughter Mirha Mohsin during thesis writing.

Rameesha Mujahid

DEDICATION

This thesis is dedicated to all those strong and powerful pregnant women who carry lives inside them and passed through different physical and psychological changes with grace. For me you are superheroes.

ABSTRACT

This study explores the socio medical issues faced by pregnant women in flood prone area in the district Rajanpur, Pakistan. This research aims to understand the challenges that pregnant women face during flood, and to identify the factors that contribute to poor physical and mental health outcomes in these communities. The study uses qualitative approach, including Participant observation, unstructured interviews, case studies and daily diaries, to collect qualitative data from pregnant women, healthcare providers, and community members. The findings of this study indicate that pregnant women in flood prone area face multiple challenges related to access to healthcare, emotional and physical support. Respondents reported challenges related to accessing medical care, including long waiting hours, lack of healthcare facilities, and inadequate medical supplies and equipment. Additionally, socio-cultural factors, such as gender inequality and traditional beliefs about pregnancy and childbirth, were identified as key contributors to poor maternal health outcomes. The study also identified several potential solutions to these challenges, including improving access to healthcare, providing emotional support, increasing community awareness, involving local authorities, and conducting further research. Recommendations for the Government of Pakistan included increasing investment in healthcare infrastructure and services, strengthening disaster preparedness and response, improving awareness and education, addressing socio cultural factors, and developing and implementing policies to support maternal health. This study highlights the urgent need to address the socio-medical issues faced by pregnant women in flood prone areas in Pakistan. By implementing the recommended solutions, policymakers and healthcare providers can work together to improve maternal health outcomes and promote the wellbeing of pregnant women in these vulnerable communities.

Key Words: Socio Medical, Issues, Pregnant women, Flood prone, Rajanpur

LIST OF ACRONYMS

ANC	Antenatal Care
BHU	Basic Health Unit
BP	Blood Pressure
DHQ	District Headquarter
HB	Hemoglobin
ID	Iron Deficiency
LHV	Lady Health Visitor
LHW	Lady Health Worker
NGO	Non-Government Organization
PPD	POST PARTUM DEPRESSION
PTSD	Post Traumatic Stress Disorder
RHAD	Reproductive Health After Disaster
RHC	Rural Health Center
TBA	Traditional Birth Attendant

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

1. INTRODUCTION

Floods are the most prevalent sort of natural disaster, with serious health and financial consequences. Flooding, the most serious natural hazard, causes enormous misery for a large population and property failure. According to Reliefweb report (2022), the disastrous 2022 floods in Pakistan had destroyed 556,000 dwellings, damaged 1.17 million houses, damaged 67000 km of roads, killed 1400 people, and injured 12,700. The floods have affected 33 million people in all. Flooding prompted 800,000 people to relocate to relief camps, while millions remained in host communities (Reliefweb, 2022). According to World Bank report (2022), the flood calamity has affected an area larger than the United Kingdom. According to the study, in Pakistan, total damages exceeded USD 14.9 billion, with total economic losses estimated to be around USD 15.2 billion. The estimated cost for resilient repair and reconstruction are at least USD 16.3 billion (World Bank, 2022).

During a crisis, women are frequently described as a vulnerable group with migrants, the disabled, the old, and marginalized groups. However, Enarson & Morrow (1998) contended that restricted categories of vulnerability mistakenly de-gender identities and social relationships. By neglecting the multiplicities and diversities of women's lived experiences and social modes of being, the term 'woman' portrays women as an unproblematic and homogeneous group. Women are frequently viewed as passive and victims, leading humanitarian agencies to focus on satisfying women's immediate needs (Enarson & Morrow, 1998).

According to Clifton & Gell (2001), gender practice in emergencies has come to mean paying attention to women's roles in food distribution, providing sanitary towels and ensuring adequate lighting and health services for women. Although these characteristics are significant, they are embedded in a framework that ignores social interactions and power dynamics within specific socio-cultural contexts. By ignoring women's capacities, resources, and long-term interests, focusing on women's vulnerability misrepresents the true situations of both men and women have negative impact on disaster management, culture and practice. Gender vulnerability is a

complex and varied state that reflects the historical and socio-cultural architecture of social institutions and individual lives (Clifton & Gell, 2001).

Cannon (2002) highlights that poverty in Bangladesh is a cause of vulnerability and a consequence of disaster impacts. Gender plays a significant role in determining poverty, with 95% of female-headed households below the poverty line. Women are more vulnerable to disasters, and understanding vulnerability factors is crucial for understanding disasters. Vulnerability varies based on initial conditions, self-reliance, and livelihood resilience (Cannon, 2002).

According to Mubeen (2022), Pakistan faced two big devastating floods in 2010, 2014, as well as other smaller-scale floods over the last decade. After twelve years, the country has again faced one of the deadliest floods in its history, in August 2022. The devastating 2022 flood also destroyed the South Punjab districts of Rajanpur and Dera Ghazi Khan. In these two districts, at least 0.30 million people have been affected, 60 people have perished, and over 400 houses have been entirely or partially destroyed. Floods wreaked havoc on established infrastructure such as schools, health institutions, veterinary hospitals, energy installations, internet access, highways, bridges, and railway lines. The floods badly damaged nearly 0.20 million acres of crops. Aside from that, the floods destroyed irreversible business centres such as small retail shops, warehouses, poultry sheds, and dairy buildings, and displaced hundreds of thousands of people, resulting in a “secondary disaster” (Mubeen, 2022).

Pregnancy is a crucial stage in the process of starting a family because at this period important decisions must be made and the puerperal stage, the marital structure changes and becomes more paternal in nature. This lead to conflict and disorganization, which results in suffering. As a result, it is important for the healthcare team to rearrange the pregnant woman's schedule and that of her family, helping them to adjust their pace of life and encouraging any necessary organization and changes at home and at work, creating a network of support. Prenatal care is also essential for humane childbirth and for lowering rates of maternal and perinatal morbidity and mortality, which are directly tied to the standard of care given by medical professionals, particularly at the primary care level. Additionally, it permeate activities linked to biological , psychosocial, educational, preventive and promotion of

health activities. It is important to note that adherence to consultations and thorough care is influenced by pregnant women's empathy with clinicians and the service itself (Ferreira, et al., 2014).

Mallett, et al., (2018) argues that floods can negatively influence pregnant women's physical and mental health as well as their access to healthcare, which has an indirect negative impact on the infants' well-being at birth. Studies of pregnant women exposed to floods show a link between high levels of prenatal stress and unsuccessful pregnancies such as reduced birthweight and premature birth, as well as unfavorable health consequences in children, such as behavioral issues and psychiatric conditions. Study argues that there is proof that exposure to flooding is associated with negative health outcomes and pregnancy results. Flood-related dangers to pregnant women are of particular concern and their descendants. There are worries for pregnant women and their unborn children regarding low birthweight, mental health disorders, PTSD (Post traumatic stress disorder) and stillbirth, according to a study on the health outcomes among pregnant women after floods. The women who were most immediately exposed to these results seem to be affected. Hurricanes put a pregnant woman and her unborn child through extreme stress which had a negative impact on both their health. Mallett, (2018) recommended in this his studies that the special difficulties that pregnant women experience and the necessity for prenatal care after a flooding more carefully considered in emergency planners' plans to minimize hazards by minimizing extra dangers. Pregnancy-related issues Stressors that are most directly impacted by flood disaster exposure need to be identified and evaluated. Be assessed for depression and PTSD, and their risk of unfavorable outcomes is closely watched, such with low birthweight and premature deliveries. Women could be better prepared to handle stress after a tragedy by being educated on coping mechanisms. Almost no research has been done on the health effects of mould exposure during pregnancy, poor birth outcomes for pregnant leptospirosis patients. to better comprehend the health dangers associated with flooding to unborn children and pregnant mothers (Mallett, et al., 2018).

Pradhan, et al., (2022) conducted research on healthcare service delivery in Pakistan during flood. They argued about pregnant women who suffer to attain healthcare services during flood in Pakistan. They used qualitative exploratory

method, which examined Pakistan's readiness for and response to floods. They argued that respondents reported experiencing domestic abuse, rape, snake or dog bites. They added that after the flooding in the area, the cases of anxiety, stress, and sexual and reproductive health were most prominent; particularly those pregnant women had to endure terrible circumstances. The study founded the gaps and difficulties in the health systems had shown that district health management had weak capacity to absorb , shock and maintain the provision of critical healthcare services during flood emergencies. The response was inadequate because of underlying reasons including a lack of stock in necessary medications, a lack of district level vulnerability assessments, infrastructure failure and inadequate backup, insufficient communication networks, inadequate planning and operating procedures, a lack of human resources, and a small number of designated disaster financing. Moreover issues of transportation was also discussed, according to the study, there was no ambulance service available during the floods. Transportation accessibility remained a problem during floods. Flooding and a lack of funding have damaged infrastructure. Several flood-prone districts reported an increase in home deliveries as a result of transportation. The lady health workers documented incidents of deaths and miscarriages among pregnant women due to lack of transportation during flooding situations. Women who were set to give birth lacked transportation to the hospital. Some of them were delivered as they were travelling to the facility with a view. Even a mother's death resulted from this. Absence and dysfunction of ultrasound machine and inadequate pregnancy dietary supplements was also reported in this study (Pradhan, et al., 2022).

This ethnographic study explores all such problems faced in pregnancy during flood situations in district Rajanpur, including social issues during pregnancy which involves social and cultural problems and barriers which women face during pregnancy, medical problems and healthcare services are also explored in this research including health concerns and challenges in seeking healthcare services.

1.1 Problem Statement

In recent years, heavy rain and subsequent flooding have devastated the Pakistan's district of Rajanpur, wreaking havoc on the local economy and displacing

thousands of residents. Women who were pregnant and living in flood-affected areas of Rajanpur were at increased risk for a variety of social and medical problems that had devastating effects on their health and the health of their unborn children.

The research tends to explore social problems faced by pregnant women in flood prone areas of district Rajanpur. This ethnographic study investigates medical issues faced by pregnant women who were displaced from their houses due to flooding. This research also explores the challenges faced by pregnant women in accessing healthcare services as a result of displacement during floods. It highlights that how these women seek healthcare services in these challenging situations.

1.2 Research Objectives

The objectives of the study are as follows:

1. To determine the social issues faced by pregnant women in flood prone area.
2. To know the medical issues faced by pregnant women in a flood-prone area.
3. To find out challenges to seek medical facilities to pregnant women.

1.3 Key Definitions

1.3.1. Socio-medical

It is taken as broader concept where social relates to society and the way people are organized in networks and interact with each other. This study considers the issues faced by pregnant women as member of society and how people behave and deal with pregnant women in flood prone area. It also consider the medical problems related to pregnancy that which kind of problem women face during pregnancy and how they deal with it and what type of medical facilities are available during crucial phase of flood. It is also referred as social issues and medical problems in this research.

1.3.2. Flood

Inundation of water in dry areas is flood. Rajanpur and its nearby areas were badly affected by floods in 2022. Pregnant women had faced a lot issues during flood in district Rajanpur. Their access to healthcare services was limited and they had lost their houses and their belongings including medicines and medical history.

1.3.3. Pregnant woman

Woman involved in the presence of an embryo, fetus or unborn child within the body (Merriam-Webster, n.d). This study focuses on pregnant women and their issues which they were facing during flood situation. They were facing a lot issues including physical and mental stress during flood and their health was completely neglected during flood.

1.3.4. Social Issue

Social issues are concerns that affect a large number of people. They frequently illustrate current affairs while also illustrating enduring issues or conflicts that are challenging to resolve. Debate on these subjects is a natural byproduct of public conversation because beliefs, ideas, and attitudes can be strongly held. This research study engages the social issues faced by pregnant women living in flood situation.

1.3.5. Medical Issues

A situation that is undesirable and produce problems for people and is connected to illness and injuries (Collins English Dictionary, n.d). In this study medical issues are discussed which were faced by pregnant women during flood including physical stress and mental trauma. Physically they were malnourished and dehydrated due to which they were facing different medical problems and mentally they were so emotional and stressed and their mental health was neglected.

1.3.6. Medical facilities

Location where people who are ill or injured receive care or treatment such as hospital, urgent care facility, or clinic (Merriam-Webster, n.d.). This study has highlighted the medical facilities available during pregnancy in flooded situation and also focused on the challenges faced by pregnant women in seeking healthcare services in camps and hospitals.

1.4 Significance of the study

The study will help to know about the different problems faced by pregnant women who need extra care and attention during their pregnancy period in flood prone area of district Rajanpur. It will also highlight the social and medical issues of pregnant women and will convey those problems to respective departments that what they were going through. This study will also provide information about medical facilities available to them in relief camps and hospitals and also reflect upon the behavior of patients and care providers. It will also discuss the challenges which pregnant women face during this crucial stage when they need extra care and attention and will also highlight challenges of seeking healthcare services.

1.5 Thesis Outline

The first chapter introduces the topic of the research. It mentions the statement of the problem, objectives of the study and significance of the study. Definition of all key terms which were utilized in whole research are also discussed in introductory chapter.

Second chapter documents the relevant literature about topic and make references to related research work and studies about social and medical issues faced in disaster hit communities. This chapter set pace and direction to the research. Third chapter is sub-divided into two parts. First part is about research setting and locale whereas second part deals with selection and utilization of different research methods and sampling techniques to extract purposeful data. Fourth, Fifth and sixth chapters deal with the findings of the research. Fourth chapter deals with the social issues

faced by pregnant women in flood prone area. Fifth and sixth chapter are about medical issues faced by pregnant women, medical facilities available to them in flooded situation and challenges in seeking healthcare services during flood. The last chapter present a summary and conclusion of the research and also discusses way forward as recommendations that how to deal with this pregnancy phase in this challenging situations and how to cope with it.

2. LITERATURE REVIEW

This chapter is based on the review of previous literature in relevance to the research topic, with a specific focus on social and medical problems of pregnant women during flood. The destructions that flood had caused on people is unexplainable. People specially vulnerable groups are affected badly with the flood. A detailed review is provided in this chapter.

Tong, et al., (2010) argued that when compared to women giving birth prior to the disaster, the 1997 Red River flood had significantly detrimental effects on North Dakotan women who gave birth in the period after the disaster. The percentage of pregnant women who have more than one medical risk factor has increased. Pregnant women's significant increase in eclampsia following the flood is probably the result of misclassification that includes both mild and severe preeclampsia. It was also noted what percentage of women reported anemia, acute or chronic lung disease, and uterine bleeding. Although these studies did not consider the population impact years later, earlier research has linked natural disasters to poor pregnancy outcomes, including low birth weight and preterm delivery. A flood that occurred in Poland in 1997, Preterm births were more probable for women who were hurt during the flood. One study found that women may be more vulnerable to stress in the first trimester of pregnancy. Several studies on earthquakes indicated an increase in low birth weight newborns and preterm delivery.

The number of newborns decreased in the 14 hardest impacted counties, according to a recent analysis of birth certificates from the 12 months before and after Hurricane Katrina. The researchers came to the conclusion that their findings might be a result of demographic changes in disaster-affected areas. Poor pregnancy outcomes have been linked to stress and depression during pregnancy, and the additional stress and corresponding depression of a disaster may increase the consequences on birth outcomes. According to the study's findings, a natural disaster, especially one that is devastating, may have an impact on the population of women giving birth in a region years after it occurs. Preeclampsia must be closely monitored

by healthcare professionals, although it should be noted that both healthcare systems and providers are affected by disasters (Tong, et al., 2010).

Arosemena, et al., (2013) examine the reproductive health assessment after disasters, Women who live near the Gulf Coast are especially vulnerable to the aftereffects of natural disasters. Many of these women already have a poor quality of life in terms of their health, which makes their vulnerability to the aftereffects of natural disasters even more obvious. After Hurricane Isaac, a baseline survey battery was utilized to quantitatively assess reproductive health risks, services, and outcomes, as well as investigate the psychosocial effects of the disaster among pregnant and postpartum women aged 18–45 years (N=300). This was done to better understand the state of reproductive health care in the aftermath of the storm. The Edinburgh Postnatal Depression Scale, the Medical Outcomes Study Social Support Survey, and the Reproductive Health Assessment After Disasters (RHAD) Toolkit were the three questionnaires that were included in this survey battery.

The collection of data used every one of these tools. Both community health professionals who had received training and patient navigators participated in the pilot project in Southeast Louisiana to effectively carry out a community needs assessment there. Patient navigators were also participating. The Reproductive Health Assessment Device (RHAD), as well as the Short Psychosocial Battery, were both administered by the Community Health Navigation Corps to have a better understanding of the post-disaster reproductive health requirements. The findings of this study highlight how important it is to shift focus from patient navigation to disaster management to lessen the degree to which healthcare systems are fragmented and to develop novel methods to survey methodology. This shift in focus is critical for two reasons: (1) to lessen the degree to which healthcare systems are fragmented and (2) to develop novel methods to survey methodology (Arosemena, et al., 2013).

Ali, et al., (2023) identifies that women are more vulnerable to natural disaster than men due to sociobiological constraints and their involvement in home responsibilities. Women face a variety of hygiene and health issues. They further added that Displaced women were forced to live in dirty, hazardous aid camps where it was difficult to acquire clean water and food. She stated that her respondents

emphasized the importance of fundamental competence in relation to health issues since they are fatigued and overworked. Many female respondents stated that they had experienced bodily harm and that flooding frequently forced them out of their houses. It was impossible to get to medical facilities during the flood and even traditional care at home.. Furthermore, a pregnant woman should consume nutritious food during her pregnancy, receive essential care, and maintain all personal hygiene and other requirements but nothing was available at camps.

Data was collected in district Rajanpur. Selected sample was only females including pregnant adolescent and nursing females. They used questionnaire to find out the challenges faced by community females. This investigation analyzed the physical health impacts of flood women in Rajanpur district, Pakistan, during July-August 2022. Displaced women were forced to live in unsanitary, unsafe assistance camps, where they struggled to find food and water. Insufficient basic needs were found, with insufficient food and clean water. Females emphasized the importance of basic health issues due to tiredness and heavy workload. Flood-related injuries and oral disease transmission were also identified.

Many female respondents experienced physical harm and had to rely on traditional care at home. Pregnant women faced challenges during floods, such as the timing of birth and the lack of easy access to medical facilities. The study highlights the need for people to view flooding as a communal issue rather than a personal failing. Local government and legislators should support these communities, as the study can be simulated in other areas affected by floods (Ali, et al., 2023).

Gillespie et al., (2016) identified the social mobilization and community engagement in west Africa. During the emergency response to the Ebola outbreak, UNICEF's work on community-driven development (C4D) in Guinea, Liberia, and Sierra Leone is being emphasized as a case study for the lessons learned on social mobilization and community engagement. The evaluation was carried out through the use of four distinct approaches, including a literature review of important documents, meeting reports, and other articles; structured discussions with UNICEF and civil society experts in June and October 2015; an electronic survey sent out to government, UN, and partner organization employees who worked on Ebola in October and

November 2015 (N = 53); and key informant interviews with five different people. They triangulated the findings from a number of different datasets, and then we categorized our key findings as follows: strategy and decentralization: develop a community-driven, all-encompassing C4D strategy with distributed programming that is readily adaptable to varied environments; Coordination: provide the leadership of C4D with the ability to collaborate among partners and demand the usage of standard operating procedures (SOPs) as a centralized tool for coordination and quality assurance; Third, make investments in important communication channels (like radio) and trusted members of local communities in order to enter and engage communities; fourth, continuously adapt messages and strategies as epidemic patterns shift; fifth, form strategic partnerships with community and religious leaders, journalists, radio stations, and partner organizations in order to disseminate information and spread awareness; Building Capacity: Encourage the Development of a Global Pool of C4D Experts Who Can Be Deployed Easily; Establish a C4D methodology and impact indicators, and aim toward real-time data analysis and rapid input to communities and authorities to assist decision making. Last but not least, the architecture of the global humanitarian response needs to explicitly include communication, community participation, and social mobilization, along with sufficient funding, to successfully assist future public health catastrophes, which are as much a social issue as they are a health issue (Gillespie, et al., 2016).

Bukhari & Rizvi, (2015) argued that Due to low literacy rates and high fertility rates, Pakistan's rural population, which makes up 65% of the nation's population, is extremely susceptible to floods. These women experience significant pregnancy risks, and maternal mortality rates are higher in rural settings. The amount of money the government has nominally allotted for the health sector has decreased over time. It was difficult for women to receive medical care because 515 out of 9721 health facilities were destroyed or damaged during the flood of July–August 2010. Compared to less developed South Asian nations, maternal mortality rates in flood-affected areas are high, with rural women at a higher risk of passing away. Access to routine checkups, laboratory testing, diets, and exercises is also hampered in relief camps by the paucity of female specialists in medicine. Over 180,000 expectant and lactating women experienced problems with open defecation, attempted rape, marital

abuse, and honor killings; some even turned to suicide as a result of the harsh attitudes of society (Bukhari & Rizvi, 2015).

Abuse of pregnant women, either physically or verbally, is now largely recognized as a serious public health hazard in many areas of the globe. This abuse has taken various forms, but the most common is physical abuse. It is common practice to underreport the frequency of domestic violence, especially among communities of Muslims and in countries with less established legal systems. It is essential to carry out the study to determine the factors that put women at risk of being mistreated in their intimate relationships. They used data from a cross-sectional study that was conducted at the Ayub Teaching Hospital as well as the Benazir Bhutto Shaheed Teaching Hospital in Abbottabad. Both of these hospitals are located in Abbottabad (from January 2015 to December 2016). Pregnant women were asked about any previous instances of their husbands abusing them, and their socio demographic features were recorded in a Performa, to analyze the factors that put a person at risk for experiencing domestic violence. The purpose of this study was to determine the factors that put a person at risk for experiencing domestic violence. They identify that in the entire population, there was a prevalence of any kind of domestic violence in the household which was 35%. Just 15 (1.5% of the total) of the 1000 pregnant women disclosed a history of fatal assault, whereas 270 (27% of the total) were victims of basic violence, 50 (5% of the total) were victims of a major assault, and 270 (27% of the total) were victims of grave assault. There is a link between living in an urban environment, being of a larger age, having a lower level of education, and having a lower level of income. This is because living in an urban environment exposes people to more pollution and noise. They come to the realization that being a victim of domestic violence when pregnant is not only common but also a societal and psychological problem that is often disregarded. This leads them to the conclusion that domestic abuse is a pervasive issue. It is vital to identify groups who are at high risk for preventive interventions to be designed and put into action. Identifying people that are at high risk is required (Habib, et al., 2018).

Ossai, et al., (2023) determine that the disparities in the rates of maternal death that exist between industrialized nations and underdeveloped countries are attributable to the various rates at which prenatal and delivery care are used. The purpose of this

research was to learn more about the perspectives of women living in urban and rural areas in Ebonyi state, Nigeria, about the usage of prenatal and delivery care. They adopted a Community-based descriptive exploratory study design in their research. The adoption of a Focus Group Discussion (FGD) guide that had been pre-tested allowed for the collection of qualitative data. Eight focus group discussions were held with women who were pregnant at the time of the research as well as women who had given birth within the previous year. Each of the urban and rural communities had four focus group discussions carried out. Throughout the data analysis, QDA Miner Lite version 2.0.6 was used. They recognize the fact. The majority of participants in both urban and rural locations express a preference for the man and woman deciding where to get prenatal care and where to birth their baby. While pregnant, all of the participants, whether they live in an urban or rural community, hope that their partners would be supportive of them. The most important consideration for women when selecting a hospital for prenatal and delivery services is the institution's perceived level of medical expertise. The price of the services as well as the location of the facility were further considerations. Participants in rural areas believed that traditional birth attendants provide special services, one of which is assisting women in becoming pregnant. Traditional birth attendants in urban settings are known to be kind and welcoming people who had carried out a divine mission. These factors explain why female customers still make up the majority of their clientele. The failure of traditional birth attendants to address difficulties that are connected with pregnancy and delivery is the primary reason why their services are criticized so heavily. The majority of women gave birth at home due to economic constraints and cultural norms and expectations. Every possible measure has to be taken to bring the high rate of maternal mortality in Nigeria down. Because of this, it is necessary to include males and, by extension, communities in decisions about prenatal care and childbirth. There is a critical need to educate healthcare professionals working in conventional medical institutions on how to provide high-quality medical treatment. The education of the general public on the significance of the provision of healthcare facilities will be of the utmost importance. It should be a top priority to encourage women to give birth in hospitals and other medical facilities. This includes the provision of delivery services that are either free or subsidized in some way. Steps must be taken to remedy the shortcomings of primary health facilities, particularly in rural regions (Ossai, et al., 2023).

Ludvigsson, et al., (2022) explained childhood illness in Ukraine sheds light on the dire state of child health in the country and the difficulties faced by medical professionals trying to help refugees. As a result of the conflict with Russia, millions of children in Ukraine have been forced to relocate. In light of this, this systematic review analyzed the current and future difficulties that doctors would face in meeting patients' healthcare demands. They Employed Medline, Embase, and Med Rive were searched from January 1, 2010, through March 31, 2022, for publications related to the health of Ukrainian children. The conclusion reached from this study, Ukraine had an under-5 mortality rate of 8 per 1,000 births in 2019. Childhood maltreatment, neglect, and being underweight were more prevalent than in other European nations, whereas childhood obesity seemed to be less common. Women of childbearing age often exposed their unborn children to the dangers of fetal alcohol syndrome by drinking alcohol, even when pregnant. There was a lack of newborns screened by the programs that were in place. Vaccination rates were low, and vaccine skepticism was widespread. The spread of measles, HIV/AIDS, antibiotic resistance, and TB with multiple drug resistance strains were other causes for alarm. It's projected that the battle would cause serious psychological and bodily harm to a large number of youngsters Medications are out of reach for many individuals. There is a serious health problem in Ukraine among youngsters, and the nations that host them should be prepared to help (Ludvigsson, et al., 2022).

A Vast Majority of Authors, among them Akhtar, et al., (2013) argued primary goal of the research is to shed light on the severity of iron deficiency in certain subsets of the population in Pakistan as well as on possible remedies to the problem that has been identified. Additionally, the research will look into possible remedies to the problem that has been identified. They conducted their search for relevant publications using online resources such as PubMed, Google Scholar, and Science Direct. Their inquiry focused on the most recent twenty years, therefore they were looking for studies that had been published in that time frame. The search resulted in 193 articles; of these, 64 were disregarded, and further filtering was conducted based on the kind of sensitive demographic variables such as pregnancy, age, and gender. An in-depth study of the most current research demonstrates that iron deficiency (ID) and iron deficiency anemia (IDA) are frequent in Pakistan and call for prompt treatment measures. These findings call for immediate treatment measures. Research

has indicated that children under the age of five and women of reproductive age are disproportionately affected by IDA. It has been concluded that the technique that would be most successful in addressing Pakistan's demands for the fight against IDA would be to fortify wheat flour. This conclusion was reached after a thorough investigation. The current study sheds additional light on the importance of global cooperation in the form of intensified efforts to reduce incidences of both ID and IDA to achieve the Millennium Development Goals (MDGs), which are primarily based on improving the nutritional health of people living in underdeveloped nations by the year 2015. These goals were established to be achieved by the year 2015 and are aimed at reducing the number of people suffering from ID and IDA (Akhtar, et al., 2013).

Zahidie, et al., (2013) argued that there is a possibility that the cultural and social components that are present in an environment play a part in the progression of illnesses that are more prevalent in women. The gender-specific responsibilities and tasks that fall on women's shoulders are the root cause of many disorders. The World Health Organization (WHO) has put a special emphasis on the need for research on gender-related factors for diseases that disproportionately afflict women in developing countries. This article's objectives were to (1) explore the prevalence of depression among Pakistani adult women and (2) determine the variables that are associated with an elevated risk for the disease. They searched the PubMed database for literature on women in Pakistan, risk factors, and depression to learn more about these topics. Under the context of Pakistan's geographical location, twelve of the twenty articles that were initially retrieved were directly related to the topic of depression and the risk factors connected with it among Pakistani women. This was the case for twelve of the articles. There is an elevated risk of mental illness among Pakistani women due to several factors, including those related to marriage, such as domestic violence, verbal or physical abuse by in-laws, stressful living conditions, and low socioeconomic situations. Women who are pregnant have a higher risk of developing clinical depression than women who have not yet given birth because of the pressures connected with pregnancy (Zahidie, et al., 2013).

Kazi, et al., (2006) researched the social environment and depression among pregnant Women. It is probable that some features of women's social surroundings,

such as their socioeconomic level, the dynamics of their families, and the presence or absence of chronic health issues, might alter their susceptibility to developing depression. The purpose of this article is to describe the findings of comparative research that looked at the roles that social relationships and social context play in pregnancy-related depression in Pakistan. During the qualitative phase of the research project, social-environmental factors were identified through the use of a literature search, as well as the perspectives of psychologists, psychiatrists, gynecologists, sociologists, and other researchers. This was done in conjunction with the identification of social environment factors. In addition, 79 in-depth interviews with pregnant women were done in Karachi, Pakistan. These interviews were placed in a total of six different hospitals, spread across two geographical areas. It was shown that a person's social surroundings and social relationships, in addition to the anxiety associated with pregnancy, were significant factors in explaining depressive symptoms. During the quantitative part of the research project, multivariate linear regression was utilized to rank the themes and categories that were discovered based on their capacity to accurately predict depression as determined by the Center for Epidemiological Studies Depression Scale; CES-D scale. This ranking was done in order from most accurate to least accurate prediction of depression. Concerns about pregnancy, including pregnancy symptoms, changes that occur during pregnancy, dependency, and worries about the unborn baby, were described under the overarching themes and categories of (1) social relations, which involved the husband, in-laws, and children; (2) social conditions, which involved the economy, illness, life events, household work, environmental circumstances, and social problems; and (3) social environmental determinants. After the completion of a multivariate study, we concluded that social worries and apprehensions over pregnancy were the factors that were most closely related to total CES-D scores among these difficulties. In addition to the number of years a woman had been alive and the number of years she had spent in school, additional factors, such as pregnancy symptoms, the amount of time spent caring for others, a husband, in-laws, and housekeeping all played a part in how well a woman scored overall on the CES-D. Other factors included the number of years a woman had spent caring for others. The results of this study found that a pregnant woman's social connections are more essential than her economic situation in predicting whether or not the woman would suffer from depression during her

pregnancy. This was shown to be the case when comparing the two factors (Kazi, et al., 2006).

Mumtaz & Salway (2007) conducted research on the topic of pregnancy and the use of prenatal care services in Pakistan. Her focus was on the Pakistani population. She performed an integrated study consisting of extensive ethnography and large-scale survey research in Punjab, Pakistan, to investigate the gendered consequences on women's adoption of Antenatal Care services (ANC) there. They reported the outcomes of her investigation. When it came to pregnancy and the decisions that went along with it, it was discovered that older women were the normative decision-makers. The pregnant lady and her husband were not included in the decision-making process at any point. This was done for privacy reasons. Women who were successful in claiming ANC did not do so by openly opposing the prevalent conception of youthful femininity; rather, they made use of pre-existing gendered structures and channels of communication to influence authority persons. This was done to ensure that their claims were accepted. Because of this, they were able to successfully collect ANC benefits. It was found that the quality of a woman's interpersonal relationships, particularly with her mother-in-law and husband, played a significant role in her ability to get access to resources such as ANC. In particular, the quality of the relationship between the woman and her mother-in-law was found to be particularly important. The influence of one's socioeconomic standing functioned as a buffer against the consequences that were caused by gender. The degree of ANC use was significantly influenced by some parameters, including the economic security of families as well as the educational level of women. Women who had higher social standings and greater affluence found that it was easier to circumvent the gendered limits put on their mobility when they were pregnant. These women also had an easier time getting about. The empirical results are utilized to illustrate serious deficiencies in the 'autonomy paradigm,' which has dominated a substantial portion of the study on women's reproductive health in South Asia. This research has been conducted mostly in South Asia. The findings, in addition to illuminating how the sociocultural construction of gender acts to constrain women's access to ANC, are also used to highlight these significant inadequacies (Mumtaz & Salway, 2007).

Alderman, et al., (2012), explained that floods are the most common global disaster, causing 53,000 deaths in the last decade. A review of 35 studies found that health outcomes depend on flood characteristics and vulnerability. Long-term health effects are not well understood. Mortality rates increase by up to 50% in the first-year post-flood, and after floods, there is an increased risk of disease outbreaks. Effective policies are needed to reduce and prevent flood-related morbidity and mortality, considering global trends in urbanization, disease burden, malnutrition, and maternal and child health. Flood-related health impacts are widespread and complex, affecting communities in various ways, with effects ranging from short to long-term, direct and indirect. Health outcomes depend on the characteristics of the flooding event and people's vulnerability. Population displacement and poor hygiene increase the risk of disease outbreaks. Psychological distress in survivors accounts for a portion of physical illness. Urbanization, disease burden, malnutrition, maternal and child health, and chronic conditions necessitate better flood preparedness and mitigation programs. Epidemiologic evidence can inform policy and emergency preparedness, ultimately improving health outcomes for flood-impacted communities (Alderman, et al., 2012).

One of the most significant health issues faced by pregnant women during disasters is the increased risk of complications during childbirth. Disasters can disrupt the existing healthcare infrastructure, making it difficult for pregnant women to access essential medical care, including prenatal care and medical assistance during childbirth. This can lead to a higher risk of complications during childbirth, including premature birth, low birth weight, and other medical conditions that can affect both the mother and the baby. Another significant health issue faced by pregnant women during disasters is the increased risk of infections and other diseases. Disasters can lead to a breakdown in basic infrastructure, including water and sanitation systems, which can increase the risk of waterborne diseases, including cholera, typhoid, and dysentery. Pregnant women are particularly vulnerable to these diseases, as they have weakened immune systems, which can increase the risk of complications during pregnancy and childbirth.

In addition to physical health risks, pregnant women also face significant psychological challenges during disasters. Disasters can cause significant stress, anxiety, and trauma, which can have negative effects on both the mother and the baby.

Pregnant women also experience a sense of isolation and loss of social support during disasters, which can exacerbate these psychological challenges. Another major health issue faced by pregnant women during disasters is the lack of appropriate facilities for childbirth. Disasters can force pregnant women to give birth in unsafe and unsanitary conditions, which can increase the risk of infection and other complications. Additionally, in the aftermath of a disaster, there was shortage of medical supplies and equipment necessary for safe and successful childbirth.

Aolain, (2010), conducted research on gender and humanitarian disaster. He identifies that The catastrophic dimensions of humanitarian emergencies are increasingly understood and visible to states and international institutions. Women are more visible in refugee and internally displaced communities, bearing the brunt of family and communal care responsibilities. However, women are often sidelined in policy-making and often fail to be meaningfully included in solutions. A shift in thinking around inevitable dependencies in the international context of humanitarian emergencies realign our understanding of and response to gendered vulnerabilities. He concluded that Humanitarian crises are difficult to forecast and plan for because they are sudden, overwhelming, and urgent needs that overwhelm crucial responses. This perspective is deceptive, underplaying the predictability of human fragility and dependence in highly gendered ways. Deep social and economic inequalities, including gender inequality, are inherently important in understanding how humanitarian crises develop and persist. The systematic protection of civil and political rights might obstruct sustained attention to rectify massive injustices, which could minimize their widespread and destructive impact. The legal and political space for achieving revolutionary outcomes for women in humanitarian emergencies is severely limited. Recognizing that international law and policy involve ingrained gender prejudices that assist in understanding how law is a limited but critical tool (Aolain, 2010).

Nowak & Caulfield (2008) researched on Women and Livelihoods in Post-Tsunami India and Aceh. They conducted a study in India and Indonesia which examined how tsunami and crisis management impacted women's and men's home conditions and roles. The study aimed to highlight the complexities of catastrophe experiences in diverse regional and national settings, focusing on women and men

managing new conditions and livelihood activities. They analyzed that Crisis situations can lead to changes in gender behavior and shifts in the gender division of labor. Many agencies provided livelihoods training to women, but there was little follow-up or life skills training, making the training not sustainable and not helping women reach their potential. Many projects were designed to exclude the poorest women or excluded themselves, and many microfinance programs were designed to help restart small businesses lost during the tsunami. Many women were not involved in businesses prior to the tsunami, making them ineligible for many loan programs. Many young women working for NGOs inadvertently helped break out of traditional gendered roles, such as translators, research assistants, and field staff. However, few NGOs have become involved in empowerment programs, such as training women and men about issues like polygyny, divorce, household and community decision-making, early marriage, and domestic violence. The work undertaken so far has assisted many tsunami-affected individuals in rebuilding their lives and giving new hope and leadership to their local communities. Women's integral involvement in Aceh's rehabilitation demonstrates that ignoring their abilities and capabilities as women not only denies capable people the opportunity to reach their potential but also denies the people of Aceh the ability to develop their community, province, and nation (Nowak & Caulfield 2008).

Akbar, (2022) studied lived experiences of 2022 flood survivors in Rajanpur district , South Punjab Pakistan. He explained that An enormous flood ravaged many portions of Pakistan in August 2022. The deluge destroyed physical infrastructure and forced a widespread evacuation. This preliminary phenomenological investigation was carried out in order to acquire a better grasp of the meanings of this traumatic experience. The participants were invited to explain the meanings of their flood preparedness, evacuation, sheltering, and recovery experiences. Field visits, observation, and in-depth interviews were used to collect data. To reach the participants, a convenient sampling strategy was used.

He added that The participants expressed confusion and disbelief about the impending flood disasters and preparedness measures in their area. They reported lack of trustworthy information about flood risk and were confused about what to do first. The situation was tense and commotional, with people moving and evacuating their

homes. Flood disasters severely affected the livelihoods of the people, causing food shortages and disruptions of supplies. The food delivery method by local philanthropists and NGOs was insulting and humiliating. The participants also shared their concerns about the availability of toilets in tents and evacuation centers. They expressed shock and disbelief at the unprecedented flood hit in the town, and their homes were destroyed. They expressed extreme helplessness due to the damage caused to their lives and property, but also hoped for God's help in reconstructing their houses. They also pinned their hope in the government to help them rebuild their house. He concluded that The 2022 floods had profound psycho-social impacts on victims, impacting their life, wellbeing, hope, and resilience. This qualitative study highlights the emotional implications of flood experiences and suggests a combination of quantitative and qualitative approaches for better understanding (Akbar, 2022).

3. RESEARCH SETTING AND RESEARCH METHODOLOGY

The methodology chapter in a thesis is an essential component that outlines the research setting, research methods, techniques, and procedures used to conduct the study in district Rajanpur. It provides a detailed description of the approach used to answer the research questions or hypotheses and serves as a guide for readers to understand how the study was conducted. The first part of the chapter deals with the locale of the study and is inclusive of history, demographic, social and other cultural details.

The second part discusses the applied research methodology for purpose of data collection. It includes sampling method and tools and techniques used for targeting, categorizing and analysis of data. Researcher adopted purposive sampling to document and record the lived experiences of pregnant women from different locations of district Rajanpur during flood. In-depth semi-structured interviews, participant observation, open ended questions, key informants have been utilized for efficient data collection.

3.1 Locale of Study

District Rajanpur was selected as research locale for fieldwork. Rajanpur is a district located in the southwestern part of the Punjab province in Pakistan. It was established as a separate district in 1982 and has a population of around 2 million people. The district is spread over an area of 12,319 square kilometers and is known for its diverse landscape, which includes fertile plains, deserts, and mountains.

Rajanpur is located on the banks of the Indus River and is an important agricultural area. The district is known for its production of wheat, rice, sugarcane, and cotton. Livestock farming is also an important source of income for the local population. The district is home to several different ethnic and linguistic groups, including Saraiki-speaking people, Baloch, and Pashtuns. The local culture is a blend of different traditions and customs, with influences from neighboring regions.

Rajanpur has faced some challenges in recent years, including poverty, illiteracy, and a lack of basic infrastructure. However, efforts are being made to address these issues and improve the quality of life for the local population.

Tourist attractions in Rajanpur include the Khar Canal, which is a popular spot for fishing and boating, as well as the historic Shahi Mosque and the Tomb of Hazrat Khwaja Khizr. The district is also home to many scenic parks and gardens, including Musa Park and the Bagh-e-Khanpur. It is situated on the banks of the Indus River and shares borders with the districts of Dera Ghazi Khan and Muzaffargarh to the north and south, respectively. The district headquarters is located in the city of Rajanpur (Almanac, 2021).

3.1.1 District Rajanpur

Rajanpur is a district in the province of Punjab, Pakistan. It is located in the southwestern part of the province, near the border with Sindh and Balochistan. The district was created in 1982, when the Dera Ghazi Khan district was divided into two parts, with Rajanpur becoming a separate district. Geographically, Rajanpur is a diverse district, with hills, deserts, and riverine areas. The district is bordered by the Indus River to the east, the Sulaiman Mountains to the west, and the Koh-e-Suleman range to the north. The district has a total area of 12,319 square kilometers and a population of around 2 million people, according to the 2017 census (Pakistan Bureau of statistics, 2017).

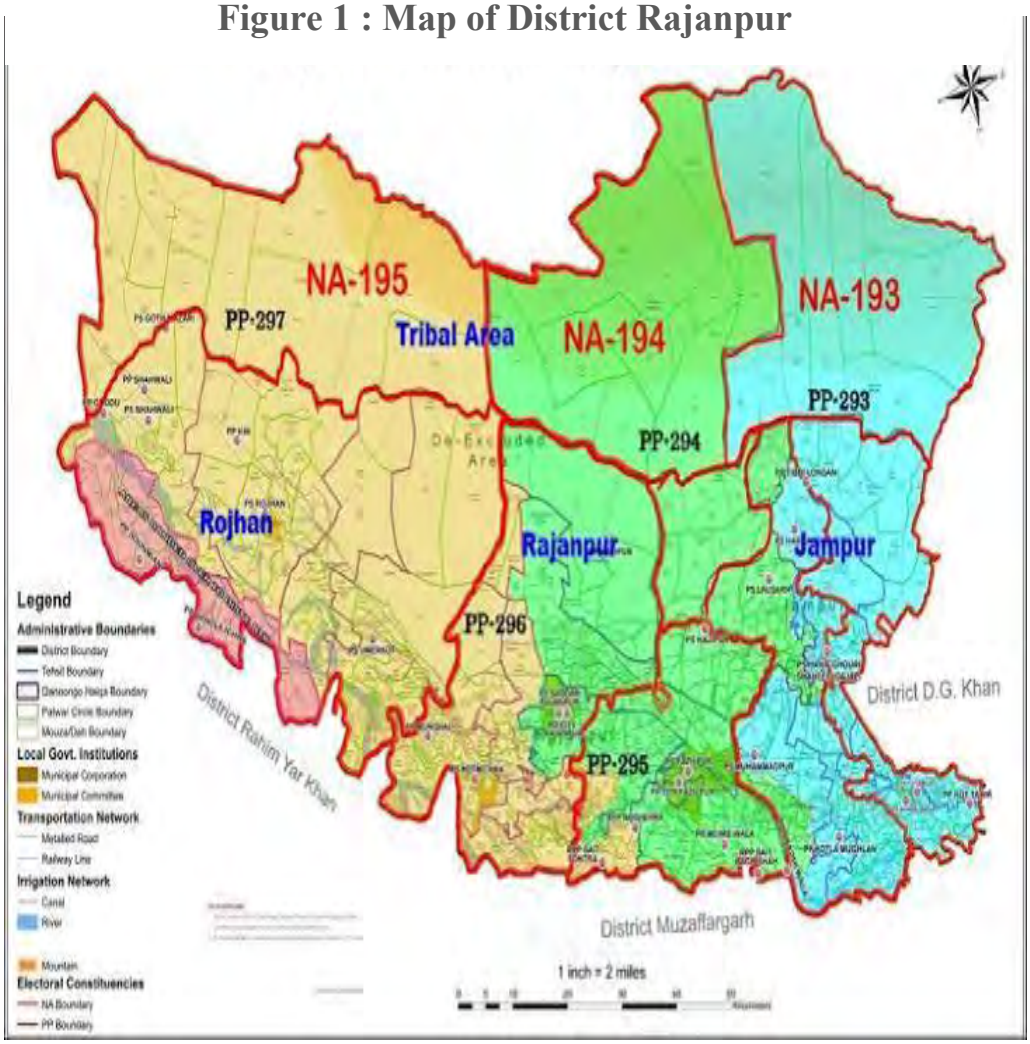
The main language spoken in Rajanpur is Saraiki, which is a dialect of Punjabi. The district is primarily an agricultural area, with crops such as wheat, cotton, and sugarcane being grown. The district is also known for its cattle and livestock. The district headquarters of Rajanpur is the city of Rajanpur, which is the largest city in the district. Other major cities in the district include Jampur, Rojhan, Fazilpur, and Kot Mithan. The district is divided into three tehsils, Rajanpur, Jampur and Rojhan.

In terms of education, the district has many primary, middle, and high schools, as well as several colleges and technical institutions. However, the literacy rate in the district is relatively low, with only around 36% of the population being able to read

and write, according to the 2017 census. The district is also known for its Sufi shrines, such as the shrine of Hazrat Khawaja Ghulam Fareed in Kot Mithan. The shrine is a popular destination for pilgrims and tourists and is known for its annual Urs festival, which is held in honor of Hazrat Khawaja Ghulam Fareed.

In terms of infrastructure, the district has a network of roads and highways that connect it to other parts of the province and the country. The district also has a railway station in Rajanpur city, which connects it to other cities in the country. Despite its natural beauty and cultural heritage, Rajanpur is also known for its security issues, particularly concerning law and order. The district has been affected by insurgency and militancy in the past and continues to face security challenges due to its proximity to the border with Balochistan and Sindh. However, the government has taken steps to improve the security situation in the district in recent years and has launched several development projects to improve the standard of living of the people of Rajanpur.

Figure 1 : Map of District Rajanpur



Source: Google Map Government of Punjab, 2018

3.1.2 Tehsils in District Rajanpur

There are four tehsils in District Rajanpur, which are,

Rajanpur Tehsil

It is the largest tehsil of the district, and its headquarters is in the city of Rajanpur. The tehsil is located in the eastern part of the district and is bordered by the Indus River to the east. It has a total area of 4,455 square kilometers and a population of around 1 million people.

Jampur Tehsil

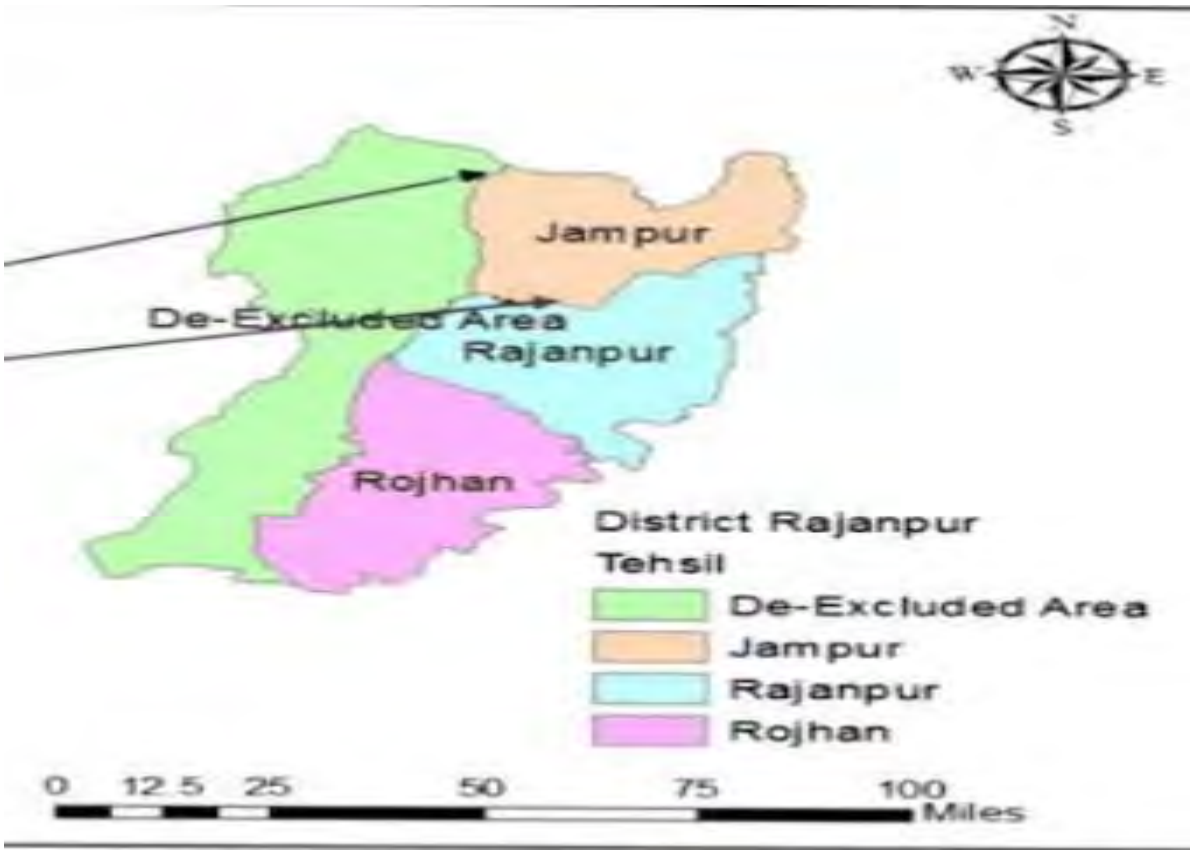
It is located in the southwestern part of the district and is bordered by the Sulaiman Mountains to the west. Its headquarters is the city of Jampur, and it has a total area of 3,088 square kilometers and a population of around 400,000 people.

Rojhan Tehsil

It is located in the southern part of the district and is bordered by the district of Kashmore in Sindh to the south. Its headquarters is the town of Rojhan, and it has a total area of 2,226 square kilometers and a population of around 300,000 people (Politicpk, 2018).

Each tehsil is further divided into several Union Councils, which are the basic administrative units of the district. The tehsils are responsible for providing various services to the people of the district, such as healthcare, education, and infrastructure development.

Figure 2 : Map of Tehsils of District Rajanpur



Source: Google Maps, Government of Punjab, 2018

3.1.3 Health Institutes of District Rajanpur

According to Punjab Government there are total seventy two health institutions in district Rajanpur including one District headquarter (DHQ), two Tehsil Headquarters (THQs), seven Rural Health centers (RHCs), one Civil Hospital, thirty three Basic Health Units (BHUs), one mother care health (MCH), ten zila council dispensaries and seven civil dispensaries (Punjab Government, 2018).

3.1.4 Ethnicities, Tribes, or Castes

Rajanpur is a diverse district in terms of ethnicity, tribes, and castes. The major ethnic groups in the district include Baloch, Seraiki, and Punjabi. The Baloch are primarily concentrated in the southwestern part of the district, while the Seraiki and Punjabi communities are scattered throughout the region.

Several tribes have a significant presence in Rajanpur, including the Gondals, Legharis, Khosas, Mazari, and Buzdars. These tribes have their own unique cultural and historical identities, and many of them have played important roles in the development of the region over the centuries.

The Seraiki are another major ethnic group in Rajanpur. They are predominantly settled in the eastern part of the district, particularly in Rajanpur and Fazilpur tehsils. The Seraiki have their own distinct culture, language, and traditions, and are known for their love of dance, music, and food. In addition to these major ethnic groups, Rajanpur is also home to various tribes and castes. Some of the major tribes in the district include the Gondals, Mazaris, Legharis, and Khosas. Each of these tribes has its own distinct culture, traditions, and history.

Overall, the ethnic and cultural diversity of Rajanpur is a source of strength and pride for its people. Despite their differences, the various communities in the district have learned to live together in harmony and mutual respect, creating a vibrant and dynamic society.

3.1.5 Family Structure and Lifestyle of people in Rajanpur

Rajanpur is a district in the Punjab province of Pakistan, and the family structure and lifestyle of the people living there are shaped by their culture, traditions, and social norms. In Rajanpur, the family structure is typically patriarchal, with the father or eldest male member of the family serving as the head of the household. The family is considered the basic unit of society, and extended families living together are common. It is also common for families to have many children, and these children are expected to contribute to the family's well-being.

The lifestyle of people in Rajanpur is often centered around agriculture and livestock farming, as the district is located in an area with a strong agricultural economy. The people of Rajanpur are known for their hard work, and many are engaged in manual labor. Due to the rural nature of the district, there is a strong sense of community, with people often relying on each other for support and assistance.

In terms of religion, the majority of people in Rajanpur are Muslim, and religion plays a significant role in their daily lives. Islamic customs and practices are followed, including regular prayer, fasting during the month of Ramadan, and giving to charity. The family structure and lifestyle of people in Rajanpur reflect the traditional and rural nature of the area, with a strong emphasis on family, hard work, and community.

3.1.6 Dressing patterns in Rajanpur

The dressing patterns of people in Rajanpur reflect the traditional and cultural values of the area. As Rajanpur is a rural district located in the Punjab province of Pakistan, the dressing patterns are influenced by the hot and dry climate, as well as the traditional values of the local people.

For men, the traditional dress is the Shalwar Kameez, which consists of loose trousers (Shalwar) and a long tunic (Kameez) worn over it. The Shalwar Kameez is made of light cotton or linen fabric, which is comfortable to wear in hot climates. Many men also wear a turban or cap as part of their traditional dress. For women, the traditional dress is the Shalwar Kameez with a Dupatta, which is a long scarf worn over the head and shoulders. The Shalwar Kameez is usually made of bright and colorful fabrics, and the Dupatta can be plain or embroidered. Women also wear traditional jewelry, such as bangles, earrings, and necklaces, to complement their dresses.

3.1.7 Marriage Patterns

Marriage is an important social institution in Rajanpur, Pakistan, and is considered a significant event in the lives of individuals and their families. The marriage pattern in Rajanpur is influenced by several cultural and religious factors, and it is generally a family affair.

In Rajanpur, arranged marriages are the norm, and parents usually play a significant role in choosing the life partner for their children. Marriage proposals are typically initiated by the family of the groom, and the bride’s family responds based

on various factors, such as social status, education, and economic factors. In some cases, the prospective bride and groom are consulted, but the final decision is made by the families.

The marriage ceremony in Rajanpur is a grand event, involving several pre-wedding, wedding, and post-wedding rituals. The wedding ceremony usually lasts for several days and is celebrated with great enthusiasm and zeal. Before the wedding day, the bride's family hosts a Mehndi ceremony, during which the bride's hands and feet are decorated with intricate henna designs.

Aqilpur Relief camp Profile

Aqilpur is a village in district Rajanpur. These areas were badly affected by flood in 2022. These flooded situation has caused severe damages to community, crops livestock, houses and other physical infrastructure. Roads were badly damaged which caused loss to transportation as well. Aqilpur Relief camp was under Pak air Force and was located at roadside in Aqilpur near Shikarpur. There was total twenty five tents in Aqilpur relief camp in which two tents were used as bathrooms, one tent was used as kitchen and other twenty two were used by flood affectees.

Each tent was used by joint families in which parents and their children were living together. There was total two beds (Charpaai) in a tent and floor bedding was common in camps. Total number of pregnant women in Aqilpur relief camp was eleven in which six respondents were selected.

Water was supplied by water tanks in the camp. People living in camps, have to take water from those tanks to their tents. Every family was given a limited supply of water which they have to use for drinking and the same water was used for bathroom. Food was distributed in a tent where everyone has to take food for their family and themselves.

Fazilpur Relief camp

Fazilpur is a town in district Rajanpur which is located in the center of district Rajanpur. It is considered as heart of district. Fazilpur and nearby areas were

majorly affected by flood in 2022. Fazilpur relief camp was settled by Alkhidmat Foundation and jamat e islami. It had forty eight tents in which two tents were used by volunteers, four tents were used as bathrooms, one tent was used as kitchen and other forty one tents were used by flood affectees. Total number of pregnant women were fifteen in which eight respondents were selected from Fazilpur relief camp. Water was supplied by tanks in camp. And food was supplied three times in a day where everyone has to take their food from kitchen.

3.2 Research Methods

The research aimed to document the lived experiences of pregnant women in disaster hit community including socio medical issues faced by them during flood therefore qualitative research methods are considered as most suitable. The research study is multi-sited ethnography and makes use of different methods and techniques such as detailed in-depth semi-structured interviews to record the narrative of different pregnant women during flood from different locations of district Rajanpur. Marcus, G. E. (1995), first introduced the term multi-sited ethnography as an alternate for doing ethnographic fieldwork in more than one geographical locations. The term predominately is used to explain the co-existence of more than one physical sites within same research design. It can also be appreciated as an original approach to ethnography (Boccagni, 2020).

The fieldwork was extended to three months' time to explore maximum possible data about challenges of pregnant women after flood. An effort was made to spend maximum time to with respondent to get as much information as possible. Ethnographic research methodology usually involves direct observations of behaviors, conversations ranging from normal chats to formal interviews.

3.2.1 Qualitative Method

Qualitative research is a methodological approach that seeks to understand social phenomena through the study of their meanings, interpretations, and subjective experiences. It is a flexible approach that allows researchers to gather in-depth and detailed information about a research topic and is commonly used in social sciences, psychology, education, and other fields where understanding the human experience is crucial.

The methodology chapter in a thesis typically includes a section on the qualitative research method that outlines the research design, data collection, and

analysis techniques used in the study. Here are some key aspects of the qualitative method that are typically discussed in this section: Qualitative research typically involves gathering data through methods such as interviews, Focus Group Discussion, observations, and document analysis. This section should describe the data collection methods used in the study and justify their selection. It should also explain how the data collection methods were chosen to ensure that they capture the nuances and complexities of the research topic. Data analysis in qualitative research involves identifying patterns, themes, and concepts in the data and interpreting them to develop an understanding of the research topic. This section should describe the data analysis techniques used in the study and justify their selection. It should also explain how the analysis process was designed to ensure that it captures the richness and complexity of the data.

Validity and reliability are crucial aspects of any research methodology, and qualitative research is no exception. This section should explain how the researcher addressed issues of validity and reliability, including measures taken to ensure the credibility, transferability, dependability, and conformability of the research findings. Finally, it is important to address any ethical considerations that arose during the research process. This section should outline the ethical considerations that were taken into account, including informed consent, confidentiality, and privacy, as well as any other ethical issues that were identified and addressed during the study. Overall, the qualitative method in a thesis methodology is a powerful tool for exploring complex research questions and understanding the subjective experiences of individuals or groups. Through careful attention to research design, data collection, and analysis, qualitative researchers can generate rich, detailed insights that contribute to our understanding of the world around us.

3.2.2 Sampling

The first and foremost step was how to choose respondents for collecting reliable and relevant information. Since the focus of the study was collecting data about social and medical issues faced by pregnant Women in flood hit community and medical facilities available to them therefore the study required pregnant women and healthcare provider.

Non probability sampling methods and techniques are always more appropriate for in depth qualitative studies. Researcher tends to rely on purposive sampling in studies where the target population is hard-to-find (Bernard, 2006).

3.2.2.1 Purposive Sampling

Purposive sampling is a non-random sampling technique that involved selecting participants based on specific criteria that are relevant to the research questions. In the context of the thesis topic on socio-medical issues of pregnant women in a disaster-hit community in district Rajanpur, purposive sampling was used to select participants who are most likely to provide valuable insights into the research question.

The following are some examples of criteria that was used for purposive sampling:

- Pregnant women who have experienced a disaster in the community have sought medical care during their pregnancy.
- Healthcare providers who work in the community and have experience providing medical care to pregnant women during and after a disaster.
- Community leaders or members who have knowledge of the healthcare system and the socio-cultural context of the community.

Pregnant women who have experienced socio-medical issues during their pregnancy, such as limited access to medical care or resources. Pregnant women who have used coping mechanisms to address socio-medical issues during their pregnancy.

Pregnant women who have had positive or negative experiences with medical care during their pregnancy in the community. By selecting participants based on these criteria, the researcher can gather rich and detailed information that is relevant to the research question. The researcher can also use snowball sampling, which involves asking participants to refer other potential participants who meet the criteria for inclusion in the study. Purposive sampling can be a useful sampling technique for exploring the experiences and perspectives of pregnant women and other community

members on socio-medical issues in disaster-hit communities. It allows the researcher to select participants who can provide valuable insights into the research question, rather than selecting participants randomly, which was relevant to the research question.

A sample of 25 including 21 pregnant women and 4 healthcare providers from different geographical sites of district Rajanpur were selected.

3.2.3 Rapport Building

Rapport building can help alleviate apprehension about the researcher and nature of research. Sharing stories about one's personal struggles need time, energy, space as well as privacy and willingness. The respondents are not very eager to share their stories unless they share a certain level of comfort with researcher.

First step was to identify suitable cases for conducting in-depth detailed interviews. For establishing good relations and understanding with my respondents, I tried to be transparent, honest, clear and friendly so that they can easily talk about their difficulties. Knowing their native language, Saraiki language helped me a lot to establish a trustworthy relationship with my respondents.

The key informants introduced the researcher to many pregnant women and explained the purpose of my visit and purpose.

3.2.4 Participant Observation

Participant observation is a qualitative research method that involves observing and participating in the activities of a group of people to gain an in-depth understanding of their beliefs, attitudes, and behaviors. In the context of the thesis topic on socio-medical issues of pregnant women in a disaster-hit community in district Rajanpur, participant observation provided valuable insights into the challenges faced by pregnant women in such circumstances and the factors that influence their access to medical care. During her visits and conducting detailed interviews, the researcher focused to be silent and keen observer.

3.2.5 Key Informants

Key informant are the people who make sense of the culture any particular situation for the researcher and can speak knowledgeably about the things the researcher wants to know (Bernard, 2006). According to the ethics of the research, key informants should be aware of research nature, its requirements so that they were able to provide information to the researcher accordingly. They are not only source of information but also considered as sponsor of research. The selection of key informants was based on their knowledge, reliability, accessibility and their acceptance in the community. The researcher chooses four key informants in which a native woman, a gynecologist, a midwife and a NGO worker were included.

Salman Ahmed was the entry point of the researcher. He was working as volunteer in flood prone areas of district Rajanpur. He introduced the researcher in different camps and had made certain arrangements for accommodation in camps.

Batool Mai, another key informant was native of Fazilpur and was working as midwife in Fazilpur relief camp. She also introduced me to pregnant women and also told them about my visit. She played an important role in whole research process. She did not only introduced me in camp but also an important figure to highlight the issues of pregnant women including social and health related issues.

Dr. Farah a gynecologist in DHQ Rajanpur also played an important role in research. She was one of the most important key informants who stood with me during the field and always arranged meetings or interviews with the respondents.

Ms. Gulnaz working as LHV was another key informant which researcher had. She was working in RHC (Rural health center) in Muhammadpur deewan district Rajanpur. She also had her private clinic but at the time of flood she was working in relief camp. People had strong belief on her regarding their pregnancy. Most of them were interested to deliver their babies through her. So she was an important person who had a lot of information about her patients. She played a vital tole in my research.

3.2.6 Interview Schedule

An interview schedule is a structured outline of questions that are asked during an interview. In the context of the thesis topic on socio-medical issues of pregnant women in a disaster-hit community in district Rajanpur, an interview schedule was developed to guide the unstructured interviews with pregnant women and other community members.

3.2.7 In-depth Semi Structured Interviews

In-depth, semi- structured interviews are verbal interactions where the interviewer attempts to extract information from respondent by asking open ended questions.

Open-ended questions are an essential component of an semi-structured interview approach. Even though, a list of pre-determined questions is prepared by the interviewer, in-depth, semi- structured interviews usually transform into conversations offering participants to address issues and matters which they feel as important. This method is useful for understanding opinions and emotions as well as for collecting information on diverse range of experiences. They significantly help the researcher by offering a route to partial insight into what people do and think (Longhurst, 2009).

Interviews were pre-scheduled periodically and systematically after first meeting with the respondents. This saved me and the respondents a lot of time and effort. A list of questions against every objective was also designed to cover all important themes and sub themes identified in the objectives of the study.

In short, these open-ended questions were used to explore the experiences, perspectives, and attitudes of pregnant women and other community members on socio-medical issues in disaster-hit communities. The interviewer has used these questions to guide the conversation and elicit detailed responses that can provide valuable insights into the challenges and opportunities for addressing the health needs of pregnant women in these communities. Total 25 interviews were conducted including 21 pregnant women and 4 health care providers.

3.2.8 Case Study Method

A case study is a qualitative research method that involves the in-depth exploration of a specific case or phenomenon. In the context of the thesis topic on socio-medical issues of pregnant women in a disaster-hit community in district Rajanpur, a case study approach was used to explore the experiences of individual and group of individuals who were affected by the disaster and were facing socio-medical issues during pregnancy. Four case studies were conducted on pregnant women who had experienced a disaster and had faced challenges in accessing medical care during their pregnancy. The researcher had used various data collection methods such as interviews and observations to gather information about the women's experiences, perspectives, and coping mechanisms. The researcher also had collected data on the healthcare system in the community, the socio-cultural context, and the disaster preparedness plans in place.

Alternatively, a case study was conducted on a healthcare provider who was working in the community and had experience providing medical care to pregnant women during and after a disaster. The researcher had used similar data collection methods to gather information about the provider's experiences, perspectives, and challenges in providing care to pregnant women during and after a disaster. The researcher also had collected data on the healthcare system in the community, the socio-cultural context, and the disaster preparedness plans in place. The data collected from the case study was analyzed by using various qualitative data analysis methods such as content analysis or thematic analysis. The findings have been then used to develop recommendations for addressing the socio-medical issues faced by pregnant women in disaster-hit communities in the district of Rajanpur. Overall, a case study approach provided a detailed and in-depth exploration of the experiences of individuals and groups who were facing socio-medical issues during pregnancy in a disaster-hit community. It had also provided valuable insights into the healthcare system and the socio-cultural context of the community, which had generated recommendations for addressing these issues.

3.2.9 Daily Diary

A daily diary is a qualitative data collection method that involves participants recording their daily experiences, thoughts, and feelings over some time. For the topic of socio-medical issues of pregnant women in a disaster-hit community in district Rajanpur, a daily diary was used as a tool to collect data from pregnant women about their experiences during pregnancy and any challenges they face in accessing medical care.

The daily diary was adjusted to include additional prompts based on the specific research questions and objectives. The participants were asked to record their experiences for a specific period, such as a week or a month. The diaries were collected and analyzed using qualitative data analysis methods such as content analysis or thematic analysis. A daily diary provided insight into the daily experiences of pregnant women in a disaster-hit community and the challenges they had faced in accessing medical care. It also provided valuable data on coping mechanisms used to address these issues.

3.2.10 Field Notes

Field notes are a qualitative data collection method that involves recording observations and notes about the research setting, participants, and interactions during fieldwork. For the topic of socio-medical issues of pregnant women in a disaster-hit community in district Rajanpur, field notes were used to collect data on the socio-cultural context of the community, the healthcare system, and the experiences of pregnant women. Field notes provided valuable insights into the healthcare system and the socio-cultural context of the community. They can also provide data on the experiences of pregnant women, including any challenges they face in accessing medical care and emotional support.

3.2.11 Informal Discussions

Group discussions create a process of sharing among the participants and the researcher in lively group discussions, the participants do the exploring and discovery.

The researcher and participant both can freely exchange their opinions in terms of informal conversations and talk about topics without hesitation. Before interviewing my respondents, I availed opportunities of having informal friendly conversations with my key informants, pregnant women in relief camps and at healthcare centers, elders of any community and especially family members to enhance my understanding of social and medical issues and facilities in district Rajanpur. Although managing such discussions is a task as the participants at first are more interested in the researcher's life then sharing details or opinions about themselves. At such times, the researcher also became an active participated in the conversations and answered their questions with honesty. The informal discussions have played a vital role to know their social and medical issues and healthcare services during flood.

3.2.12 Ethical Consideration

Ethical consideration includes dos and don'ts for a researcher while conducting the research. The researcher needs to be mindful and considerate towards the potential effects and impacts of a research on the respondents therefore confidentiality and anonymity of the respondent came across as most significant ethical consideration. To ensure privacy of respondents, prior consent of the respondents was also taken before doing audio recordings of their accounts and discussions.

4. SOCIAL ISSUES FACED BY PREGNANT WOMEN IN FLOOD PRONE AREA

This chapter addresses the first objective of the study and explores the social issues faced by pregnant women in flood prone area. It tries to understand the different problems which women face in crucial phase of pregnancy in which they need extra care , attention and support.

Moreover due to flood they had left their houses and were displaced. Some of my respondents were living in relief camps and others were at their relative's place. This displacement during difficult phase of their life had left a lot of negative impact on their life. They were not only physically disturbed but emotionally as well. Their financial conditions were not good at all because they have lost their crops livestock etc. Their houses were destroyed and were dependent on others.

The effects that natural disasters have on pregnant women are the subject of a substantial amount of research that is now accessible. During times of natural or man-made disasters, pregnant women often face a distinct array of societal challenges, some of which include an increased risk of physical and mental health difficulties, dietary shortages, and insufficient access to medical treatment (Laplante, et al., 2004). Other societal challenges that pregnant women face during these times include not having enough access to medical treatment. In this study, I have investigated the social challenges that pregnant women faced inn communities that were ravaged by flood, including a lack of access to basic requirements, medical treatment, and emotional support. Specifically, I have looked at how these women coped with a lack of emotional support, medical treatment, and necessities. In addition to this, I also have discussed potential solutions to these problems and ways to improve the health of pregnant women living in areas that were ravaged by natural disasters.

4.1 Deficiency in the availability of vital resources

Women who were pregnant and lived in locations that had been struck by flood, have faced some severe socioeconomic issues, one of the most critical of which

was lack of access to basic services. Essential infrastructure and services were interrupted as a result of natural catastrophes, it was difficult for pregnant women to access necessary commodities like food, water, and shelter. Important pieces of infrastructure was damaged because they were in the path of a natural catastrophe. Pregnant women living in areas where there was shortage of food in certain situations, were unable to get food that is both nutritious and safe to consume because there was just not enough of it available. In addition, since dirty water sources were common, it was physically hard for pregnant women to get water that was fit for human use and safe to drink. In addition, since the disaster caused so much destruction, expectant mothers were forced to flee their homes, which leaves them without a haven in the wake of the devastation. This is a significant risk for both the mother and the unborn child. Women who were pregnant and who did not have access to these core necessities had a significantly greater risk of experiencing both physical and mental health problems.

In my research settings, when asked about social issues, many respondents started to talk about their medical issues it means that they were not properly familiar with word social so researcher had used the word (*samaji*) and (*muasharti*) but some of them were not even familiar with these terms. As researcher was familiar with Saraiki language so she asked them about (*sajhy maslay*) (social issues). Flood affectees were struggling for their life specially the vulnerable group of the society i.e women, children and the old ones. But among all of them the most vulnerable group of society was pregnant women of the society who needs extra care. But due to flood they were displaced to other places. I have conducted total twenty-one interviews in which fourteen interviews were from two relief camps six from Aqilpur relief camp which was under Pak Air force and eight from Fazilpur relief camp which was under Alkhidmat foundation. And other seven respondents were selected from those affectees who were living at their relative places.

They told the researcher about their challenges which they were facing. Pregnancy is hard and challenging phase which became more challenging during and after flood. They had complained about government that they are not taking interest in their shelter and health, however they are providing food which was not sufficient.

Following social issues they have discussed,

4.1.1 Losing their Belongings

During my visit to flood affectees they have told that they have lost all of their belongings including their medicines , reports , clothes, jewelry, animals and building. The terms they have used were *dawayan* (medicines) *parchyan* (reports) *kapra lata* (clothes) *ganrhy* (jewelry) *maal* (animals) and *thikanra* (residence). They have told that they were not informed about flood before. They were informed at last hour *(jerhy panri ser ty khra ha)* . So they don't have time to take anything with them because they did not have any idea that where will they live after leaving their houses. Some of them were not informed at all. They get to know about flood when their surrounding was drowned so they passed through water. (*Asan panri jhaag k nelye sy).*They also told that they were forcefully displaced from their houses, so they did not pick up their expensive belongings and have to leave their houses immediately. *(Daandy dy zor ty kadhye ny).* However some of them told that they have even left their jewelry at home because their life was more important then anything at that time. One of my respondent told that *jan a ty jahan hy cheezan batheriyan mel wesen* (Life is important then whole world and they will get many things if they survived).

Figure 3: shifting to Aqilpur Relief Camp

Source: Author, 2022

4.1.2 Availability of Food

During flood, they have lost all their resources including their dietary products, their livestock and their houses. They were completely dependent on camp authorities. Respondents living in camps had told that they are not getting enough food which is not good for their pregnancy. Government authorities are providing them food but that is not sufficient because they have large family size and food provided to them is insufficient. According to them, pregnant women have to take double portion of food because they are carrying a life inside them which also needs food for survival. However some of them were completely satisfied with food provided to them even they had told that before flood they were living in their own houses but they were not getting enough food because their *aamdin* (earnings) was not enough that they could feed their families. They were thankful to *hakoomat* (government.) which is taking care of them. They were not properly aware that who is taking care of them and who is giving them *imdad* (help). While some women living at relative's places have no worries about food while few of them were concerned that they are not getting donation and ration from government and non-governmental authorities. So regarding food I have got mixed reviews. However they were complaining about ration that the ration which they are receiving is not clean and have insects and they don't have enough water that could clean the ration completely. So they are getting different kind of problems regarding their health. Some of them told that they have nausea due to pregnancy and that ration really disturb them, just by seeing it ,they fell sense of vomiting. So they are unable to have it as their food. If they have it accidentally then they got food poisoning which is not good for them and their unborn child. One of my respondent told me that *meda aadmi ration ghen k ay me jonhi chatim keery burkdy py han okon dekh k meda etna haan kacha thy k me khawanr peewanr chori bethi haan bss Allah dy naa ty wadi han hunr* (My husband brought up ration and there were insects in large quantity by seeing it I felt so nauseous that now I have left taking food now I am living for the sake of Allah). They were so disturbed by these kind of events.

Another respondent told that they are giving it at name of Allah and I am shocked that they like best for themselves but At Allah's name they became so miser *(apry wasty behtreen cheez pasand karendin ty Allah dy naa ty etni kanjoosi chngi ni).*

They provide ration only once in a week or once in fifteen days and that is not clean and even not sufficient for large families. They are providing us lentils and rice only. We are done with the lentil and rice. In this state I am unable to take rice continuously because I already have stomach problem and rice are further upsetting my stomach. I am so done with rice. Another one added that they provide unclean rice and rice and by eating them we are facing severe medical problems which include gas, bloating and diarrhea.

Figure 4: Distribution of Food (Fazilpur Relief camp).

Source: Author, 2022

Figure 5 : Distribution of Food (Aqilpur Relief camp).

Source : Author, 2022

4.1.3 Water Issues

Water is an important source of survival but flood affected areas had no clean water. Pregnant women need clean water in excess because their body need water to carry a baby. One of my respondent told that in her second month of pregnancy, on her visit her doctor told her to have at least eight to ten glass of water but they don't have enough water so she is not taking it and having severe pain in her abdomen. She had visited to DHQ Rajanpur where doctor had told her that her amniotic fluid is very low so she has to take extra care. She can have water in excessive amount and she have to get drips so that fluid can rise at normal level. But she was of the view that water is not accessible because in this condition I am not able to pick any burden(they have to take water from water tanks which stayed at road and everyone has to take their water containers to take water from water tank). She further added that *meda satwan maheena chalda py doctor sakhti nal mana kety k koi sakht kam na kar heen halat ech me kewen panri wanj bharan naal aalyen kolo mang andi han hek adh jug hondy nal guzara theenda py* (I am having seventh month and had told me not to take workload. I am unable to take water from tank in this condition. So, I request and take a jug of water from nearly tents and it's sufficient for one or two days.

Moreover, they had told that abdominal pain is common among them the Doctor who have visited only once have suggested to take clean water but they are unable to provide clean water. Constipation was common among them and according to them that constipation is also result of uncleanliness of water. Constipation in pregnancy is common but two of my respondents told me that we were doing great before shifting to the camp but due to lack of clean food and water we had got different problems related to our health in which constipation and bloating is prominent. A respondent said that she is facing severe constipation and piles that she is unable to sit. Doctor had suggested to take enough rest and to drink lots of water but it's not helping as water is contaminated so she was having stomach aches *(Mady me dard).*

Figure 6: Water Fetching (Fazilpur Relief Camp).

Source: Author, 2022

4.1.4 Lack of Rest

During research period, I have also found that they are not getting enough rest while being pregnant. One of my respondents told me that she is having transverse baby (*paselwa bacha*) and doctor had suggested her to have complete bed rest but she was not having enough rest. She said that doctor had suggested not to sleep on your right side because baby's head is on that side but she is sleeping on the ground with her four children and husband in such a small tent from the day flood had drowned their house. Moreover, they had told that due to overcrowding at the camp, there are noises due to which they can't take enough rest. Another important reason to lack of rest is that in a combine tent they are unable to lay down because there is problem of *Pardah* (Veil) so they wait for the night so that they can have proper rest but due to hot weather and mosquitos they even can't take rest at night.

Another respondent told me that she can't take rest because she has responsibility of her family and family of her husband's uncle as well. She had to take care all of them because they are staying at her uncle-in-law home. She added that

unhen dy ahsaan hen k o saako apry ghr wich thikanra deti payen asan unhan dy ahsanan da badla ni laha sakty per es halat wich kam karanr v okha hy (This is their great favor that they had given us residence we are not able to pay off their favors but it's so difficult to do house chores in this condition). When she was asked that why they have moved to relatives place rather than camps they also highlighted the issue of *Bepardagi* (state of being unveiled).

4.1.5 Society's Behavior

Society's behavior really matters for peace of mind. On my visit to camps and hospital , I have found really bad and disappointing point of views about behavior from surrounding people. Their behavior was not good with pregnant women. The hospital staff and nurses were scolding them instead of cherishing their beautiful phase of life. My respondents were not happy with hospital staff. They told me that we don't have enough resources to meet with private hospitals expenses and in public hospitals we are not treated well. It was observed that hospital was overcrowded and few women were literally crying with pain. One of my respondent was crying with pain but no one was there to help her out. She told me that It's her fourth consecutive visit in last four days but no one was available to see her. She added that it was her first pregnancy and she has conceived after two years of treatment but she hasn't had any checkup because they were displaced from their home and had nothing left out to check her up from any private clinic. She added that instead of supporting her in this journey, her husband and mother-in-law are forcing her to abort the child because they think that this is not the good time to have child. She added that I am so helpless that I can't even think any solution to this problem *(Medy masly da koi hal Nazar ni anda pya).* She added that I am so helpless that I just want to quit my life with this baby.

Moreover family's behavior was also not very good with them. One of my respondent told me that her husband was really happy with her pregnancy but after flood he is not treating her like before. She said that may be that is happening because her husband is having frustration due to flood that it has taken all of their savings and belongings. *"(Hondi sari Jama punji lut gy selab hondi tension kolo rawaya bdael gy na ty pahly bahon khush haa)".*

4.1.6 Lack of Physical Support

They were not getting any kind of physical support from anyone during flood. They have to work at their own. One of my respondent told me that her sister in law is living in the same camp and she had to take of her children and even their food too. She was seven months pregnant at the time of research and it was not possible for her to look after her children and her own house. And additional chores from her sister in law were really tiring for her. Another respondent had told that she had two years old daughter and she had got severe fever and allergy from day one at camp but nobody is here to support her during her ninth month of pregnancy. She told that even her husband is not supportive and when her daughter cries at night, her husband got disturbed and told her to take care of her daughter outside the camp. And she had to carry her sick daughter outside the camp. It was observed that no one was supportive to them and they were taking care of themselves. Respondents who were in third trimester were complaining about lack of rest and support from family members and even from husbands.

4.1.7 Lack of Emotional Support

Another social challenge that pregnant women in communities that have been beset by tragedy are forced to face is a dearth of emotional support from their peers and community members. Natural catastrophes have the potential to cause great emotional agony, making it difficult for expecting mothers to cope with the stress and anxiety associated with the disaster. In addition, natural calamities have the potential to have a detrimental effect on the growing fetus. In addition to this, pregnant women discover that they are cut off from their families and other support networks, which leaves them without the required emotional support at a time that is so difficult for them (Mollen, et al., 2013). During pregnancy, a woman who does not have the emotional support of others and who is pregnant has a greater chance of experiencing symptoms of depression and anxiety than a woman who does have the support of others and who is pregnant.

In pregnancy, especially in these hard circumstances, women need extra care and support. They don't only need physical support but emotional support is also key to their health and wellbeing.

Mental health also affect their own health and health of their unborn child. Lack of emotional support leads them to severe side effects which includes mode swings, don't liking and bearing anybody, and by living in camps or other's home, they have to bear outsiders too. My respondents were not very clear with emotional support and mental health. When asked about emotional support, they were of the view that our surrounding people consider them just like themselves because they are not different from them. One of my respondent told me that her mother in law always kept saying that if you are pregnant then don't even try to bother us with your pregnancy everyone had passed through this phase you are not only one or unique.

4.1.8 Transportation

Another important issue which they have discussed was transportation issue. They were unable to afford private vehicle and public vehicle was not available because of broken roads and routes due to flood. And they were unable to move to hospital in case of any emergency. They were not getting regular checkups because they told that for checkup they have to travel to DHQ where ultrasound was available. Though private clinics were available but for that they needed extra expenses which was not affordable for them. Only two of my respondents were having regular checkups as per doctor's directions, they discussed that they have some sort of connections within DHQ so that was easily accessible for them. One of my respondent told that she visited DHQ five days consecutively in this tough situation but she did not get appointment. However some of them had strong belief on midwives. They were of the view that midwife is affordable and trusted one. But main issue was that midwives were also serving in government place i.e in camps opened in schools and hospitals. On asking about their preference of these camps instead of government ones they were of the view that in government camps they took care only when some officials visit there. Moreover there is no privacy in government camps i.e there are many families living in same room. And due to this reason they are preferring private camps which are at least providing them a separate tent to live in.

They further added that flood have washed away all their belongings including homes etc they were forced to leave their houses immediately and now they can't go there to visit their homes that what happened to their belongings there due to transportation problem. They added that roads are fully broken and there is water above their heads (*sar sy oncha paani*) so they have to take boats to reach there. And boat owners are charging extra money which they are unable to pay.

4.1.9 Shame of Becoming Pregnant

Becoming pregnant is one of the beautiful and cherishing phase of life but views were totally different in relief camps. Respondents said that people make fun of them just because they are having babies. They added that people make fun because according to them that is not right time to conceive because flood is hitting really hard. Respondents added that they have to hide their belly so that no one can perceive that they are pregnant. One of my respondent told that she had felt so embarrassed and harassed when during evacuation, one of solider commented on her that you have to watch time and weather before getting pregnant, whom life is more important now yours or you your child's ? *"(meko sunr k anjhi sharmindgi thae a jerhy lorh aye ty sakon foji bachawanr ayen hek foji akhye c k tu mosam ty tame dekhen haan bad ech baal banrawen haa, hunr teko bachawan ya tedy baal ko?)".*

4.1.10 Insufficient Availability of Medical Care for Patients

Women who were pregnant and live in communities that have been devastated by flood face several societal challenges, one of which is a lack of access to medical care. It was more difficult for pregnant women to acquire the therapy they need if medical facilities are disrupted as a consequence of natural disasters, which make getting treatment during pregnancy more dangerous. In addition, pregnant women who were unable to get prenatal care were not be able to do so due to obstacles in transportation or a scarcity of easily available medical services. This is another factor. In addition, pregnant women were not be able to acquire the immediate care they need in a timely way if the natural disaster has completely wiped out or badly damaged the medical facilities in the area. Women who are pregnant but do not have access to medical care have a greater risk of having health complications throughout their

pregnancy as well as when they are giving birth. This risk is elevated for the duration of the pregnancy (Razzak & Kellermann, 2002).

Unavailability of proper medical care was another important issue which they have discussed. In camps, there was no professional health care provider and proper medical facilities including medicines etc. However there was midwives and LHV in both camps. But sometimes,, it's not possible for them to deliver the baby safely. But majority of them had trust on delivery by midwife because according to them a lady doctor always prefer cesarean for them. One of my respondent told that she had five children first three were delivered by midwife through normal delivery (They consider vaginal delivery as normal delivery) fourth one was delivered by cesarean in DHQ hospital by gynecologist and fifth one was delivered by LHV with episiotomy, *"(panj baal daai kolo jamayem pahly taray seedhy rasty to ayen chothy waro sarkari hasptal gai haan uthan meda wada operation cha kety ny wal panjwan waro miss chota operation keta ha)".*

Now she was expecting her sixth child and was sure that she will deliver her baby by midwife or LHV

Table 1: Social Issues faced by Pregnant Women

Social Issues	Number of respondents who faced these issues out of twenty one respondents	Percentage
Losing their Belongings	**17**	**80%**
Unavailability of Food	**19**	**90%**
Water Issues	**21**	**100%**
Lack of Rest	**21**	**100%**
Society's Behavior	**20**	**95%**
Lack of Physical Support	**21**	**100%**
Lack of Emotional Support	**21**	**100%**
Transportation	**21**	**100%**
Shame of Becoming Pregnant	**17**	**80%**
Insufficient Availability of Medical Care for Patients	**15**	**71%**

Source: Author's Fieldwork 2022

Case Study: 01

Respondent name was Khadija Bibi and she was thirty-five years old. She was living in joint family and had eight members in her family. She had four children and was expecting fifth time with gestational age of seven months. Her younger child was two years and four months old. She was from bait sontra and was living at Aqilpur relief camp from past one month. She lived there with her husband, four children, mother-in-law and father-in-law. She was 6 months pregnant when flood had hit their house. They were informed to leave their houses as soon as possible because flood can hit anytime to their area. She said that they have strong belief on Allah that He will definitely save them from flood so they did not left their home. At night around 12 am they get to know that flood had surrounded them completely. They tried to get out of it but it was not possible to cross the water which was above head. *(Ser tun ucha panri ha langhar mushkul haa)*. Soldier came to rescue us on a boat. *(Foji sadi mdad kety ny)*. Then they were moved in aqilpur relief camp headed by Pak Air force. First few days were really good because everything was provided on time and was given within tents. But after few days they stopped to give food and told that now government will provide them ration and they have to cook it by themselves. She told that during leaving their home they have left all of their belongings at home because they don't have time to manage and bring their belongings. So they left their home empty handed. Now they don't have any asset with them. Their financial condition was not so good before but they were eating

As for as her pregnancy is concerned, she told that she had her ultrasound at fifth month at LHV's (Lady Health Visitors) clinic and she told her to visit gynecologist because her amniotic fluid is very low but she is unable to visit any gynecologist because that is not affordable for them. She told that she had severe backache which is hurting her and she had to sleep on ground and her backache is increasing day by day. On asking about any beds available to them she told that they have two beds (*charpai*) in their tent where her husband and her father in law sleep so she with her children sleep on ground.

Moreover she told that I have cravings (*Aroye*) for certain things but that is not available so she had to bear that. But these cravings are taking her breath away.

Furthermore she added that food and water provided here are not enough for our family so she has to be patient while eating so that her children can eat properly. Another important issue which she had mentioned that they don't have bathroom near their tent. She told that due to pregnancy she had excessive urination but bathroom is quite far from our tent and that is not clean. So she is quite disturbed for not having bathroom. She added that there are lines for using bathroom and it takes half or an hour to have our turn.

Moreover she added that my mental state is not so good. I am always scolding my Childs, I was not like that but now I just want to miscarry my expecting child because what will she (she was expecting a baby girl) do in this poverty *(Dhed ech kharyen mary)***.** She told that if it will be a son then might be my husband's and mother in law's behavior will be good. She had cesarean and delivered baby girl at DHQ hospital.

Case study: 02

Another case study was conducted with the respondent named Shareefan who was twenty-nine years old. She was living in joint family and was expecting third child with gestational age of eighth month. She had five years gap between her previous pregnancies and was having third pregnancy after two years. Respondent told that she is living in the house of her husband's maternal uncle. Her family included her husband , two children, three sister in laws, one brother in law and his wife, mother in law and father in law. She told that they were informed before flood so they have left their home with important things along with them. She was eight month pregnant and was near to her due date. She told that 2nd floor is given to them for living by their uncle but they have only one kitchen which is at 1st floor so she have to go downstairs to cook, which is not easy at all for her during eighth month of pregnancy. I met her in the hospital in Rajanpur, where we started casual chitchat and then she told me that she belongs to Hajipur which was affected by flood. So researcher had found another respondent who was displaced but not living at camp. She told that it would be great if we will live at any camp. At least no one would taunt

us and make fun of us. She further added that her uncle's wife is not behaving well with them. Instead of helping them she is taunting them continuously. She added that she is even making fun of her pregnancy that if you are unable to look after your kids then why even trying for another. As far as her health is concerned , she literally started crying and said that I don't care about my health just want that my kids remain safe and healthy. Her medical history was not so good she had anemia and doctor had suggested her to have drips *(kachy khoon ke botlen)* but she told that it takes time almost six to seven hours to have one drip and she had not enough time to have it so she is continuously ignoring the doctor's prescription. She said that doctor had also told that your baby is underweight so you have to take extra care but I have no one to take care of me. Even my husband hadn't taking interest in my health and wellbeing. My mother in law had Forced me to go to midwife and she said that everything in fine because she thinks that doctors prescribe something just for money they wanted to make money by doing cesarean or with other medicines. So now I am going to midwife for my checkup. And she is saying that normal delivery is possible so she don't have to worry. But doctor had suggested to have cesarean with such low HB level otherwise it will be danger for both child and mother. Her mother in law has control over their house so everyone is suggesting to obey her mother in law even her husband is with his mother and want to have her delivery by midwife. She added that mid wife has suggested her to have mutton liver (zaira) to increase her HB level. She told that by having mutton liver your blood deficiency will be covered with seconds. *"(Dai akhye zaira khawanr naal tedi khoon de kami chutkyen ech pori theesi)".*

She had normal delivery and delivered baby girl.

4.2 Potential Solutions

There is not just one solution to the social challenges that pregnant women face in communities that have been ravaged by natural or man-made disasters, rather, there are several potential solutions. (Al-Azri, N. H., 2020). It's conceivable that solving the issue is as simple as making sure people have access to necessities like food, drink, and shelter. This is performed by setting up impromptu shelters for pregnant women and giving emergency supplies to the communities that have been affected by the disaster. Moreover, governments and organizations provide aid in

providing access to health care by building temporary medical facilities and providing transportation to pregnant women who require medical treatment. This is done to meet the demand for health care (Vladutiu, C.J. et al., 2019).

In addition, governments and organizations have to offer pregnant women counseling and other mental health services and provide them with the emotional support that they require throughout their pregnancies. This is done to provide pregnant women with the emotional support that they need. Also, pregnant women also have to be connected to support networks and social organizations that can give them the necessary emotional care during their whole pregnancy. Last but not least, governments and organizations have to try to improve the long-term health outcomes of pregnant women by making nutrition programs and health education more easily accessible to them. This would be a step toward improving the long-term health outcomes of pregnant women.

Pregnant women who reside in regions that have been impacted by a flood disaster have a difficult time acquiring access to healthcare services. This is especially the case in the aftermath of flood. Floods have potential to cause extensive destruction, which lead to a lack of medical facilities, equipment, and staff. Women who were pregnant can get treatment that is below acceptable standards due to a lack of access to healthcare facilities, which increases the likelihood that they have complications throughout their pregnancy and delivery.

Natural catastrophes can cause disruptions in the food supply chain, which lead to a scarcity of food and even hunger in certain cases. To ensure the healthy growth and development of their unborn child, pregnant women need to eat a diet that is balanced and contains all of the necessary nutrients. A baby can born with low birth weight as well as other health problems if the mother is hungry or malnourished before or during pregnancy. Pregnant women who are forced to relocate as a consequence of natural disasters run the risk of not having access to appropriate housing (Ceesay, 1997). They were compelled to live in conditions that are unhygienic and overcrowded, both of which dramatically increase the chance of contracting an infection or being unwell. These precarious living conditions play a

role in the development of mental health issues such as anxiety, depression, and post-traumatic stress disorder.

Women who are pregnant and having insufficient access to clean water and sanitation facilities because flood had disrupted the water and sanitation systems that were normally in place. This has resulted in a higher risk of infections and diseases, such as urinary tract infections, which increased the possibility that the woman have problems when she was pregnant.

Women who were pregnant and who were living in regions that had been impacted by flood have a more difficult time gaining access to education and information on prenatal care, childbirth, and the care of infants in those regions. Because of this knowledge and awareness gap, pregnant moms were not getting the appropriate prenatal care, and they were also be unable to recognize and manage problems that were related to pregnancy.

Making Available a Variety of Healthcare Services Communities that have been impacted by flood get access to healthcare services with the establishment of mobile clinics, the deployment of medical professionals, and the provision of medical equipment by governments and non-governmental organizations (NGOs). In communities that have been ravaged by flood, this is one of how the socioeconomic difficulties that pregnant women experience in such places began to be addressed. As a result of this, women who were expecting children will have the opportunity to get the required prenatal care as well as treatment for any challenges that emerge throughout their pregnancies.

It is beneficial for pregnant women living in areas that have been ravaged by flood for governments and non-governmental organizations (NGOs) to provide them with nutritious meals and supplements. This will ensure that pregnant women obtain the necessary nutrients for the healthy growth and development of their fetuses, which is crucial for the health of both the mother and the kid.

Women who were pregnant and lived in places that have been struck by flood have the right to seek shelter in a secure location from the government as well as non-

governmental organizations. This would ensure that pregnant women had access to clean and safe living conditions, so reducing the likelihood of infection and disease for both the mother and the unborn child.

Providing Pregnant Women with Access to Facilities That Provide Clean Water and Sanitation It is within the power of governments and non-governmental organizations (NGOs) to ensure that pregnant women living in communities that have been ravaged by natural disasters have access to safe drinking water and sanitation facilities. Because of this, pregnant women will have a lesser risk of catching infections and other ailments, which will increase the likelihood that both their pregnancies and their births will go smoothly and without incident (Basu, et al., 2017).

Education and information about prenatal care, delivery, and infant care have to be offered by governments and non-governmental organizations to pregnant women living in communities that have been devastated by a natural disaster. These communities can benefit from the education and information supplied. As a direct consequence of this initiative, pregnant women will have access to appropriate prenatal care and will be able to get early detection and treatment of problems associated with their pregnancy. Also, it will help parents provide the necessary care for their babies, which will ensure the children's healthy growth and development as they become older.

For sure, here are some more details on the societal challenges experienced by pregnant women in communities afflicted by disasters, with a special emphasis on women in Pakistan:

Pregnant women in disaster-stricken parts of Pakistan, especially those living in rural or economically depressed areas, have a hard time gaining access to the prenatal care they need. Inadequate healthcare facilities and a lack of qualified healthcare personnel contribute to Pakistan's high maternal death rate even under normal conditions. Access to maternal healthcare services is already difficult under normal circumstances; after a crisis, these difficulties are compounded.

The social and cultural shame of becoming pregnant or giving birth outside of wedlock is strong in camps. Women who were pregnant experienced social stigma, hostility, and even physical assault. Because of this, some women choose to go without prenatal care or even hide the fact that they are expecting, which had increased the risk of difficulties and hazardous methods of giving delivery. Inequality between the sexes is a major problem in camps. The lack of economic and educational opportunities for women is a major barrier to them receiving adequate medical treatment and making educated choices about their health. As a consequence, mothers and their infants have lower-than-ideal health outcomes due to a lack of education about prenatal care, labor, and infant care.

The government of Pakistan can Improve maternal healthcare access by prioritizing the development of healthcare facilities in regions at risk of natural disasters. The measures can be taken to achieve this goal include the construction of more medical facilities, the sending out of trained medical personnel, and the provision of necessary medical supplies and equipment. Improvements in maternal health also be attained with community-based initiatives. Home-based care, which increases access to healthcare services for women in rural regions, and community health professionals who can educate and assist pregnant women are two examples of such initiatives.

4.3 Conclusion

This chapter was about social issues of pregnant women that how flood has badly impacted their lives. Their pregnancy journey was quite beautiful before flood hit their areas but findings of this study was different after flood. After flood how their lives changed and now they are having bad times of their life. As flood has flashed their houses they are living in poorest condition. The women who were enjoying their pregnancy period are now suffering with it and some of them want to quit this journey. They don’t want to give birth in this situation and don’t want their baby to suffer. They were moved to camps and There were a lot issues which they were facing including lack basic necessities like space, food, water, health etc. pregnant women who live in towns that have been impacted by a natural disaster face a unique combination of societal challenges, such as a lack of access to necessities,

medical treatment, and emotional support. These women also face a higher risk of experiencing postpartum depression and anxiety. These variables have a significant impact on the health and well-being of pregnant women, putting these women at an increased risk for several health conditions, both mental and physical. To address these issues, governments and non-governmental organizations (NGOs) need to make certain that pregnant women who live in places that have been devastated by natural disasters have access to basic requirements, medical care, and emotional support. If you do this, you will be helping to ensure that pregnant women have access to the support they need to preserve their health and safety during this trying time by contributing to the provision of these services.

5. MEDICAL ISSUES FACED BY PREGNANT WOMEN IN FLOOD PRONE AREAS

The following Chapter seeks to focus on the second objective of the study pertaining the medical issues faced by pregnant women in flood hit community. During pregnancy, women face a lot changes in her life because she is carrying a life inside her.

Because pregnancy is a particularly precarious period for women, it is of the utmost importance that the mother's health as well as the health of the unborn child be carefully monitored throughout the whole pregnancy. Yet, pregnant women who lived in flood-prone places were more likely to have certain health problems than other pregnant women. This was due to the environment in which they were residing. Some of these challenges were Inadequate prenatal care, In flood prone areas, access to healthcare services is limited, which result in insufficient prenatal care for pregnant moms. Because of this, there is an increased possibility that the mother and the baby have complications throughout the pregnancy and the birth.

Pregnant women were suffering from malnutrition because they were living in areas that were prone to poverty and had limited access to food rich in nutrients, this put their unborn infants in danger. This had impact not only on the health of the mother but also on the expansion and maturation of the fetus. The areas of the flood that were often walked on were at an elevated risk of infection as a result of insufficient sanitation and hygiene. There were some evidences to indicate that pregnant women have a larger possibility of contracting infectious diseases, the consequences of which was harmful to both the mother and the fetus. One such infection was the common cold. Putting stress on the body for a prolonged length of time, such as while standing or sitting on the floor for an extended amount of time, which lead to preterm labor. Preterm labor was also be induced by being overweight. Since the fetus was not yet be developed at this stage, the growing embryo was more vulnerable to the negative effects of this situation.

Women who were pregnant and lived in areas that were prone to flooding had an increased risk of experiencing some health concerns, some of which even influence the developing child. These women face a variety of challenges, one of the most serious of which was dearth of access to medical treatment options. It is difficult for pregnant women living in areas that were prone to flooding to get essential prenatal care in these areas since the medical facilities in many of these areas were either poor or non-existent. This had some repercussions, some of which include early onset of labor, high blood pressure, and anemia. In addition to having limited access to medical care, pregnant women who lived in flood-prone areas also had issues in terms of their nutritional intake. This is because flood-prone regions are more likely to be affected by natural disasters. The majority of these areas were referred to be "food deserts," which indicates that residents there had a restricted number of options available to them when it comes to eating healthy food. As a direct result of this, expectant mothers were unable to consume adequate amounts of the critical nutrients that were necessary for carrying a healthy pregnancy. This led to malnutrition, which in turn had influence on the development of the baby and also enhance the likelihood of complications during birth. Malnutrition also affect the mother's overall health.

Those who work in positions that need them to be on the flood are more likely to get unwell because they did not practice adequate sanitation and hygiene. Pregnant women are at a higher risk of contracting infectious diseases, which is only harmful to the mother but also to the fetus that is developing inside of her at the same time. These infections have the potential to bring on early labor, a low birth weight, and a range of other complications that harm the health of the infant. Stress is another factor that had an impact on the health of pregnant women who lived or worked in locations where they are more likely to be exposed to contaminants found in the flood. The stress of living in inferior living conditions, when paired with the stress of pregnancy elevate the risk of hypertension, which develop into preeclampsia.

5.1 Medical problems

They have discussed following health problems which they were facing during their pregnancy,

5.1.1 Headache

Headache was most common issue which they have discussed. They have discussed that the reason behind this is lack of rest and sleep, extra noises and overcrowding in camps, stress and depression due to losing their homes etc. One of my respondent said that headache is such a small issue which we don't consider in problem anymore because we have much more to suffer and that became such a minor issue *"(ser dard koi masla e ni lagda ah jedy masly sady samnry lathin k ser dard bahon choti gaal a)".*

On asking about solution of their headaches they respond that we don't have proper medicines for headaches , we have directed to take Panadol but that is short in the market. Moreover, they added that doctor is suggesting them to have plenty of water but clean is not accessible now we think that we have to take this flood water to remove water deficiency (Dehydration). *"(baji ahdi hy dher sara panri peewo kedo aano panri jerha peewon hunr eho ganda panri peewon ty dadhyan hesy).* Doctor was considering this headache, which was quite common in pregnant women as the result of dehydration.

5.1.2 Anemia

Iron deficiency was most common among pregnant women. Some of my respondents told that everything was going fine before flood. They were taking good diet and iron supplements as well but then flood had hit their houses and then they have lost all of their livestock and dietary products. One of my respondent told that everything was going well at first four month her baby was healthy her diet was good she was taking extra care because she had conceived after three years of wedding and then doctor told that her baby in danger because her HB level is so low. She was advised to take extra care of herself. She told that her family is taking good care of her but her iron deficiency is not going away . She told that I was completely on bed rest and then flood hit when she was sixth month pregnant. Now it's not possible to take good care because she was at camp and sharing a tent with his family. She further added that here medical staff and medicines are not available. So I am afraid that I will lose my child. Another respondent added that I have severe deficiency of

blood , but nobody is helping us. Doctor who visited the camp once had suggested to take have blood drips and nutritious diet, I asked her for help but she completely denied. She said that this is not my duty I am here to tell you about issues not to solve your issues. *"(meko khoon de bahon kami hy per koi sadi madad wasty tyar kaini, hek doctor ai hai sakon dekhenr meko akhye c Kachy khoon dyan botlan lawa ty naly changi chokhi khaa me akhyem baji medi madad kar dyo me ghreeb han hatho meko akhanr py gae hy me tuhako masly dasawanr ai han unhan dy hal dasanr ni ai apnry maslay ap hal karo)".*

They were already facing difficulties and these kind of behaviors were really disappointing for them.

5.1.3 Blood Pressure

Blood pressure was one of problem which they have discussed. Some of them have problem of high blood pressure and some have low blood pressure. On asking about that how they monitor their blood pressure they replied that we are experienced we can measure it just by seeing the symptoms of patient. They added that when they have severe headache then it means BP is high and when they feel dizziness and lightheadedness it means their Bp is low *"(asan enjhy tajarbakaar hen asan halat dekh k dasa dendo k bp high a ya low, jerhy ser bhari bhari mehsoos theewy ty dukhy henda matlab a bp high a ty jerhy wely chakar awin ty ser houla houla mahsoos theewy es da matlab bp low hy)".*

5.1.4 Back Pain

Some of them were having backache and according to them backache means they are having a baby girl so they don't need to worry about it because it's normal when they are having girl. One of my key informants added that there are many cases of severe back pain but they consider it normal because their belly is growing so they thought that by growing belly causes tightness in their back so they have back pain. *"(Pait wadhdy ty hen wasty chail chekeej khardi hy jendi waja kolo dard theendy).*

One of my respondent added that in pregnancy back pain is the sign of having baby girl. So we don't consider it problem anymore. Whenever anyone of us got back pain, our elders told that they will surely have baby girl and that prediction is always right.

5.1.5 Nausea and Vomiting

Most common issue which they were facing was nausea however some of them have issue of vomiting also. One of my respondent said that she is having nausea and whole day she just think that she is about to vomit but she can not make it. *"(sara denh han kacha paka theendy khara lagdy hunry ulti ai per ni andi)".*

According to them, the reason of nausea is weakness and reason behind vomiting is unwanted food (which their unborn baby don't like). *"(Bal ko khorak changi na lagy ty o dhed ech nai wanajnr denda jendi waja kolo ulti andi a)".*

There were also some social and cultural predictions about gender of baby related to nausea and vomiting. They thought that nausea is sign of having baby girl and vomiting is sign of having baby boy. Because they think that boys have no bear of unwanted things including food etc so if they do not like something in the belly they just kick it off while girls always bear so if they do not like something, they just keep trying to have it without throwing it out and they got succeeded within belly after sometime. *"(Ulti aa wanjy to putr a agr han kacha theewy ty dhee a qk putran ech pait dy andar v bardasht kaini hondi heen wasty jerhi shay changi na lagy okon barho kadh satendin ty dhyan wich dhed dy andar kolo wafa hy, heen wasty o bardasht krendin ty khorak ko pachawanr de koshish krendin heen wasty ulti ni theendi han kacha rahndy ty kujh der bad apy aram aa wendy)".*

5.1.6 Constipation

Another common issue was constipation, though constipation is quite normal during pregnancy but they said that they are facing this issue due to contaminated water and the food which they are taking i.e rice. According to them rice causes severe constipation to them that even few of them were having issue of piles. They

consider that constipation is actually normal thing during pregnancy which is faced by every pregnant woman. But one of respondent said that she had never faced the issue of constipation but after moving to camp she has severe constipation. Doctor recommended to have plenty of water to avoid constipation. One of healthcare provider told that mostly the reason behind back pain and headache is actually constipation because it is said that constipation is root of hundred diseases. But people here, consider it normal just because they are pregnant so having constipation is not a big deal for them. Which actually causes a lot of problem during and after delivery. She added that reason behind constipation in camps is lack of water and lack of nutritious food. Rice is normal food in camps and rice are considered as reason of constipation. So they have to take lentils as well which are good for digestive system.

5.1.7 Diarrhea

Few of my respondent added that they are having diarrhea during their third trimester. According to them everyone is affected from diarrhea including children. Diarrhea was considered as waterborne disease which was caused by having polluted and contaminated water. Due to diarrhea they have deficiency of water. Diarrhea was also increasing due to having contaminated water. One of my respondent told that my whole family is having diarrhea including me. I cannot bear the twinge and pain in my belly, it looks like I am losing my child whenever that my belly twinges. I went to doctor she told me to have plenty of clean water and didn't gave me any medicine. We are unable to have plenty of clean water. Water tank came after three or four days and sometimes we got our turn but mostly it is not possible to reach to it. *"(medy sary balan ko ty meko dast hen dhed ech jerhy maror uthdin ty anjha dard pondy meko lagdy meda baal nekaldy. Dactor ko v masla dasayem o ahdi hy saaf suthra dher sara panri pi. Kai dawai koni deti asan dher sara panri ketho labhon eho mar masayen meldy. 3 4 dehan bad tank andy panri aala kahen vely wari lag pondi a kadahen nesy puj sakdy sakon kharab panir ni mela ty saf kedo aano)".*

5.1.8 Heartburn

Heartburn was most common in the respondents of third trimester. However it was also present in respondents of first and second trimester. One of respondent said

that she is having severe heartburn and stomach pain in her eighth month of pregnancy that even she was unable to eat or drink something. She added that doctor had suggested to take small portion of food, but how will she get to know that we are already having small portion of food because food provided is not sufficient for our family. Sometimes I did not get anything to eat because I can't leave my old mother-in-law or small children in starving. So I have to sacrifice my hunger over them

"(*jadan da athwan maheena lagye medy haan ty medy ech bahon saara machday etnaa zyada k me kha ty kha panri peewanr jogi nemi rahndi, baji ahdi hy roti thori khadi kar per okon kon samjhaway k me tan khandi thora han etna khanra meldy jerha poora soora theendy. Aksar me aap bukhi bah wendi haan q jo na budhi sas ko bukha belha sakdi han na choty balan ko heen wasty apnri bukh quraban krendi han enhan de khatir)*".

Another respondent added that I always have Heartburn and stomach pain during my pregnancy and I got relief from it just by having one glass of milk or by having mint water. But now we don't have cattle, so unable to get milk. "(*hamal dy doran meko hamesha seenay de jalan ty meday da dard rah wendy laken yaka me kheer da glass ya phoodny aala panri peendi han ty minten ech aram anday)".*

5.1.9 Abdominal Pain

Another issue which they have discussed was abdominal pain specially lower abdominal pain. According to them the reason behind this pain was restlessness and tiredness because they can't get proper rest in this small tent where there is no privacy and enough space that they could have rest. This was common in the respondents of first trimester. Respondent added that lower abdominal pain is present with back pain and it's because we are sleeping on ground for months. One of respondent added that we have many chores to do before flood, now we don't have a lot of work to do but we are having severe issues and that's just because of stress and restlessness.

5.1.10 Leg Cramps

It was another issue which they have discussed. They have different responses regarding leg cramps. Some of them have cramps in their left side but most common was cramps at right side. They were considering it as the result of restlessness. One of respondent told that "main issue is that we were working women in our village and remained active during our pregnancies. We were working in agricultural fields. So we remained active before but now we have nothing to do in these tents. So we became lazy and our legs are stiffened". *"(asan kam kaar alyan hasy hamal nal v kam krendyan hasy khetan we ch kam kar honda ha sada es wasty hmesha turdyan pherdyan rah gyon hunr es tambo ech kya kron koi kam kaini es wast sust the gy sy ty latan qaabo the gayen)".*

5.1.11 Nose Bleeding

Bleeding nose was another issue which they were facing. According to them it was happening due to dryness caused by air. One of my respondent told that doctor said that reason behind nose bleeding is dryness in air. We are drowned in water everything is destroyed in water and they think that there is dryness. *"(doctor ahdy naas de wadi waja hawa ech khushki a sadi har shy panri ech bud k barbad the gae a her paasy panri a ty khushki kedo ai)*". She further added that whenever we have bleeding in nose we just wash our head with water and it stopped within a minute. *(jerhy wely naas aawy ser panri taly jhalo hek mint dy andar aram andy)".*

5.1.12 Stretch Marks

Stretch marks during pregnancy is common but in my research area it was more common because according to my respondents they are having allergies due to flood water and contamination in surroundings so they have itching on whole body and specially their belly is itchy. So they are having severe kind of marks. A respondent narrated that There is flooded water in our surrounding so we are having allergies. We are having such marks at our belly that you even can't imagine. I think these marks will never leave because we are having such a bad marks at our body.

"(cho chudharo panri khary her paasy gandagi a jendi waja kolo kharsyan thyan payen hamal ech wesy bhon kharsi hondi hy wala pait ty anjh paky nishan thy payen me kya dasawan a nishan wesin kaina jerha sady jismen da haal thya laathy)".

5.1.13 Swelling

Swelling was another issue which they were having during pregnancy. Swelling of feet and hands was most common. However women with high blood pressure were having swelled face and eyes too. According to them swelling was caused by restlessness because they were not having proper sleep. This environment was not suiting them but they have to live there because they don't have any other residential option. One of my respondent said that it's impossible to live in such a bad Condition where we don't have any facility but we have to live there because at least we are in safe environment where we have tents to hide ourselves in the rain or any other emergency.

"(*ena bury halat ech rahwanr bahon mushkil hy laken asan ethain rahwanry qk hek sady kolo bya koi thekanra kaini dojha kam az kam sady kolo ser lukawanr wasty chat hy pai*)"

5.1.14 Frequent Urination

Frequent urination which is common during pregnancy due to increased pressure on bladder was another issue which they have discussed. According to them there is limited facility of bathrooms they were only three bathrooms in Aqilpur relief camp and two in Fazilpur relief camp. Some of respondents said that they have sudden pressure of urine and bathroom is far from their tent so sometimes before reaching to bathroom they urinate in midway. Another issue was that there were low number of bathrooms so they have to wait for long time to get their turn so that causes discomfort and inconvenience. They added that we have requested to authorities to add more bathrooms but they ignored it and are not taking any interests in our issues.

Moreover, there is lack of sanitation and hygiene due to which they're getting urinary tract infections. Another issues was lack of privacy, as bathroom is made in

tents and there is no proper door or hook. So they have to take another person there so that they take care of their privacy until they came back from bathroom.

5.1.15 Joint Pain

Joint pain during pregnancy is common due to increased weight and hormonal changes. Respondents added that we don't have any extra work here we are having more rest then before because there is nothing to do but we are having swelling and joint pain. It's just because our body is at rest but our mind is not. One of my respondent who was having third baby added that at the time of first and second pregnancy I haven't faced these issues but now I am having severe joints pain including pain in wrist and knee and specially in shoulder. She added that at time of both pregnancies I was working in the fields and doing house chores too but did not experience this kind of pain which I am facing at this time, though I am not doing any work neither in field nor house chores. "(*me pahly do baal janrye laken a joran da dard pahly ni thya kadahen laken hunr meko joren ech bahon dard hy murchy ty gody ech ty bya mondhy ech. Me pahly dohen pait naal khetan ech kam krendi ham nal ghar da kam kar v honda ha hunr ty kai kam v kaini na kheten ech ty na ghr da koi kam krendi han*)".

5.1.16 Gastric Issues

Gas and bloating was another issue which they were considering the most common issue. Gas causes excessive heartburn and nausea in many women. One of my respondent told that bloating is causing heartburn she feels like a ball coming outside of her body through mouth which causes excessive discomfort and anxiety. I do not feel hungry and even can not sleep due to gas issue. "(*gas naal han ech sara machdy even lagdy hek gorha haan ty charh andy ty o monh tak aa wla walya wendy eendy nal bahon becheni thendi a na bukh lagdi a ty na nendr sahe andi a*)".

One of healthcare provider told that mostly people feel shy to discuss gas and bloating because they do not consider it disease or any health problem. They even do not share this problem with us and if we ask them then mostly they hide it and do not share that either they are having gas or constipation.

She added that we have many traditional remedies to cure it but we are not having mint **(***Podina***)** and other ingredients.

5.2 Water Borne Diseases

Contaminated and unclean water was causing a lot of issues in research area. By drinking unclean water they have to face different issues and diseases, some of these are

a. Cholera
b. Diarrhea
c. Bloating
d. Abdominal cramps
e. Nausea and vomiting.

While on the other hand flood water and poor sanitation also cause some of issues which includes

f. Skin inflammation
g. Itching
h. Infection
i. Rashes.

5.3 Depression

Depression was also common among pregnant women . Leaving their homes and living in camps was not easy at all. Dealing with this situation and specially dealing with surrounding people is the most difficult and depressing . One of my respondent told that listening everyone's experiences and statements regarding pregnancy that how to deal with pregnancy depression etc is quite boring and depressing for me because everyone is different and had different pregnancy so applying one's experience during pregnancy is not good for others. Moreover they added that stress of losing all our belongings and losing of beloved ones during this flood is not easy for us. We have even watched deaths of people due to this massive

flood. One of respondent added that I am tensed with the situation happening right now I have lost my nephew in this flood. He got drowned in this water and we haven't founded his dead body. In this tense and stressing situation I am unable to carry my child. I am thinking that after few years, again we will face this flood and again we will lose our loved ones our savings and our houses which we will made after so much efforts and hunger. This will happened just because we are poor and belongs to village. They have to kill us at once, why they don't turn flow of flood toward cities why did we suffer every time. we are unable to deal with it anymore. "(*jerha kujh sady nal theenda pay etni preshani a sako saman ty mahoor theewy meda bahtrija heen paanri ech lurh gy hali hondi mayat ni meli sako. Anjhy halat ech me bal kewen jaman. Meko eha soch khari hy k kujh salan bad wla sako panri anj takarsi wla sady pyary marsin sadi jama punji wesi o ghar wala lurhsin jerhy asan mehnat kr k ty bukh bardasht ker k banrson. Ghareeb hesy sakon hmesha lorh choresin heki lingi maar dewin her dafa sado panri q andy shaheren do v ty wanjy sady kolo mazeed bardasht ni theenda*)".

They further added that we are already in emotional and stressing condition and these circumstances are hitting our mental state really hard. Living in these camps is really hard without any help and support. They were living without any support. They added that we don't need any physical help or support but we need emotional support.

5.3.1 Hypertension

The risk of hypertension is enhanced in pregnant women by variables like stress and living conditions that are less than optimum, especially in places where people are flood prone. This led to complications such as preeclampsia, which puts not only the mother's life but also the life of the unborn in danger of being lost. Inadequate diet and living conditions that were not suitable lead to anemia in pregnant women, which is a disease that can cause the baby to be born with low birth weight. During pregnancy, a woman who had anemia, struggle with sensations of tiredness and weakness and other complications. Difficulties in delivery Since it's probable that women who lived in flood-prone places won't have access to appropriate medical facilities or competent healthcare professionals while they're

giving birth, this increases the risk that complications had arisen while they're in the process of giving birth.

Pregnant women who lived in areas that were prone to flooding were at risk for some health issues. Some of these health problems had influence not only on the health of the pregnant woman but also on the health of the child that was yet to be delivered. In addition to making adjustments to the living conditions, having access to appropriate medical treatment and food that was high in nutrients help to reduce these risks and improve the results for both the mother and the newborn. Women who were pregnant and reside in relief camps, have faced a wide range of health difficulties. These women were more likely to have a difficult delivery. To give just a few instances, they included a lack of access to appropriate medical care, poor nutrition, and inadequate sanitation, among other things. Women in many of these camps did not have access to prenatal care or the right food, which lead to a wide range of issues, including early delivery, low birth weight, and even stillbirths. The fact that many women in these camps have limited access to appropriate medical care during their pregnancies, including a lack of regular checkups and access to ultrasound scans had made these problems significantly worse. Ultrasound scans and regular checkups were two examples of this lack of access. Because of this, it was challenging to recognize and manage issues that had occurred throughout the pregnancy.

In addition, many women in these camps did not have access to clean water or proper sanitation, which contributed to the development of waterborne diseases such as cholera, typhoid fever, and malaria. As these conditions were not properly treated, pregnant women were at risk of experiencing serious complications, which lead towards difficult deliveries. In addition, a sizeable portion of these women have problems with their eating habits, which lead to anemia in addition to other deficiencies in their nutritional status. These women's diets are to blame for some of these deficiencies. The woman and the unborn child that she is carrying have to suffer adverse effects as a result of this. In addition, many women in those camps did not have access to contraceptives, which lead to unwanted births as well as an increased risk of complications during pregnancy. This was a problem since unexpected births and complications during pregnancy, both were unpreventable.

In those cams, a significant number of women did not have access to proper education about safe pregnancy practices, which lead to a lack of understanding regarding the potential health hazards that are associated with pregnancy and delivery. Pregnant women who lived in flooded situation, l had experienced a broad variety of medical concerns because they did not have access to basic healthcare, decent nutrition, clean water, and sanitation, contraception, and knowledge about safe pregnancy practices. This was the situation of pregnant women who were residing in camps during floods. These medical issues have severe ramifications not just for the mother but also for the unborn child that she was carrying at that time.

Table 2 : Medical Issues faced by Pregnant Women

Medical Issues	Number of respondents who faced these issues out of twenty one respondents	Percentage
Headache	14	66%
Anemia	16	76%
Blood pressure **High BP** **Low BP**	19 12 07	90% 57% 33%
Back Pain	21	100%
Nausea and Vomiting	14	66%
Constipation	11	52%
Diarrhea	05	23%
Heartburn	11	52%
Abdominal Pain	13	61%
Leg Cramps	13	61%
Nose Bleeding	06	28%
Stretch Marks	21	100%
Swelling	21	100%
Frequent Urination	19	90%
Joint Pain	06	28%
Gastric Issue	12	57%
Depression	15	71%
Water Borne Diseases	11	52%

Source: Author's Fieldwork

Case Study: 03

Respondent name was Habiba and she was twenty-three years old. She was also living in Aqilpur relief camp and was living in joint family system. She was living in Aqilpur relief camp. She was expecting third time with gestational age of eighth months. She said that she had one deceased child. She said that she was married when she was only 15 years old. She was married to her aunt's son (*Phopo ka beta*). She added that she was married in such young age that after getting pregnant she had complications due to which she had premature delivery but luckily her baby girl survived, at the time of second pregnancy she had complete bed rest but her baby boy did not survive. She added that her mother in law did not want daughter this time. First time she had cesarean and second time her mother in law forced her to have normal delivery from Dai (traditional birth attendant). She said that she had lost her child just because of her mother in law contumacy and again she was forcing her to have delivery (*Viyam*) from *daai*.

She was living in Aqilpur Relief Camp where she added that there were a lot of issues which she was facing. She was having proper checkups before flood but after that she was unable to have checkup due to poor finances. She was forcing her husband to have medical checking because she had blood deficiency before and at each pregnancy her HB got so low but her husband was denying because financial condition was not favorable, however he has taken her to public hospitals multiple times but they did not get any appointment or meeting with doctor and the reason which they have told was that the did not have any contacts within hospital, so appointment was not possible due to overcrowded hospitals. She further added that I had checked up myself from LHW (Lady health worker) and she told that everything is going to be smooth and easy because there were no issues related to mother or fetus health. However she had made a condition that Habiba will have proper food including fruits and milk and at that time that was quite difficult for them to afford fruits and milk because they were not having proper meal of three times. She was complaining about her ground sleeping, she added that she had first pregnancy by cesarean so she had backache which hurt her while sleeping on the ground. She further added that she had lost her medical history. As she was having tough pregnancies, on basis of those experiences, every doctor recommends her to take

medical history and prescriptions with her so that they have record of her previous experiences. She added that flood had taken all of her prescriptions (*Parchyan*) with it. She did not have any record of her medical history. She further added that last month there was free medical camp in relief camp, but her husband did not gave her permission of her checkup because there was male doctors in that camp. Later she gave birth to baby girl from *Daai* (traditional birth attendant) through normal delivery.

Case Study: 04

Parveen was 34 years old and was living in joint family including her mother-in-law, father-in-law, three sisters in law, three brothers in law with their wives. She was also living in Aqilpur relief camp. Parveen was the youngest daughter in law of her family. She had three sons and was expecting fifth time and had miscarriage at fourth pregnancy. She was having six month of her pregnancy. She was having regular checkups from DHQ hospital. She had breech positioned baby *(baal putha hy)* and baby's weight was also low.

She narrated that "my babies positions are always breech but at the end of sixth month they got their normal position but this time doctor thoughts that it's not possible that my baby will get normal position because of low weight of baby". (*medy baal her dafa puthy hondin laken chewaan maheena mukdyen mukdyen apnri jaah ty wal andin hunr doctor ahdi hy a baal sedha ni theenda qk baal da wazan ghat a)*, She also told that her brother in law is guard at Government Hospital so it's easy for them to have access to doctors at hospital. There was camp at DHQ too, so when asked about it that why they haven't moved to Government camp and are residing in this camp, she added that her brother-in-law (*Der*) said that many people of hospital are familiar *(Sonhy)* with him so he don't want that people will say that his family is also living her just like others who are below poverty line *(Hendi tabri v dojhy ghareeban nal rahndi pai hy). She used the term dadhy ghareeb poorest people of the area)*. She added that her doctor is recommending her to take rest and eat well but both of above are not possible. She was not able to take rest because she had to take care of her children and her husband, as she was youngest in the family so she has to

take care of her in laws too (Her mother-in-law, father-in-law and sisters in law were living within her tent). She added that as for as food is concerned, we don't have enough resources to eat food which our body needs. So sometimes Kind people *(Bhaly log)* were helping them out by providing them food and clothes, otherwise they have to take rice and lentils because that was supplied to them in camps. They did not have money to buy meat, fruits or vegetables, these are Blandishments of people having money *(Pesy aalyen dy chonchlay).*

5.4 Conclusion

This chapter was all about medical issues faced by pregnant women during flood. In this chapter, it is discussed that how flood had affected their medical conditions. Though medical problems during pregnancy are common and almost every woman face different issues die to body changes and hormonal changes but that can be managed with proper diet and medication. But the problem in my research area was that they did not have enough resources so they were unable to get proper treatment and nutrition after flood. Although before flood, they were not living in ideal condition, but they were eating healthy and pure food. So, their immunity was strong to fight with those issues. Moreover, they were living in their own house which was their comfort zone, though some of my respondents said that they had workload before flood and after flood they did not have anything to do except to suffer in the camps and living in unhygienic condition which was root of all problems.

6. CHALLENGES TO SEEKING HEALTHCARE SERVICES

The following chapter seeks to focus on the third objective of the study which explores challenges to pregnant women in seeking healthcare services during flooded situation. It takes insight into facilities available in camps and in hospitals. People living in flooded situation have less access to healthcare facilities which is harmful during pregnancy. During pregnancy, a woman body is passing through different changes not just physical but psychological changes too. So that changing body and mind needed some solutions to help them out from problems. One of the most important thing to help them out for healthy pregnancy is that the expecting mothers have access to medical care. In my research setting, access to healthcare services was quite challenging for respondents because they were living in areas which were prone to flooding and medical centers including BHU's (Basic Health Units), Maternity Care Centers and hospitals were under flood water so they have to move to DHQ (Rajanpur) to get medical services.

6.1 Challenges Faced by Pregnant Women

Here are some challenges faced by pregnant women to seek healthcare services during flood in district Rajanpur, these were discussed by respondents including pregnant women and healthcare providers,

6.1.1 Limited Resources

Accessing healthcare services during flood was challenging due to limited resources available to pregnant women. Women living in relief camps without any financial aid were unable to travel toward far away hospitals. There were certain problems including finance issues, transportation issues to move to other cities for checkups. Respondents added that we don't have enough resources to travel because due to roads condition, public transport is not available, and we can't afford to travel by private transport. One of my respondent told that she wants to go to hospital *(wady hasptal)* but she do not have enough resources to go there. She discussed that

roads are broken, no public transport is going toward Rajanpur. Moreover , they don't have access to go there because they do not have any contacts in hospital and hospital is overcrowded so they are unable to reach to doctors. Only those can have their checkups who have contacts in hospitals. *"(me ahdi han wady hasptal hath wnj dekhawan Lken wanjanr wasty pesy kedo ana sarkan trutyan payen wegon chaldy han hunr bad kr dety ny kahen traawen puj v wanjan ty ago me kahen ko nai janrdi uthan etna rush laga pya hondy k tuhadi sunh sunjar howy ty dactar tak puj skdy wy na ty oh tak pujala e kaini sirf hune da ilaj theendy jenhy de sonh sunjanr howy)".*

6.1.2 Restricted Mobility

Restrictions from family to move outside the area was another challenge which pregnant women were facing in my research setting. Most of them had issues that they did not get permission from husband and specially mother-in-law for checkups because they prefer midwives for delivery so they were not allowed to move from camp. These restrictions were challenging for respondents because whenever they wanted to have scan or any other treatment, they were stopped by some older women *(sadyan wadyan)* and they started to talk about their own experiences that how they had given births without doctors and how they had borne all the pain and problems with patience. Even some of them were not allowed to go for checkup, if medical camp is arranged within relief camp.

One of my respondent told that she went to doctor at her first delivery and she had episiotomy but her mother in law was not happy with her decision. She was having second baby and she also wanted to go to the hospital but her husband and family is not permitting her because their midwife thinks that vaginal delivery is possible so why they have to go for episiotomy. So she will have delivery as her mother in law suggest. She added that her mother in law thinks that it's just excuse to go to hospital but she wanted to have fun by moving outside of their area (*medi sas ko lagdy k me hath dekhalanr dy bahany turanr pheranr wendi han heen wasty meko chuti ni meldi pai).* She further added that she want to go to doctor because she had episiotomy so she just wanted to ask that is it ok to go for normal delivery or episiotomy is must. *"(Me ahdi han hek dafa doctor do wnj k eho puch awan k daai kolo bal jama ghenan ya chota operation lazmi a)".*

6.1.3 Shortage of Medical Supplies

- **Shortage of equipment**
- **Shortage of medicines**

Shortage of medical equipment and medicines was most common challenge faced by pregnant women during flood. There were no medical supplies within camps. They were not even taking any supplements during pregnancy. However, some of them were having multivitamin during pregnancy suggested by care providers (Daai, LHW or doctor). One of my respondent told that once a medical team visited relief camp and she got permission to visit for checkup, she added that I have told my condition and they have given me medicine for ear infection.

She narrated *(Team ai a meko bahon mushkilen naal chuti meli a dekhawanr de me apnra masla dasayem ty o meko kan dyan dawaeyan dy gayen).*

Moreover, they added that when we visit the hospital, there are limited supply of equipment. They added that mostly their ultrasound machine was not working or any other issues were faced during their visits.

Figure 7: Medical camp at Fazilpur Relief Camp

Source: Author, 2022.

6.1.4 Shortage of Care Providers

Shortage of care providers not only in camps but also in hospital was another common factor by which medical care was limited. The hospital was overcrowded but staff was limited. There were only two female gynecologists in the hospital and seven nurses were appointed in flood situation. The reason behind this was that Rajanpur was also on high alert that anytime flood may enter into the city. And another reason was that there were also a government camp in DHQ. So doctors prefer to observe their own patients first.

6.1.5 Long Waiting Hours

As medical staff was limited in the hospitals so patients have to wait for long time for their turn. In pregnancy it is not possible to sit for hours on floor, as chairs were limited so most of them were sitting on the floor waiting for their turn. So due to lack of seating and lack of medical staff respondents have to wait for hours and even sometimes for days to have their turns.

6.1.6 Untrained medical staff

Staff available in the hospital and camp was untrained. According to my respondents, they can't recognize the issue or illness by which we were suffering. Moreover, they did not know that how to treat a patient. They were just yelling at patients. This kind of behavior as quite disappointing for patients so they were relying on midwives and LHWs because according to them everyone wants to be respected *(Izzat her shay to pyari hondi a).*

6.1.7 Traditional Beliefs about Pregnancy

Another challenge was traditional believes of their elders who wanted them to spend pregnancy period as simple and bearing as they have spent during their time. They have some beliefs about pregnancy and wanted pregnant women to follow them.

Some of these beliefs were,

- Avoid going outside during pregnancy specially in flood times.
- Consulting traditional healer i.e *Daai* or LHV/LHW
- Herbal remedies are best to cure any type of issue during pregnancy because medicine suggested by doctors are harmful for baby.

6.1.8 Traditional Medicines

Traditional medicines during pregnancy was another common issue which pregnant women were facing. They were taking traditional medicines to cure their health issues. According to them by using English medicines *(Angrezi Dawayan),* medicine suggested by doctors have warm effectiveness *(Garam taseer)* which is harmful during pregnancy and delivery, even baby got affected by those medicines.

6.1.9 Traditional Birth Attendants

Midwife or LHVs were preferred because according to respondents and their families, these birth attendants prefer normal delivery and doctors just want to have cesarean. Because it's easy way of delivery for them. They were of the view that now a days doctors are working as butcher who just want to cut human body just like butcher who always cut and trim the meat.

6.1.10 Unsafe and Unsanitary Condition

Unsafe and unsanitary condition of camp was another challenge which they were facing during pregnancy, according to them when we visit Midwife, she has to examine us without sanitization and washing her hands. Which causes a lot of issues including itching and discharge. Moreover, unhygienic condition of camp was also creating certain issues including allergies and itching to whole body which then were creating issues for their babies too.

6.1.11 Preference of Female Doctors

Respondents from research locale always prefer female doctor for their checkup. Because they hesitate to get examine by male doctor. Moreover, many

respondents added that they did not have permission from their husbands to get examined by a male doctor. At free medical camps, mostly there are male doctors, so that was the reason they did not get permission to visit those camps.

6.1.12 Preference of Normal Delivery/ Fear of Cesarean

Another reason to prefer midwife was that midwife can do normal delivery but doctor always prefer Cesarean. Cesarean for them was quite horrible. According to them, Cesarean is problem for whole life *(pori hayati da bhoog a)* So they did not want to have C section by going to Hospital.

6.1.13 Lack of Education and Counseling

In my research setting, I found that those people really need counseling and education toward their health and specially during their pregnancies. Because pregnancy is the most tough period of life and they consider it normal because almost everyone gets pregnant once in life.

Moreover, they were facing psychological problems too so they needed some counseling and support during their pregnancies because they have to carry that baby and have to deliver it safely.

6.1.14 Lack of Postnatal Care

Lack of postnatal care was another prominent issue which was discussed by healthcare providers. According to them, people considered that pregnancy is an important phase of life and after delivery they just stopped paying attention to mother's health and all of their attention is diverted towards newborn. Which led to Post Partum Depression (PPD). Which had created a lot of psychological problems to mothers specially those who were already suffering from floods and had psychological challenges.

Women who were pregnant during flood had a difficult time obtaining medical care because of the limited resources available. Despite that, there were some

resources available to help women to get the care they needed to have a healthy pregnancy and birth. These materials were readily available for use.

Case Study: 05

Pero Mai was a midwife in Aqilpur relief camp she was known as dai pero in the community members. Basically, she was from Shikarpur. She told that she had done more than two hundred and fifty cases in her midwife journey *(daypa).* And in her whole career not a single case was dangerous for her. She added that I had always done safe and normal deliveries without any harm to mother and baby. Community members were also praising her that she was such an experienced and smart in her work. She was famous not only in Shikarpur but in Aqilpur, bet sontra and other nearby areas too. She added that now mostly people prefer doctors over midwives but in my areas the elder of the house always prefer me due to my experience. On asking about medical issues and facilities in the camp, she added that medical camps are failed in these camps because they did not provide medicines which are required. She further added that people living in camps prefer her because she had always treated them with herbal remedies and that are good for their health both for mother and child. She added that she is against doctors because they gave medicines which creates dryness in mother's body due to their high potency which is harmful for mother and child and due to those medicines, normal delivery is not possible because of dryness. She further added that most of the pregnant women living in these camps have lack of food so they are having low weight of baby and even low weight of themselves. She narrated that during this condition of mothers who are too weak to bear the pain of labor due to weakness, I am also afraid that my record of safe deliveries in danger, as they are too weak and their babies also have low weights, and I can't refuse them because they have hopes from me. She added that in this camp, no one want to have delivery from doctors because doctors always prefer cesarean and another important thing to mention here is that in Government Hospitals, though delivery is free but medicines are not free so they have to take medicine which are unaffordable for some of villagers. Moreover, nurses also collect money on the name of tip *(Mubarki).* And they don't let you go until they are paid. So many of them avoid hospitals and doctors to save their money because we take less charges. She further added that in flooded situation, I am recommending them to go to hospital because I am not able to deliver their baby with such condition but they are insisting me to do their deliveries because they thought that if they went to doctor then doctor must do their cesarean and they

most of them want normal delivery which is not possible in hospitals now a days. She narrated that *"(me ahdi han hasptalen wanjin unhan de jerhi halat hy vyam bahon mushkil a laken unhen ko lagdy k agar o hasptal gy ty dactar operation kresi ty saryen kon sedhy rasty nal baal howy jerha hasptalen ech theewanr mushkil hy)"*. She further added that there was a time when people have fear to have deliveries with midwives because they consider them unhygienic but now they are afraid of doctors and their delivery methods. *"(wicho hek zamana aye logen ko dayen kolo dar lagda haa qk o safai da khayal na krendyan han laken hunr wala doctren kolo daranr po gayen qk hunr dactor qasai banr gayen)"*.

6.2 Conclusion

This chapter had investigated the challenges to seek healthcare facilities which pregnant women face in pregnancy phase during flood. People living in flooded situation had less access to healthcare services due to different reasons and the most important and common challenge to get medical care was family, i.e., husband and mother-in-law. Because they did not want to send them to the hospitals and the reasons behind their conflict to hospitals and doctors were their beliefs on traditional birth attendants, traditional care and most importantly birth a home in privacy. However, some of respondents wanted to have checkups but there were different challenges which they were facing and due to which they were unable to het medical services in the hospitals. Some of them were limited resources, restrictions on mobility and lack of education about their pregnancy. However, if they went to hospital for checking them up then there were a lot of issues and challenges which included lack of medical supplies including lack of equipment and medicines, shortage of Doctors, Male gynecologist (because they always prefer female doctor), long waiting hours and fear of cesarean (Bara operation). All these challenges were barriers to them in accessing and attaining medical services in hospitals.

SUMMARY AND CONCLUSION

This research was aimed at exploring socio medical issues of pregnant women during flooded situation in District Rajanpur. The research question assumed that during flood, pregnant women face a lot of social issues, health problems and have limited access to healthcare facilities.

The research aimed to explore more about the social issues that pregnant women in flooded areas face and how they cope with their pregnancies. In recent years, heavy rain and subsequent flooding have devastated the Pakistan's district Rajanpur, wreaking havoc on the local economy and displacing thousands of residents. Pregnant women in flood-affected villages in Rajanpur continued to experience substantial obstacles, including access to healthcare services, hunger, exposure to infectious illnesses, and mental health concerns. The risk of infectious illnesses increased when pregnant women were exposed to polluted water and when they live in unhygienic settings. The stress and anxiety brought on by a flood had harmed the mother's mental health, which in turn had repercussions for her unborn child. This study discusses the challenges that pregnant women faced and the solutions that were implemented to help them. The first objective of the study was to determine the social issues faced by pregnant women in flood prone area of district Rajanpur. The second objective of the study was to explore the medical issues faced by pregnant women during flood and the third objective was aimed to find out the challenges faced by pregnant women in seeking healthcare services.

Firsts chapter of the thesis focused on the introduction of the study, in this chapter statement of the problem and objectives of the study have been discussed. It also had highlighted the significance of the study and discussed the definitions of all key term which are utilized in this study.

Second chapter had documented the relevant literature about research topic and had mede references to related research work and studies about social and medical issues faced in flood prone areas. Literature review has highlighted the socio medical issues faced by pregnant women in flooded area and emphasized the effects of flood on maternal health and limited access to healthcare facilities.

The third chapter of the thesis focused on research setting and research methodology applied. The present study is primarily qualitative in nature and was conducted from August 2022 to January 2023. The fieldwork was conducted in multiple geographical locations in the Rajanpur district. The District Rajanpur is also a city in the southwestern part of the Punjab which is administratively subdivided into three tehsils. However, the present study was conducted in the areas of Aqilpur and Fazilpur. The sample size of the present study was 25 ascertained through purposive as well as convenient sampling techniques. The researcher conducted 25 in-depth interviews associated with pregnant women and healthcare providers, the researcher collected 05 case studies for data collection. Besides, informal discussions, observations were also vital sources for the data collection. Field notes and of the respondents helped the researcher in documenting information from the field.

The fourth chapter has discussed the social issues of pregnant women in flood prone area. Natives in research locale used different words for social issue i.e (sajhy masly) and (samaji masail). This thesis investigated different social issues faced by pregnant women during flood and also discusses the societal challenges that pregnant women face in the communities ravaged by flood. Women living in camps during flood had faced different social problem and challenges. One of the most critical and mostly discussed was lack of access to basic services which includes food, clothes and shelter. They also did not have access to safe clean water. Their infrastructure was damaged and pregnant women were forced to leave their houses without taking their belongings. They were informed at the last minute and did not have time to take basic things with them. They had lost their belongings including livestock. They did not have any food sources or any other resources so they were completely dependent on others for food and basic necessities. They were dependent on camp authorities to fulfil their needs. And regarding camp authorities mixed reviews were discussed by respondents. Some of them were satisfied with authorities because of shelter and food, these were the people who lived in poverty before flood. So, in camps they were getting food on daily basis without doing anything so they were quite satisfied with relief camp authorities. However, there were also some families in camps who were living in good condition before floods and were not happy and satisfied regarding their necessities.

Access to clean water was also an important issue in the camp, especially for pregnant women who have to fetch water from the road (Water tanks provide water and they were taking that water from tanks). They were dehydrated and their healthcare providers suggests to have clean water because they were accessing water with difficulties, but that was unclean and they had suffered a lot due to having unclean water. Another common reason for their unhealthy pregnancy was lack of proper rest, they did not have workload life before flood in the camp but reason of that was poor sleeping positions and overcrowdings in the camps. The society and the people living around them were making their life more difficult by their behaviors. They had made fun of their pregnancies rather than helping them in that situation. They were not supporting them neither physically nor mentally. It is observed that women whose husbands were supportive, their mental condition was good however where there was not support from husband and other they had terrible medical condition and complained about being grumpy all the time. Moreover, they did not have access to medical facilities due to which they were unable to get medical aid or counseling from health practitioners. There were a lot issues to access medical treatment, the most prominent of them was transportation problem etc.

Fifth chapter has discussed the second objective of the study, which is to find out the medical issues in pregnant women during flood in district Rajanpur. The study investigated different medical issues faced by Pregnant women during their pregnancy period in flooded situation in district Rajanpur. Women displaced during flood and living in camps and any other place were facing different health challenges had discussed by them. Many of those medical issues were because of unavailability of food and water, there were different health issues caused by malnutrition, lack of water resources and unclean water to consume. Some of these challenges discussed by respondents were headache, backache, heartburn, leg cramps, bleeding nose, rashes, itching, bloating, constipation, diarrhea and swelling etc, which were contributing in hard pregnancy. Constipation was considered as root of all the diseases. Respondents had belief that constipation cause hundred more medical issues. Apart from this there were other health issues too which include anemia, BP problems and depression, low fetus weight, low amniotic fluid and hypertension etc. Anemia was the most common medical issue faced by pregnant women during their pregnancy and the reason behind

it was poor nutrition and lack of medication, as body needs multivitamin and some other tablets to grow a human inside it.

Sixth chapter had investigated the challenges to seek healthcare services and facilities which pregnant women face in pregnancy phase during flooded situation. People living in flooded situation had less or sometimes no Access to healthcare services due to different reasons and the most important and common challenge to get medical care was family, i.e., husband and mother-in-law. Because they did not want to send them to the hospitals and the reasons behind their conflict to hospitals and doctors were their beliefs on traditional birth attendants, traditional care and most importantly birth a home in privacy (Kajy pardy ech). However, some of respondents wanted to have checkups but there were different challenges which they were facing and due to which they were unable to het medical services in the hospitals. Some of them were limited resources, restrictions on mobility and lack of education about their pregnancy. However, if they went to hospital for checking them up then there were a lot of issues and challenges which included lack of medical supplies including lack of equipment and medicines, shortage of Doctors, Male gynecologist (because they always prefer female doctor), long waiting hours and fear of cesarean (Bara operation). All these challenges were barriers to them in accessing and attaining medical services in hospitals.

It is concluded that pregnant women in flood prone area face multiple challenges related to access to healthcare, emotional support and physical support . The also face challenges related to accessing medical care, including long waiting hours, lack of healthcare facilities, and inadequate medical supplies and equipment. Additionally, socio-cultural factors, such as gender inequality and traditional beliefs about pregnancy and childbirth, were identified as key contributors to poor maternal health outcomes. Pregnant women in flood-affected areas in Rajanpur continue to experience substantial obstacles, including access to healthcare services, hunger, exposure to infectious illnesses, and mental health concerns, despite attempts to enhance maternal healthcare in the district. Pregnant women have trouble getting the medical treatment and nourishment they need if their communities have to move because of a flood. The risk of infectious illnesses increases when pregnant women are exposed to polluted water and when they live in unhygienic settings. Moreover,

the stress and anxiety brought on by a flood that harm the mother's mental health, which in turn have repercussions for their unborn child.

Recommendations

Based on the research findings on socio-medical issues of pregnant women in a disaster-hit community in district Rajanpur, here are some recommendations:

1. Improve access to healthcare: The healthcare system in the community should be strengthened to ensure that pregnant women have access to quality medical care. This can include increasing the number of healthcare providers, improving the availability of medical supplies and equipment, and reducing wait times for medical care.
2. Provide emotional support: Pregnant women in the community face emotional distress due to the challenges of accessing medical care and the stress of living in a disaster-prone area. Providing emotional support, such as counseling services and support groups, can help pregnant women cope with these challenges and improve their mental well-being.

3. Increase community awareness: The community should be made aware of the importance of maternal health and the risks associated with disasters. This can be done through community outreach programs, educational workshops, and media campaigns.

4. Involve local authorities: Local authorities should be involved in efforts to improve the health and well-being of pregnant women in the community. This can include providing resources and support for healthcare providers, as well as working with the community to address any socio-cultural factors that may be impacting maternal health.

5. Conduct further research: Further research should be conducted to better understand the socio-medical issues faced by pregnant women in disaster-hit communities. This can include longitudinal studies that track the health and well-being of pregnant women over time, as well as studies that explore the impact of specific interventions on maternal health outcomes.

6. Increase investment in healthcare: The Government of Pakistan should increase investment in healthcare infrastructure and services to ensure that pregnant women in disaster-hit communities have access to quality medical care. This can include increasing the number of healthcare facilities and healthcare providers in these areas.

7. Strengthen disaster preparedness and response: The government should develop and implement disaster preparedness and response plans that specifically address the needs of pregnant women. This can include setting up emergency obstetric care centers and ensuring that these centers are equipped with necessary medical supplies and equipment.

8. Improve awareness and education: The government should invest in awareness and education campaigns to increase knowledge and awareness of maternal health issues among the general population. This can include media campaigns, educational workshops, and community outreach programs.

9. Address socio-cultural factors: The government should work with communities to address any socio-cultural factors that may be impacting maternal health outcomes. This can include addressing gender inequalities, promoting women's rights, and engaging with religious and community leaders to promote positive attitudes toward maternal health.

10. Develop and implement policies to support maternal health: The government should develop and implement policies that support maternal health, including policies that promote maternal and child health, provide financial incentives for healthcare providers who provide quality care to pregnant women, and increase access to family planning services.

These recommendations are not exhaustive, and further considerations may be necessary depending on the specific context and challenges faced by the community. However, they can provide a starting point for addressing the socio-medical issues faced by pregnant women in disaster-hit communities.

GLOSSARY

Sajhy	Social
Masly	Problems/Issues
Dawayan	Medicine
Parchyan	Prescription
Kapry Laty	Clothes
Ganhry	Jewelry
Maal	Cattle
Thikanra	Residence
Jhagna	Crossing water
Batheryan	Many
Changi chokhi	Having good condition
Aamdin	Earning
Imdaad	Aid
Juwan	Husband
Burkady	In large quantity
Dai	Midwife
Her paasy	Every side
Zaira	Liver
Wada operation	Cesarean
Chota operation	Episiotomy

Sedhy rasty naal	Vaginal delivery
Aroye	Craving
Ulti	Vomiting
Han kacha	Nausea
Hamal	Pregnancy
Seeny de jalan	Heartburn
Putha baal	Breech baby
Tabar	Family
Tambo	Tent
Lurh	Drowned
Cho chudharo	In surrounding
Maida	Stomach
Mubarki	Congratulatory amount/ Tip to nurses on child's birth

BIBLIOGRAPHY

Akbar, M. S. (2022). A Phenomenological Study of Lived Experiences of 2022 Flood Survivors in Rajanpur District-South Punjab-Pakistan. *Pakistan Journal of Social Research, 4*(04), 1019-1024.

Akhtar, S., Ahmed, A., Ahmad, A., Ali, Z., Riaz, M., & Ismail, T. (2013). Iron status of the Pakistani population-current issues and strategies. *Asia Pacific Journal of clinical nutrition, 22*(3), 340-347.

Al-Azri, N. H. (2020). How to think like an emergency care provider: a conceptual mental model for decision making in emergency care. *International Journal of Emergency Medicine, 13*(17), 1-9.

Alderman, K., Turner, L. R., & Tong, S. (2012). Floods and human health: a systematic review. *Environment international, 47*(1), 37–47. https://doi.org/10.1016/j.envint.2012.06.003

Ali, M. M., Naseer, S. ., Shabbir, S. ., & Nazeer, H. . (2023). Impact of Flood on Women Physical Health in 2022 at District Rajanpur. *Pakistan Journal of Humanities and Social Sciences, 11*(1), 408–417. Retrieved May 4th, 2023 from https://doi.org/10.52131/pjhss.2023.1101.0360

Almanac Pakistan, (2021). Pakistanalmanac.com Retrieved February 19th, 2023 from https://pakistanalmanac.com/

Aolain, F. (2010). Women, vulnerability, and humanitarian emergencies. *Michigan Journal of Gender & Law, 8*(1), 1–23. https://doi.org/10.2139/ssrn.1685332

Arosemena, F. A., Fox, L., & Lichtveld, M. Y. (2013). Reproductive health assessment after disasters: embedding a toolkit within the disaster management workforce to address health inequalities among gulf-coast women. *Journal of Health Care for the Poor and Underserved, 24*(4), 17-28.

Bernard, H. R. (2006). *Research methods in anthropology : qualitative and quantitative approaches*. Altamira Press.

Boccagni, P., & Kusenbach, M. (2020). For a comparative sociology of home: Relationships, cultures, structures. *Current Sociology*, *68*(5), 595–606. https://doi.org/10.1177/0011392120927776

Basu, M., Ghosh, S., Jana, A., Bandyopadhyay, S., & Singh, R. (2017). Resource mapping during a natural disaster: A case study on the 2015 Nepal earthquake. *International Journal of Disaster Risk Reduction*, *24(1)*, 24–31. https://doi.org/10.1016/j.ijdrr.2017.05.020

Bukhari, S. I. A., & Rizvi, S. H. (2015). Impact of floods on women: with special reference to flooding experience of 2010 flood in Pakistan. *Journal of Geography & Natural Disasters,* *5*(2), 1-5. from http://dx.doi.org/10.4172/2167-0587.1000140

Cannon, T. (2002). Gender and climate hazards in Bangladesh. *Gender & Development*, *10*(2), 45–50. https://doi.org/10.1080/13552070215906

Ceesay, S. M., Prentice, A. M., Cole, T. J., Foord, F., Poskitt, E. M. E., Weaver, L. T., & Whitehead, R. G. (1997). Effects on birth weight and perinatal mortality of maternal dietary supplements in rural gambia: 5 year randomised controlled trial. *BMJ*, *315*(7111), 786–790. https://doi.org/10.1136/bmj.315.7111.786

Clifton, D., & Gell, F. (2001). Saving and protecting lives by empowering women. *Gender & Development*, *9*(3), 8–18. https://doi.org/10.1080/13552070127750

Collins English *Dictionary*, (n.d) from dictionary. Retrieved March 20, 2023 from https://pallipedia.org/medical-condition/

Enarson, E. P., & Morrow, B. H. (2000). Why gender? Why women? An introduction to women and disaster. In *The gendered terrain of disaster: through women's eyes*. Praeger.

Ferreira, A. I. D. G., Soares, V., Nitschke, R. G., Tholl, A. D., Muñoz, M. A. G. C., & Michelin, S. R.. (2014). The daily life of pregnant women: nursing promoting being healthy. *Texto & Contexto Enfermagem*, *23*(4), 987–994. https://doi.org/10.1590/0104-07072014001110012

Gillespie, A. M., Obregon, R., El Asawi, R., Richey, C., Manoncourt, E., Joshi, K., Naqvi, S., Pouye, A., Safi, N., Chitnis, K., & Quereshi, S. (2016). Social Mobilization and Community Engagement Central to the Ebola Response in West Africa: Lessons for Future Public Health Emergencies. *Global Health: Science and Practice*, *4*(4), 626–646. https://doi.org/10.9745/ghsp-d-16-00226

Habib, S., Abbasi, N., Khan, B., Danish, N., & Nazir, Q. (2018). Domestic violence among pregnant women. *Journal of Ayub Medical College Abbottabad, 30*(2), 237-240.

Kazi, A., Fatmi, Z., Hatcher, J., Kadir, M. M., Niaz, U., & Wasserman, G. A. (2006). Social environment and depression among pregnant women in urban areas of Pakistan: Importance of social relations. *Social Science & Medicine*, *63*(6), 1466–1476. https://doi.org/10.1016/j.socscimed.2006.05.019

Laplante, D. P., Barr, R. G., Brunet, A., Du Fort, G. G., Meaney, M. L., Saucier, J.-F., Zelazo, P. R., & King, S. (2004). Stress During Pregnancy Affects General Intellectual and Language Functioning in Human Toddlers. *Pediatric Research*, *56*(3), 400–410. https://doi.org/10.1203/01.pdr.0000136281.34035.44

Longhurst, R. (2009). Interviews: In-Depth, Semi-Structured. *International Encyclopedia of Human Geography*, 1(1) 580–584. https://doi.org/10.1016/b978-008044910-4.00458-2

Ludvigsson, J. F., & Loboda, A. (2022). Systematic review of health and disease in Ukrainian children highlights poor child health and challenges for those

treating refugees. *Acta Paediatrica*. *111*(7), 1341-1353. https://doi.org/10.1111/apa.16370

Mallett, L. H., & Etzel, R. A. (2017). Flooding: what is the impact on pregnancy and child health? *Disasters*, *42*(3), 432–458. https://doi.org/10.1111/disa.12256

Marcus, G. E. (1995). Ethnography in/of the world system: The emergence of multi-sited ethnography. *Annual review of anthropology*, *24*(1), 95-117.

Merriam-Webster. (n.d.). Pregnant. In Merriam-Webster. Retrieved August 24th, 2023, from https://www.merriam-webster.com/dictionary/pregnant

Merriam-Webster. (n.d.). Medical facility. In Merriam-Webster. Retrieved August 24th, 2023, from https://www.merriam-webster.com/dictionary/medical%20facility

Mollen, C. J., Miller, M. K., Hayes, K. L., & Barg, F. K. (2013). Knowledge, Attitudes, and Beliefs About Emergency Contraception. *Pediatric Emergency Care*, *29*(4), 469–474. https://doi.org/10.1097/pec.0b013e31828a3249

Mumtaz, Z., & Salway, S. M. (2007). Gender, pregnancy and the uptake of antenatal care services in Pakistan. *Sociology of Health & Illness*, *29*(1), 1–26. https://doi.org/10.1111/j.1467-9566.2007.00519

Nowak, B. S., & Caulfield, T. (2008). Women and Livelihoods in Post-Tsunami India and Aceh. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.1317142

Ossai, E. N., Eze, I. I., Eke, P. C., Onah, C. K., Agu, C., & Ogbonnaya, L. U. (2023). Where, why and who delivers our babies? Examining the perspectives of women on utilization of antenatal and delivery services in a developing country. *BMC Pregnancy and Childbirth*, *23*(1). https://doi.org/10.1186/s12884-022-05306-6

Pakistan Bureau of Statistics, (2017). Pakistan Bureau of Statistics, Federal agency. Retrieved October 6th, 2022 from https://www.pbs.gov.pk/content/final-results-census-2017

Politicpk, (2018) in politicpk.com Retrieved November 6th, 2022 from https://www.politicpk.com/rajanpur-district-population-of-cities-towns-and-villages-2017-2018/

Pradhan, N. A., Najmi, R., & Fatmi, Z. (2022). District health systems capacity to maintain healthcare service delivery in Pakistan during floods: A qualitative study. *International Journal of Disaster Risk Reduction, 78*(9), 103092. http://dx.doi.org/10.1016/j.ijdrr.2022.103092

Punjab Government, (2018), Punjab Retrieved March 25th, 2023 from https://rajanpur.punjab.gov.pk/district_profile

Razzak, J. A., & Kellermann, A. L. (2002). Emergency medical care in developing countries: is it worthwhile?. *Bulletin of the World Health Organization, 80*(11), 900–905.

Reliefweb. (2022). *Pakistan 2022 Floods Response Plan Interim Report: Sep – Nov 2022 (Issued 09 Dec 2022) - Pakistan | ReliefWeb*. Reliefweb.int. Retrieved February 11th, 2023 from https://reliefweb.int/report/pakistan/pakistan-2022-floods-response-plan-interim-report-sep-nov-2022-issued-09-dec-2022

Tong, V. T., Zotti, M. E., & Hsia, J. (2011). Impact of the Red River Catastrophic Flood on Women Giving Birth in North Dakota, 1994–2000. *Maternal and Child Health Journal*, *15*(3), 281–288. https://doi.org/10.1007/s10995-010-0576-9

Vladutiu, C. J., Stringer, E. M., Kandasamy, V., Ruppenkamp, J., & Menard, M. K. (2019). Emergency Care Utilization Among Pregnant Medicaid Recipients in North Carolina: An Analysis Using Linked Claims and Birth Records.

Maternal and Child Health Journal, *23*(2), 265–276. https://doi.org/10.1007/s10995-018-2651-6

The World Bank. (2022, October 28). *Pakistan: Flood Damages and Economic Losses Over USD 30 billion and Reconstruction Needs Over USD 16 billion - New Assessment*. World Bank. Retrieved January 15th, 2023, from https://www.worldbank.org/en/news/press-release/2022/10/28/pakistan-flood-damages-and-economic-losses-over-usd-30-billion-and-reconstruction-needs-over-usd-16-billion-new-assessme

Zahidie, A., & Jamali, T. (2013). An overview of the predictors of depression among adult Pakistani women. *Journal of the College of Physicians and Surgeons Pakistan*, *23*(8), 574–580. https://ecommons.aku.edu/pakistan_fhs_mc_chs_chs/136/

ANNEXURE -1. INTERVIEW GUIDE

- Tell us something about yourself?

(Name, Family Background, age, marital status, no. of children, family status (Joint or nuclear), age of elder and younger child)

- What is number of expecting child
- What is Gestational age? Stage of pregnancy (Week or month of gestation).
- Can you share your experience during flood?
- When did you were informed to evacuate before flood?
- Share your experience of evacuation during flood
- How did flood had impacted your social life
- What type of challenges are you facing due to flood
- Can you share your experience of availability of food.
- Are you maintaining a balanced diet
- Share your experiences of evacuation during flood
- Can you tell me about your living conditions and shelter arrangements after displacement
- How did flood had impacted your social life
- What type of challenges are you facing due to flood
- Can you share your experience of availability of food.l
- Are you maintaining a balanced diet
- Share your experiences of availability of water
- Is shortage of water and food is affecting your health
- What are consequences of unbalanced diet during pregnancy
- What are consequences of contaminated water during pregnancy

- Are there any cultural or social factors that are influencing your pregnancy journey
- Are you facing any emotional distress due to flood
- Do you any access to any mental health support?
- Have you noticed any changes in behavior of your society members due to pregnancy
- Do you have a supportive husband any family
- Is sanitation and hygiene are maintained in camps
- What type of medical issues are you facing in flooded situation
- Have you faced medical issues in previous pregnancy before flood
- Does living in camp is affecting your health
- Is there any specific complications or health risk which you have faced due to flood
- How does you are managing your life in this situation
- Can you tell me about your experiences with accessing medical care during flood
- Is there any challenges that you have faced in acquiring medical care
- If yes then can you please explain
- What do your think are the most significant barriers to Access medical care during flood
- Which healthcare provider do you prefer
- What do you prefer, cesarean or Vaginal delivery.
- Is there any medical facilities and prenatal care available at camp
- How does condition of roads, transportation disruptions and flooded areas had affected you to reach to medical centers
- Are there any differences in the quality of medical care available to pregnant women during floods compared to normal conditions

- From your perspective what steps could be taken to better address the social issues during flood situations
- What measures should be taken to ensure that pregnant women receive adequate medical support and attention during flood

Thesis

ORIGINALITY REPORT

6%	5%	2%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.ari.nus.edu.sg Internet Source	1%
2	Van T. Tong, Marianne E. Zotti, Jason Hsia. "Impact of the Red River Catastrophic Flood on Women Giving Birth in North Dakota, 1994–2000", Maternal and Child Health Journal, 2010 Publication	<1%
3	Mehwish Muhammad Ali, Samra Naseer, Shahina Shabbir, Husna Nazeer. "Impact of Flood Women Physical Health in 2022 at District Rajanpur", Pakistan Journal of Humanities and Social Sciences, 2023 Publication	<1%
4	pt.scribd.com Internet Source	<1%
5	www.ncbi.nlm.nih.gov Internet Source	<1%
6	onlinelibrary.wiley.com Internet Source	<1%