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SOCIO-ECONOMIC FACTORS AFFECTING THE MATERNAL HEALTH IN RURAL AREAS OF DISTRICT LAYYAH, PAKISTAN

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ABSTRACT: The present quantitative study was conducted to explore the socio-economic factors affecting on the maternal health in the rural areas of District Layyah. The universe of the present study consisted of the all the fertile women those were able to reproduce. 150 women were selected from the rural areas of the research areas through systematic random sampling. Description of the data and analysis was done through SPSS. It was concluded that the early marriages, low level of education and income, unavailability of the maternal homes and general hospitals, far away of the hospitals, and the absence of doctors and gynecologists in the rural areas and the traditional methods of delivery cases are the major causes of the low level of maternal health in the rural areas of the study area. It was recommended that to improve the maternal health education and income level should be raised and awareness should be given in the study areas.

KEYWORDS: Maternal Health, Culture and Maternal Health, Education and Maternal Health.

1 INTRODUCTION

According to World Health Organization that Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. The progress and development of any country depends upon the complete health status of the mother and the child. Maternal health care is a concept that encompasses family planning, preconception, prenatal, and postnatal care. Goals of preconception care can include providing education, health promotion, screening and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies. Prenatal care is the comprehensive care that women receive and provide for themselves throughout their pregnancy. Women who begin prenatal care early in their pregnancies have better birth outcomes than women who receive little or no care during their pregnancies. Postnatal care issues include recovery from childbirth, concerns about newborn care, nutrition, breastfeeding, and family planning. Most women do not have access to the health care and sexual health education services that they need. In many developing countries, complications of pregnancy and childbirth are the leading causes of death among women of reproductive age. More than one woman dies every minute from such causes; 585,000 women died every year (WHO, 2010). While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The main purpose of maternal health care is early identification and management of women at risk of complex pregnancy (van den Heuvel *et al*, 1999). However, according to research survey in developing countries, it is estimated that over 500,000 women die each year from complications arising from pregnancy and childbirths (Addai, 2000). The access to health facility or maternity home can play a vital role to improve the quality of maternal health and it become cause to reduce maternity mortality rate. The usefulness of a maternal health care system also depends on how women at risk are prepared to comply with compulsory health care. It is argued that the use of maternal health services is a function of demographic, cultural, and socio-economic factors, such as age of women, birth order, size of household, education, ethnicity, place of residence, religious background, marital status, employment, income level and accessibility (Obermeyer, 1991; Elo, 1992)It is estimated that 385,000 women died every year during pregnancy, delivery and the postnatal period suggests insufficient overall progress toward reproductive health, including maternal health (WHO, 2010, Bryce et al., 2008,)According to the World Fertility Survey that Many countries comparisons using large data sets, such as Demographic and Health Surveys, have shown that education in general and female education in particular exercise a very strong influence

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in reducing child morbidity and mortality (Boerma et al. 1990; Bicego and Boerma 1993; Caldwell and Caldwell 1990;One the objective of United Nations Millennium Development Goal (DMG) was to reduce MMR by an average of 5-4 percent every year from 1990 to 2015. Sub-Saharan African countries are not controlling the maternal death currently estimate is that sub-Saharan countries cannot achieving their goals of maternal death control. In the 14 countries of the world with highest MMR, 13 are from sub-Saharan countries their MMR is more than 1000 per100, 000 live births (WHO 2007)

1.1 CONDITION IN PAKISTAN

National programmes for maternal and newborn care need to be integrated as maternal and child health in Pakistan still present an apologetic state. In terms of infant mortality, Pakistan ranks 183rd out of 220 countries around the globe. Health experts believe that investment in maternal and child health as a central focus in public health policy is critical. In Pakistan, the maternal mortality ratio ranges from 350-400 per hundred thousand births while infant mortality rate is 77 per thousand live births and under-five mortality rate is 94 deaths per 1,000 live births. Statistics reveal that one in 11 children born in Pakistan die before his fifth birthday. Over half of deaths under five occur during the neonatal period (under 1 month) while 26% occur during the post neonatal period. Infant and child mortality has hardly changed in over a decade and newborn deaths account for large percentage of the under-five mortality in the country.

1.2 SIGNIFICANCE OF THE STUDY

Sociology deals with the every aspect of the society. Health is the major aspect of the society. Healthy and the energetic society mainly depend upon the healthy mothers. Poor health is the sign of poor and week nation. Maternal mortality is increasing day to day. Although there are the several reasons of the poor maternal health, so the researcher was very interested in the misery and the poor health of the mothers, although, the world is making progress in the field of medicine and surgery, but the condition of the maternal health is not satisfactory.

1.3 OBJECTIVES OF THE STUDY

- Explore the educational factors affecting on the maternal health
- Explore the Cultural factors effecting on the maternal health
- To see the relationship of poverty with maternal health

2 RESEARCH METHODOLOGY

The population of the present research was all of the married and fertile women in the rural areas of Layyah, sample of 150 respondents selected though convenient sampling, Convenient sampling was used because more data available with the help of which researcher reach the target population directly and so researcher decided to go door to door, interview schedule was used as a tool for data collection. The tool consisted of structured and structured questions. For the statistical analysis the process of coding was made. The mathematical numbers to show different variables coded different responses. After the processing of coding the data was entered and analyzed with the help of Statistical Project for Social Science (SPSS). For the description of the basis characteristics of the sample simple percentage were calculated. The purpose is to simplify Quantitative characteristics in to numeric from the percentage was calculated by using the following formula, P=F/N 100, F=Frequency, N=Total number of frequencies

3 RESULTS AND DISCUSSIONS

Table 1. Distribution of the respondents regarding their age

categories	Frequency	Percent
18-25	20	13.3
26-30	43	28.7
31-45	59	39.3
More than 45	28	18.7
Total	150	100.0

This table shows that 13.3% respondents were 18-25 years old at the time of the research, 28.7% respondents were old 26-30 years, 39.3% respondents were 31-45 years old and 18.7% respondents were more than 45 years old at the time of the study. The researcher explored that majority of the women were 31-45 years old at the time of the research. Second majority 28.7% women were 26-30 years old. The researcher got the information from the fertile women as well as from the old ladies of the house.

Table 2. Percentage and distribution of the respondents regarding Age at the time of marriage

Categories	Frequency	Percent
15-19	86	57.3
20-23	57	38.0
24-28	7	4.7
Total	150	100.0

This table depicts that 57.3% respondents were married at the age of 15-19 years, 38% respondents were married at the time of 20-23 years old and 4.7% respondents were married at the time age of 24-28 years old. The researcher explored that majority of the respondents were married in very young age 15-19 years, because the research area lies in the rural areas of the District Layyah, where there was the trend to marry in early age. The second majority 38% women were married at the age of 20-23 years old. Very few amounts were married at the age of 24-28 years. The researcher explored that the early marriage cause the maternal health problems in the rural areas of the research area.

Table 3. Percentage and distribution of the respondents regarding to respondent's self education

categories	Frequency	Percent
Illiterate	80	53.3
Primary	18	12.0
Middle	3	2.0
High	21	14.0
Inter	8	5.3
Graduation	4	2.7
Post Graduation	16	10.7
Total	150	100.0

This table shows that 53.3% respondents were illiterate, 12.0% respondents were primary passed, 2.0% respondents were middle, 14% respondents were matriculate, 5.3% respondents had got intermediate education, 2.7% respondents were graduate, 10.7% respondents were post graduate. The researcher explored the very different responses to their education. Majority of the women were illiterate because most of them were poor and there was no trend to educate the girls and women. Some of them were literate to some extent and had got some education. Very few were graduates and post graduate. The researcher explored that illiteracy in the research area was the main factor about the awareness about the maternal health in the research area.

Table 4. Percentage and distribution of the respondents regarding to Respondent's occupation

categories	Frequency	Percent
House Wife	124	82.7
Govt. Job	24	16.0
Private Job	2	1.3
Total	150	100.0

This table shows that those 82.7% respondents were house wives, 16% respondents were employed as government job, 1.3% respondents working in the private sectors. The researcher found that the majority of the women were house wives. As the research was conducted in the rural areas, therefore most of them were illiterate and working in the house. They were also performing other duties in the fields. Some of them were employed as government jobs at the government's

departments, schools and other government departments. Some of them were working in the private sectors. Most of them were working in other homes as house mad on monthly basis.

Table 5. Percentage and distribution of the respondents regarding to respondent's family structure

Categories	Frequency	Percent
Nuclear	44	29.3
Joint	106	70.7
Total	150	100.0

This table shows that the 29.3% respondents had nuclear family structure and on the other hand 70.7% respondents belonged to joint family structure. The researcher explored that majority of the women had the joint family structure, that is the mainstream culture of the rural areas of the Pakistan

Table 6. Percentage and distribution of the respondents regarding to respondent's total family monthly income

categories	Frequency	Percent
less than 4000	54	36.0
4100-9000	36	24.0
more than 9000	60	40.0
Total	150	100.0

This table shows that 36% respondents had their total family monthly income less than 4000 rupees, 24% respondents had their total family monthly income 4100-9000 rupees and 40% respondents family monthly income were more than 9000 rupees. The researcher explored that majority of the respondents family was earning more than 9000 rupees, those were the respondents who had the joint family structure that was the reason the had more than 9000 rupees as their family monthly income. The second majority 36% was earning less than 4000 rupees total family monthly income. These were belonged to the nuclear family structure. The researcher found that majority of the population of the research area was very poor that was the reason they could not afford the expenses of the delivery in the hospitals and were relied on the conservative and traditional method of maternal problems.

Table 7. Percentage and distribution of the respondents regarding to respondent's number of living children

Categories	Frequency	Percent
2-3	60	40.0
4-5	42	28.0
6-7	34	22.7
8-9	8	5.3
More Than 9	6	4.0
Total	150	100.0

This table shows that 40% respondents had 2-3 children, 28% respondents had 4-5 children, 22.7% respondents had 6-7 children, 5.3% respondents had 8-9 children and 4% respondents had more than 9 children. The researcher explored that the majority of the women had 2-3 children. These were the women whose marriage duration was about 5-8 years. 28% women had 4-5. In these women some were fertile and some had passed their fertility period. The researcher also explored some women who had dozen of the children. Here becomes the true statement that, "the poor get the children".

Table 8. Percentage and distribution of the respondents regarding to respondent's number of died children

categories	Frequency	Percent
1	32	21.3
2	23	15.3
4	11	7.3
more than 4	84	56.0
Total	150	100.0

This table shows that 21.3% respondents said that their 1 child had been died, 15.3% respondents said that 2 children have been died, 7.3% respondents said that their 4 children had been died and 56% respondents said that their more than 4 children had been died in the infant age. This shows the worst picture of the study area. This was happened due to the lack of maternal facilities and unawareness about the child health and other lack of maternity facilities in the research areas.

Table 9. Percentage and distribution of the respondents regarding to is there any maternity hospital in your area

Categories	Frequency	Percent
Yes	54	36.0
No	96	64.0
Total	150	100.0

This table shows that 36% respondents said that there were present maternal or any other hospital in their area and 64% respondents said that were no maternal or any other hospital in their area. The researcher explored that the majority of areas had no any maternal and general hospital in the research area.

Percentage and distribution of the respondents regarding to how far maternity home is from your area

Categories	Frequency	Percent
Less Than I K.M	24	16.0
1-2 K.M	26	17.3
3-4 K.M	74	49.3
More Than 4 K.M	26	17.3
Total	150	100.0

This table shows how far the maternal home or hospital is from your area? 16% respondents said that the maternity home and hospital was less than 1 kilo meter, 17% respondents said 1-2 K.M, 49.3% respondents said 3-4 K.M, and 17.3% respondents said that the maternity hospital or general hospital was far more than 4 K.M. the researcher conduct her study in the rural area, where there were Basic Health Units and Rural Health Centers. These units and centers were not equipped with the facilities. There were no gynecologist doctors, and the delivery process has no specific time, it may become a barrier in the level of participation in community development? Happen in any time, therefore, they were relied on the 'Dies.' In the private hospitals which were only present in the District Layyah, were also not equipped with the latest facilities and were unaffordable to the lay man.

Table 10. Percentage and distribution of the respondents regarding Visit of any maternity home during pregnancy

Categories	Frequency	Percent
Often	25	16.7
Seldom	71	47.3
Never	54	36.0
Total	150	100.0

This table shows the responses of the women to visit the maternity homes during the pregnancy period. 16.7% respondents said that they often visited the maternity home in the pregnancy period, 47.3 respondents said that they had

seldom visit during the pregnancy and 36% respondents said that they had never visit any maternity home during the pregnancy. The researcher explored that the majority of the women had visited to the maternal homes seldom in the case of any complexity in the pregnancy period. The second majority 36% said that they have never visit any maternal hospital during the pregnancy. From this fact we can imagine the misery condition of the maternal health of the women in the research area.

Table 11. Percentage and distribution of the respondents regarding Balance diet necessary for pregnant women

Categories	Frequency	Percent
To Some Extent	49	32.7
To Great Extent	44	29.3
Not At All	57	38.0
Total	150	100.0

This table shows that 32.7% respondents said that they took the balance diet necessary for pregnant women to some extent, 29.3% respondents said to great extent and 38% respondents said that they did not take balance diet during the pregnancy period. The researcher found that the majority of the women had not taken the balance diet in their pregnancy period. The researcher also found the fact that the women of the rural areas were taking diet in the form of butter, milk and carbohydrates, which is not the balance diet. They were not taking regular exercise, using no dry and wet fruits that are the necessary for the pregnant women.

Table 12. Percentage and distribution of the respondents regarding Help during the delivery case

Categories	Frequency	Percent
Doctor (Gynecologist)	15	10.0
Nurse	9	6.0
Dai	126	84.0
Total	150	100.0

This table shows the responses of the respondents, who helps you during the delivery case? The table reveals that 1o% respondents said that gynecologist doctor helped us during the delivery cases. 6% respondents said that nurse helped us in the delivery process and 84% respondents said that 'Dai' helped us during the delivery process. The researcher explored that most of the women were on relying on the indigenous way of delivery. Dai had been helping to assist the delivery. Cases only some of them were relied on the gynecologists and nurses. From these women, some were the first time pregnant, who had the fear about the pregnancy that was the reason they had to seek the help of the gynecologists and nurses.

Table 13. Percentage and distribution of the respondents regarding satisfaction with the facilities providing them during the delivery process

Categories	Frequency	Percent
To Great Extent	39	26.0
To some Extent	63	42.0
Not At All	48	32.0
Total	150	100.0

This table shows that 26% respondents were satisfied with the facilities providing them at the time of the delivery, 42% respondents were satisfied to some extent and 32% respondents were not satisfied with the facilities providing them at time of delivery. The researcher found that majority of the women was not satisfied with the facilities providing them at the time of delivery.

Hypothesis testing; There is an association between Age at the time of marriage and Respondent's number of died children

Age at the time of marriage	Respondent's number of died children				Total
	1	2	4	More than 4	
15-19	22	6	4	54	86
20-23	10	16	7	24	57
24-28	1			6	7
Total	33	22	11	84	150

Chi squire value = 9.593, degree of freedom = 6, Level of significance = .003

This table shows that there is a relationship between the age at the time of marriage and number of died children. The result shows that these two statements are associated at the significant level of 5 percent.

4 SUMMARY

The progress and development of any country depends upon the complete health status of the mother and the child. The term maternal health encompasses all aspects of physical, mental and social wellbeing of women related to pregnancy, hence includes health status during pregnancy, delivery, post partum period and health consequences related to pregnancy. Poor maternal health affects the health of the mother in the short term (during pregnancy, delivery and the post partum period) and in the long term (reproductive morbidity associated with pregnancy and delivery), health of the newborn, the infant and the young child. All the developing countries including Pakistan are making utmost effort to decline the mortality rate among the mothers and children right from the pre-natal stage to toddler stage. The main factors responsible for the increased death rate among the women are the high level of still-birth and physically or mentally handicapped births of the children, lack of health facilities, lacking in utilizing of these facilities, financial incapacities to afford health facilities, repeated pregnancies, and the poor level of nutrition and polluted environment. At the same time, the traditions of our country have hinder our people to be benefited from the modern health care system because in rural areas still the people don't want to use the facilities available at hospital or medical centers. Due to these reasons, the maternal-child health is severely affected and the result is in the form of many diseases and disabilities. Health is the main institution of the society. Sociologists have long been interested in this major aspect of the society, because, each and every activity is related with the status of the health. Bad maternal health is not only cause; it is the consequences of other abnormalities. The objectives of the study were to explore social, economic, demographic factors that were the major cause of the poor maternal health in the rural areas of the research area. The universe of the present study were the all the females who were in the age of fertility in the rural areas of district Layyah. The sample of 150 respondents was collected from the different union councils of research area. Three union councils were selected through random sampling. The results showed that the early marriage, low level of education and occupation and income, multiple births, far away of the maternal and general hospitals from the rural areas, unavailability of the specialist doctors, unawareness about the maternal complications and the traditional delivery process were the major cause of the poor maternal health in the research area.

5 SUGGESTIONS

The researcher reached the following suggestions, which can helpful to improve the maternal health in the research area.

1. To improve the maternal health, early marriage should be stopped.
2. To improve the health of the child and mother, education should be given.
3. For the achievement of the better health status of the child and mothers, income level should be increased the native poor through helping the poor from the income generating activities and welfare departments.
4. Cultural is a main hurdle in the maternity and delivery cases. Therefore, awareness should be given to improve the maternal health.
5. Multiple births should be decreased through family planning and other contraceptive methods.
6. Availability of the maternal homes and facilities can improve the health of the child and mother.
7. People should be turned from the traditional delivery process to the modern delivery process.

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