



Community Perception towards Maternal Health Services: Exploring Barriers and Facilities at Tehsil Samarbagh, Dir Lower

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Abstract: Maternal health is a critical component of women's health. Women encounter various barriers in accessing maternal health services due to socioeconomic and cultural factors. This study examines the community perception of barriers and facilities to maternal health services in Tehsil Samarbagh. Tehsil Samarbagh is a Tehsil of district Dir lower, Khyber Pakhtunkhwa. This area was selected to understand the knowledge of the community individuals, exploring socio-economic barriers, and facilities available regarding maternal health services. Qualitative research methodology was used, and data were collected through interviews with (13) participants including five community elders, four were healthcare providers, and four mothers. The participants' ages ranged from 25 to 54 years, including both young and old age participants. The data were analyzed using thematic analysis. The findings showed that community members had limited knowledge about barriers and facilities regarding maternal health services. Participants stated that private and government centers are available in the community, but patients preferred private healthcare institutions for reasons such as resource accessibility, female workers, 24-hours services and open communication. Individuals with financial limitations may opt for government facilities or traditional birth attendance because of their inability to afford private services. Furthermore, Use of "Ghairat" honor, "Pardah" veil system, lack of decision making, and infrastructure of the community were also identified as barriers for maternal health services access in Tehsil Samarbagh, Dir lower. It is suggested that every community member should be aware of maternal health services and that families should cooperate with female patients. The government should improve infrastructure, medical staff, and equip government-run health facilities.

Key words: Mental health, Facilities, Barriers, Traditional birth attendance

1. Introduction

"Maternal health is the health of women during pregnancy, childbirth, and the postpartum period" (World Health Organization, 2014). Pregnancy normally lasts about 40 weeks or nine months and is divided into three periods, known as trimesters. The 1st trimester of pregnancy starts with conception and lasts until around the 12th week, the 2nd trimester is from 13 to 27 weeks and the 3rd trimester started around 28 weeks and lasts until the baby is delivered. During pregnancy, the female body undergoes a variety of physiological and hormonal changes (UNICEF, 2019).

According to the World Health Organization (2014), maternal mortality occurs when a woman dies while pregnant or during childbirth. Maternal mortality is critical for providing information on population health as well as social and economic growth in society. Every day, more than 800 women die from complications associated with pregnancy and delivery. Pakistan is a developing country with the sixth largest population rate. Maternal mortality

is caused by several factors, including low socioeconomic status, low literacy, and a poor economy (Berhan, 2014). The majority of maternal mortality occurs in developing states, which shows a major gap between developed and developing states. Furthermore, Early marriages, late age pregnancies, a shortage of skilled midwives and access to healthcare, physical labor during pregnancy, insufficient family planning, bleeding during or after delivery, infections during and after the baby's birth, eclampsia, and unsafe abortions are among the causes of maternal deaths in Pakistan (Afzal & Yousuf, 2013).

There are significant disparities in maternal health care due to the high percentage of home births (70%) and low percentage of skilled attendance at birth (35%) in rural Pakistan (Ali et al., 2022). Maternal mortality is higher in rural areas (176 per 100,000 live births) than in urban areas (126 per 100,000 live births) (WHO & UNICEF, 2019). The issue is worsened by a lack of transportation, ignorance, and limited access to prenatal care (Choudhry, 2023). Community-based programs, such as training local midwives and assisting mobile health services, could improve maternal health outcomes in rural Pakistan (Shah et al., 2018). Enhancing the healthcare system and addressing cultural barriers are necessary to lower maternal mortality and improve health equity in Pakistan (Memon et al., 2020).

The country's overall maternal health measures remain insufficient (Zain, 2021). This is the outcome of several systemic challenges with primary healthcare service delivery and utilization, including Pakistan's health budget, which accounts for less than 0.8% of income (Muhammad et al., 2023). Other acknowledged barriers to providing efficient primary healthcare services in developing countries include: (1) poor service planning and delivery, (2) insufficient funding for specified priorities, and (3) a lack of training for health professionals with considerable skill gaps (Akbar, 2019; Tesema, 2020). Poor benefits, a lack of staff, insufficient resources, and undesirable work environments are major challenges for delivery (Paudel et al., 2022).

Over 71% of urban deliveries are cared for by professional birth attendants, while 67.9% of mothers give birth at a medical facility. On the other hand, 40% of women give birth in a medical facility, whereas only 44% of rural deliveries are attended by qualified birth attendants. Furthermore, Pakistani women's low social standing within their families has a severe impact on their overall health and limits their access to reproductive healthcare. Because men frequently have complete control over funds, transportation, and access to healthcare, women may want permission before spending money on healthcare or attending a medical facility (Aslam et al., 2020).

According to Ullah et al. (2018), when it came to receiving maternal health care, women faced acceptability challenges such as discouragement to visit maternity health centers, fear of privacy revelation, and female health workers were subjected to a strict purdah system, were not permitted to choose their birth attendant, and were not educated on prenatal and postnatal care, as well as care for women before, during, and following childbirth. Similarly, treating young pregnant mothers (aged 14–20 years) with issues discovered that doctors and providers did not convey critical information on how complications can damage the child or why tests to monitor complications were undertaken (Murira, 2015). On the other hand, negative attitudes and behaviors in maternal health services were classified into two categories. First, there were unfavorable interpersonal interactions between providers and patients, including verbal abuse or improper communication, as well as physical violence. Second, poor provider attitudes in terms of actual service delivery, manifested as flaws in service availability, lack of privacy during patient treatment, and providers' unwillingness to adapt traditional processes (Mannava, 2015). This is a serious issue that must be addressed immediately. This can be achieved by focused, targeted initiatives, increased cross-sectoral cooperation, and acquiring the support of politicians, civil society members, medical professionals, and public health specialists. To improve the nation's maternal health, all stakeholders must make major contributions (Rashid, 2019).

Women deal with significant gender challenges in Pakistan's patriarchal society, particularly in the Pashtun region of Khyber Pakhtunkhwa. As a result of their weak social, political, economic, and educational positions, they are more likely to delay obtaining medical assistance, particularly for maternal health problems (Omer et al., 2021). To achieve this goal, a few interventions have been deployed in various countries, including improved patient education, telemedicine services, awareness campaigns, digital mobile applications, and the creation of specialist mother–child healthcare centers (Rosario, 2019).

According to Qureshi et al. (2016), in rural Sindh, getting medical attention requires the permission of a male family member or female elderly, as well as their employer. Pregnancy was not seen as a high-risk condition, so women did not frequently seek prenatal care. Women should be knowledgeable about the indicators of emergencies during pregnancy and childbirth, as well as the severity of many illnesses. Women should seek medical attention when emergencies occur during childbirth. However, these delays were induced by sociocultural factors.

Furthermore, women were unable to receive timely and appropriate care because of a lack of proper public facilities. It is vital to educate the public on the risks of pregnancy as well as the benefits of normal prenatal care. During routine visits, lady health workers (LHWs) should reinforce health and education themes with women and the community.

Obstacles to receiving maternal healthcare include illiteracy, distance, economic incapacity, lack of services, and traditional practices (UNICEF, 2012). Traditional birth attendant (TBAs) information has not been properly investigated or understood by current healthcare providers, including midwives. Most modern medical professionals believe that TBAs use dangerous traditional herbs, remedies, and practices or prevent pregnant and lactating women from seeking medical attention when problems arise during pregnancy and childbirth (Chi & Urdal, 2018). Furthermore, Maternal mortality increases because many women, particularly those living in rural regions of Pakhtunkhwa, lack an understanding of maternal health care due to low levels of education and illiteracy. However, several social and cultural factors have contributed to the lack of awareness of maternal health services. Traditional practices and technicians work primarily in rural areas, since their services are mostly used for maternal health care (Naz et al., 2022).

1.2 Objectives of the Study

- a) To learn about community knowledge regarding maternal health services and health facilities available in Tehsil Samarbagh.
- b) To explore socio-economic barriers to maternal health services in Tehsil Samarbagh.

1.3 Social Support Model in Maternal Health Services

Daniel Russell (1980s) developed the social support model. According to the social support model, social relationships and external help can positively impact health outcomes, particularly maternal health services. Maternal health services depend on social support because they offer women confidence and resilience to deal with pregnancy, childbirth, and postpartum care. We can improve health outcomes, maternal well-being, and the overall quality of life for mothers and their families by providing comprehensive social support.(Cohen et al., 2012).

2. Methodology

2.1 Research Design

This study used qualitative methods, techniques, and procedures. Research design refers to the overall strategy and plan for conducting research, including the selection of research methods, techniques, and procedures for data collection and evaluation (Creswell 2017). Interviews were used as a tool to collect data. Individual interviews were conducted. Individual interviews, also known as one-on-one interviews, are a method of data collection in which a researcher speaks with one individual in depth to understand their perspectives, experiences, and thoughts (Bryman, 2016).

2.2 Study Area

This study was conducted in Tehsil Samarbagh, district Dir Lower, Khyber Pakhtunkhwa. The rationale for choosing this area is the prevalence of issues in access to maternal health services. The underlying reasons for this need to be investigated; therefore, this study was conducted in this locality.

2.3 Participants and Data Collection

The research study used a purposive sampling technique to recruit respondents. A total of (13) participants, including four mothers, five community elders, and four healthcare providers, were contacted. Respondents were briefed about the nature of the study, and their consent was obtained. An interview guide was developed considering the objectives of the study and literature review. Interviews were conducted with (13) participants from different union councils including four mothers, five community elders, and four were healthcare providers. Male respondents were interviewed by the researchers; however, female respondents were contacted through a trained female research assistant. The participants' ages ranged from 25 to 54 and included both young and old participants showing a variety of life experiences and perspectives about maternal health services, specifically in Tehsil Samarbagh. The average interview time was 70 to 80 minutes, and data were collected within a week of April 2024. During data collection, research ethics were strictly followed.

2.4 Data Analysis

Interviews were the primary method used to obtain data for this study. The collected data were recorded, transcribed, and translated. Thematic analysis is used to identify, categorize, and classify patterns and themes from collected data. It is one of the most widely used methods for qualitative data analysis. Participants were anonymized using pseudonyms, such as P1, P2 and so on. Interpretations are presented in upcoming sections.

3. Findings

Seven themes are developed through thematic analysis

3.1 Awareness and Accessibility of Maternal Health Services

The data highlights that there is a somehow awareness of both private and government maternal health services in the community. Participants mentioned that private facilities are preferred due to factors such as availability of resources, female doctors, and open communication.

One participant mentioned:

“Yes, we are aware that both government and private maternal health services (MHS) are available, but these facilities are in more distance for those who live in remote areas” (P2, man, age 44).

Similarly, another woman added:

“Both private and government Although there are maternal health centers available, our family prefers to use private centers for maternal health care (MHC) since they provide greater services than government” (P9, mother, age 27).

Additionally, challenges exist for those living in remote areas, where access to these services is limited due to distance and lack of transportation. Some individuals resort to traditional birth attendance through midwives in such cases.

A man from plunge area argued:

“I have no specific knowledge about the availability of maternal health services. When there are difficulties during pregnancy and childbirth, we inform midwives or other elderly women in the community, so they take care for the patient” (P5, Man, age 48).

Furthermore, Rural people are less aware of maternal health care and services than urban areas. Most of the population lives in rural setup for a variety of reasons behind awareness, including limited access to healthcare services, a lack of knowledge of health education and counseling, lack of understanding of the importance of regular checkups and prenatal care, inadequate nutrition during pregnancy and lack of awareness of health education.

Similarly, another participant added:

“People who live in remote areas are less aware of these services due to challenges and accessibility to delivery and other services” (P7, man, age 32).

Indeed, Maternal health is a serious issue that we face on a regular basis, thus every one of the communities should be aware of it. Hospital closures, access to assistance, insurance coverage, location of the centers, quality of the center, health inequities, and socioeconomic determinants of health are some of the broad issues about which everyone should be aware.

3.2 Preference for Private Health Facilities

The participants expressed a preference for private maternal health centers over government facilities. Reasons cited include better facilities, availability of female doctors, and 24-hour services.

According to a woman:

“The community prefers private maternal health care (MHC) because of the availability of resources, the presence of female doctors, easy communication with doctor, and the availability of services at all times” (P11, mother, age 36).

Similarly, another participant added:

“We prefer our patients to be treated at private centers because female doctor there is always available for assistance, even at nighttime” (P10, man, age 35).

Participants cited several reasons why private institutions are often believed to provide greater services than government ones. Government institutions may lack resources, equipment, and staff, prompting patients to seek private care. On the other hand, private centers frequently have shorter wait times than government facilities, which

can grow crowded with patients. Furthermore, private centers may have a good reputation and trust in the community.

A man cited that:

“We prefer our patient to private center because the center is closer to us, take short time for caring and provides better services than government centers” (P4, man, age 54).

Similarly, another participant argued that:

“People who are financially secure choose private maternal health services (MHS) because of the availability of resources, while those who are unable to pay want private centers but cannot afford them” (P7, Man, age 32).

Participants suggested that government-run healthcare facilities should improve their infrastructure, furnishings, and employee training. To handle the services, train more medical experts and support staff. Respondents also suggested implementing quality improvement measures to increase patient satisfaction. Prioritize priorities and make the best use of existing resources to maximize impact. Government healthcare institutions can minimize patient preference for private centers by improving patient satisfaction and quality of care while addressing financial limitations.

3.3 Financial Constraints

Financial constraints were highlighted as a significant barrier to accessing maternal health services. Participants noted that individuals with financial limitations may opt for government facilities or traditional birth attendance due to the inability to afford private services. This disparity in access based on financial status underscores the importance of addressing affordability issues in maternal healthcare.

According to a woman:

“Yes, financial support effect health services, individuals who are financially poor suffer and cannot pay private centers, private centers are more facilitative than government but expensive that’s why they prefer patient to government centers” (P9, mother, age 27).

Similarly, another participant added:

“People who are financially secure choose private maternal health services (MHS) because of the availability of resources, while those who are unable to pay want private centers but cannot afford them” (P7, Man, age 32).

Families with limited financial resources may choose to seek care at government facilities or to traditional birth attendance (TBA). Because they lack private insurance coverage and government programs aim to provide affordable healthcare to vulnerable populations, such as the poor, by funding insurance programs and making care more accessible. These reasons may vary depending on the region.

Another man cited:

“People in the community who are financially poor prefer patients to use government maternal health centers (MHC) or to the traditional birth attendance (TBA)” (P4, Man, age 54).

On the other hand, men play a dominant role in the community as financial heads, and women are viewed as subordinate while it comes to making decisions about accessing MHS.

A man argued that:

“As the majority of financial decision makers are men, women have the option of choosing between government centers or the traditional birth attendance (TBAs) system” (P8, man, age 25).

Indeed, increasing government centres’ access to affordable health insurance plans, provide low-cost or free clinics for basic medical needs. Teach community health professionals how to connect individuals with resources and provide basic healthcare services. Create patient assistance programs to help with additional expenses such as transportation and prescription expenditures. We may reduce health disparities and increase access to healthcare by overcoming financial barriers.

3.4 Societal and Cultural Barriers

Participants identified various societal and cultural norms that act as barriers to accessing maternal health services. These include the patriarchal decision-making structure, religious strictness, and the “Pardah” (veil) system, which restricts women’s access to healthcare.

One participant explained that:

“The challenges that women face during maternal health services (MHSs) in the community, including the “Pardah” (veil) system, men dominancy is a challenge for women to decide to visit a center. There is a lack of awareness among decision makers and most of them are men, women cannot go to centers alone” (P12, man, age

35).

Similarly, another woman added:

“We have no specific knowledge about maternal health centers, and we can't allow for caring alone, men handle everything even checkup during pregnancy or childbirth process” (P10, mother, age 30).

Furthermore, assessing maternal health services (MHSs) patients have difficulty to understanding medical instructions and information because lack of education. Islamic beliefs and practices impact healthcare decisions, such as abstaining from certain treatments and preferring traditional treatments and healers over modern medicine. Fear of being criticized or shamed because of specific health procedures, male family members making healthcare decisions for female patients. The community may face a variety of cultural challenges, it is critical to approach each patient with compassion and understanding.

The misuse of “*Ghairat*” (honor) and negative societal perceptions also impact women's ability to seek maternal health services.

A woman Participant pointed out:

“The decision to select a specific center for assessing maternal health service(MHS) is complicated by negative use of “Ghairat” (honor)”(P13, mother, age 34).

Similarly, another participant argued:

“ “Ghairat” (honor) also plays a role that men find unacceptable when women involve in seeking care from any center on their own health” (P3, man, age 52).

Points out, “*Ghairat*” (honor) may cause people to avoid seeking medical attention out of fear of social stigma, preferring to use traditional remedies and practices. It may also cause families to hide health issues, particularly those pertaining to maternal health. Finally, it may cause a strong emphasis on privacy and confidentiality in healthcare, which may limit information sharing and collaboration among healthcare providers. To serve the community with considerate and efficient healthcare services, it is imperative to comprehend and handle these cultural factors.

3.5 Domestic Responsibilities Impact

Domestic responsibilities were noted to impact women's ability to seek maternal health services. The burden of household duties may hinder women from accessing healthcare in a timely manner, potentially leading to adverse health outcomes.

One participant remarked:

“Yes, domestic responsibilities affect a woman's ability to maintain her health. Maternal mortality and other effects on the body of women may alter because of the demanding nature of domestic duties and mental health issues that affect women”(P6,Man, age 31).

Similarly, another man added:

“Eight years ago, my family and I shared a small home with only five people my mother, father, wife, son, and me. My wife did most of the household chores, such as cooking and cleaning, because my mother was sick and unable to do anything. My wife worked very hard, but it was too much for her. Unfortunately, our baby died before the pregnancy or maternal mortality occurred. This was a deeply sad and devastating incident for our family”(P2,man, age 44).

Women's autonomy and ability to make maternal healthcare (MHC) decisions are usually limited because they are expected to run the family. Women's access to health education may be limited if they need permission from male family members to leave the house, thus reducing their awareness of their options and the care they can obtain. There may be pressure on women to prioritize their spouses and parents' obligations above their own health and well-being. In addition to opposing harmful gender norms and promoting gender equality, domestic work and childcare responsibilities can cause physical and mental strain, risking maternal health.

A woman cited:

“Taking care of others, taking care of the home, and other bundle of domestic responsibilities can leave women with limited time to focus on their own health”(P10,mother, age 30).

Similarly, another woman argued:

“During pregnancy, we also work as before because it is our responsibility” (P13, mother, age 34).

This highlights the need for support systems and awareness campaigns to address the intersection of domestic responsibilities and maternal health. To solve these difficulties, a comprehensive strategy involving education, growth in the economy, and social support for women is necessary.

3.6 Decision-Making Dynamics

The data revealed that family dynamics and approval influence a woman's decision to access maternal health services. In many cases, men are the primary decision-makers, which can limit women's autonomy in seeking healthcare.

One participant mentioned:

“The majority of decision makers in our family are men, which may create a barrier for women who want to come for caring of their own health, due to family strictness” (P3, man, age 52).

Similarly, another man added:

“Women are not allowed to visit for care without permission because men control and manage all issues” (P12, man, age 35).

Women required permission from male family members. Men may make health-care decisions for women without fully knowing what they need. Women may find it more challenging to make health decisions in the community because they have lesser access to financial resources, transportation, and health information. To overcome these barriers, women must be empowered, gender stereotypes challenged, and gender equality in healthcare decision-making and access encouraged.

A woman argued:

“Women are less allowed by their families to visit a center unless the issue is serious” (P11, mother, age 36).

Similarly, another woman added:

“The man owns choice to choose for us medical care and we must respect his decision, even if we disagree with it” (P13, mother, age 34).

Addressing these power dynamics and promoting women's agency in healthcare decisions is crucial for improving maternal health outcomes. Women's participation in decision-making increases their autonomy by empowering them to make informed decisions about their own healthcare and well-being, resulting in shorter wait times for medical attention and better health outcomes. It also promotes gender equality. Women's participation helps to promote communication between patients and healthcare providers. Participation in decision-making processes improves the community's maternal health services.

3.7 Infrastructure related Challenges

Infrastructure challenges were identified as a barrier to accessing maternal health services in the community. Issues such as the distance of health centers, lack of government facilities in certain areas, and transportation difficulties were highlighted as obstacles to accessing care.

One participant cited:

“Yes, the community faces significant challenges in accessing maternal health services (MHSs) due to the centers are located in more distance from many areas of the community, the lack of government services and the difficulty of transportation due to expensive fuel and poor road” (P7, man, age 32).

A woman added:

“It is a difficult situation during pregnancy when we confront because we are located in long distance from health care facilities” (P10, mother, age 30).

Furthermore, infrastructure is an important challenge to the community, especially in remote areas. Women find it difficult to go to maternal healthcare (MHC) due to poor roads and a lack of available transportation. Instead, there are few or no healthcare facilities in the area, which makes it challenging to get access to quality care. Current technology-based healthcare facilities may be impacted by frequent power outages and restricted access to electricity. For those who live in remote places, poor phone, internet connectivity and services pose a serious barrier.

According to a man participant:

“The time of my daughter-in-law delivery time. She went to the government healthcare center a few days before her delivery time, the doctor told her that the baby might not be born for another two weeks. But, nine days later, the time came, and we couldn't get to the center in time due to the distance, bad roads, and the fact that we didn't have our own car. In this pressing situation, we informed elder women in our area for support her, who assisted with a home delivery care” (P4, man, age 54).

Similarly, another story added by participant:

“A story of the birth of my first grandson, which occurred during a difficult night for us. I waited after calling for a

local car. When the car arrived, my wife, child, and I joined her. After some distance, we arrived at the final stage of pregnancy, but we were unable to reach the center. We waited outside the car before the baby was born, and my wife assisted her because she had experience” (P1, man, age 51).

Indeed, improving infrastructure and transportation networks can enhance the accessibility of maternal health services for all community members.

4. Discussion

Rural populations are less aware of maternal healthcare services compared to urban areas. In Tehsil Samarbagh, most people live in rural settings, where awareness is hindered by several factors, including limited access to healthcare services, a lack of health education and counseling, a poor understanding of the importance of regular checkups and prenatal care, and inadequate nutrition during pregnancy. In Pakistan, a lack of female healthcare providers, remote locations, limited operating hours, and pharmaceutical shortages all contribute to lower utilization of public facilities in rural areas (Anwar, 2012).

Government centers may lack resources, equipment, and staff, prompting patients to seek private care. Private centers often have shorter wait times than government facilities, which can become crowded with patients. Additionally, private centers may enjoy a better reputation and greater trust within the community. However, families with limited financial resources may choose to seek care at government facilities or rely on traditional birth attendants (TBAs) due to the lack of private insurance coverage and government programs aimed at providing affordable healthcare to vulnerable populations. High out-of-pocket expenses and the absence of insurance further prevent Pakhtun communities from accessing maternity healthcare. Health disparities increase when families are forced to choose between paying for healthcare and other essential needs due to financial constraints (Naseer & Sultan, 2023).

When assessing maternal health services (MHSs), patients often have difficulty understanding medical instructions and information due to a lack of education. Islamic beliefs and practices can influence healthcare decisions, leading to the preference for traditional treatments and healers over modern medicine. The “purdah” (veil) system and “ghairat” (honor) can create fear of criticism or shame related to specific health procedures, with male family members often making healthcare decisions for female patients. These cultural challenges necessitate a compassionate and understanding approach to each patient. Similarly, according to Ullah (2018), women may avoid maternity health centers due to stigma and privacy concerns in patriarchal settings. Under the strict purdah system, female health workers are often unable to make decisions about childbirth and must rely on traditional birth attendants, receiving little to no training in prenatal and postnatal care during pregnancy, childbirth, or the postpartum period.

Women's autonomy and ability to make maternal healthcare (MHC) decisions are frequently limited because they are expected to manage household responsibilities. Women's access to health education may be further restricted if they need permission from male family members to leave the house, reducing their awareness of available care options. Women may also be pressured to prioritize the needs of their spouses and parents over their own health and well-being. Alongside challenging harmful gender norms and promoting gender equality, the physical and mental strain of domestic work and childcare responsibilities can pose a risk to maternal health. According to Azuh (2015), male dominance is prevalent in traditional communities, with men often holding authority over female reproductive decisions, such as family planning and abortion.

Infrastructure is another significant challenge for the community, especially in remote areas. Women find it difficult to access maternal healthcare (MHC) due to poor roads and a lack of transportation. Additionally, there are often few or no healthcare facilities in the area, making it challenging to obtain quality care. Technology-based healthcare services may also be affected by frequent power outages and limited access to electricity. For those living in remote areas, poor phone and internet connectivity pose serious challenges. Similarly, inadequate road infrastructure in rural areas makes it difficult for women to access medical care, especially in emergencies (Asim, 2021).

Addressing these power dynamics and promoting women's agency in healthcare decisions is crucial for improving maternal health outcomes. Women's participation in decision-making increases their autonomy, empowering them to make informed decisions about their own healthcare and well-being. This can result in shorter wait times for medical attention and better health outcomes, while also promoting gender equality. Women's participation also enhances communication between patients and healthcare providers, ultimately improving maternal health services within the community.

5. Conclusion and Recommendations

It is concluded that community members in Tehsil Samarbagh have knowledge about maternal health services. Most respondents expressed a preference for private healthcare institutions, citing reasons such as resource accessibility, the presence of female workers, 24-hour services, and open communication. However, barriers exist for those in remote areas with limited access to these services due to transportation challenges or distance. As a result, they may rely on midwives for traditional birth attendance. Financial constraints also severely limit access to maternal health services. Due to a lack of private insurance and government programs, low-income families may opt for treatment at government institutions or through traditional birth attendants (TBAs).

Patients receiving maternal health services (MHSs) often struggle due to a lack of knowledge, making it difficult for them to follow medical instructions and understand information. Islamic beliefs and practices also impact healthcare decisions, with some preferring traditional workers and treatments over modern medicine and avoiding certain treatments. Additionally, men may make decisions regarding a woman's medical treatment without fully understanding her needs. The "Pardah" (veil) system and "Ghairat" (honor) issues, rooted in patriarchy, influence female patients' healthcare decisions, leading to fears of shame or punishment resulting from medical procedures. Domestic responsibilities also impact women's access to maternal health services in Tehsil Samarbagh. The burden of these responsibilities can prevent women from seeking healthcare in a timely manner, negatively affecting their health. Moreover, poor road conditions and a lack of transportation make it difficult for women to access maternal healthcare (MHC).

Addressing maternal health in Tehsil Samarbagh requires a multi-faceted approach. Government efforts should focus on increasing healthcare funding, expanding insurance coverage, and improving infrastructure. The health department must empower community health workers. Simultaneously, the community needs to enhance awareness, challenge harmful cultural practices, and support mothers. Educated individuals can play a crucial role by advocating for women's health and establishing support systems.

Future research should examine male involvement in enhancing maternal healthcare in Tehsil Samarbagh. A comprehensive study involving key stakeholders could shed light on the impact of gender dynamics on maternal health outcomes. Understanding this relationship is crucial for developing effective interventions.

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