



RESEARCH PAPER

Assessing the Relationship between Cultural Beliefs and Antenatal Care Accessibility in the Southern Punjab, Pakistan

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ABSTRACT

The objective of this is to assess the relationship between cultural beliefs and antenatal care accessibility in the Southern Punjab, Pakistan. The majority of women (95%) see a professional attendant and use the recommended prenatal method, just 46 percent of mothers really follow the advice. Twenty expectant women and eight health professionals from one urban tertiary care facility in Dera Ghazi Khan, Punjab, Pakistan, were recruited. Data collection methods included in-person interviews, audio recordings and a demographic survey conducted between September and December of 2023. Maternal Cultural values included disclosing a pregnancy, consulting village elders, and upholding marital faithfulness. The regressive maternal values restricted the antenatal care of the pregnant women. Decisions about prenatal care are heavily influenced by cultural values. In particular, women are not allowed to seek prenatal treatment during the first trimester due to the belief and practice around when to declare pregnancy.

KEYWORDS Antenatal Care, Cultural Beliefs, Health Professionals, Maternal Health

Introduction

This piece offers guidance. Between 2000 and 2017, the maternal mortality ratio (MMR) decreased by 38% worldwide (Ekwuazi, Chigbu and Ngene, 2023). Maternal mortality is defined by the World Health Organization (WHO) as dying during pregnancy or within 42 days of the end of the pregnancy. The cause of death, which may be any illness made worse by the pregnancy or its treatment, is not affected by the length or location of the pregnancy and does not include unintentional or incidental causes (Carty et al., 2022). Low- and middle-income countries like Afghanistan (638/100,000 livebirths), India (145/100,000 livebirths), Bangladesh (173/100,000 livebirths), and Yemen (164/100,000 livebirths) still have high rates even if MMR has dramatically decreased in recent years (Yaseen, 2022). Pakistan, another low-income country, also had a high MMR in 2019—186 deaths per 100,000 livebirths up 32% from 140/100,000 livebirths in 2017 (Carberry et al., 2011).

The MMR in rural areas was 199 per 100,000 livebirths, whereas the MMR in urban areas was 158 per 100,000 livebirths. These areas were particularly affected. In 2002, the World Health Organization suggested a concentrated prenatal care approach with four visits for moms in low-income countries (Genao et al., 2003)

The aim of this research was to determine the cultural beliefs that impact women's decisions about prenatal care or pregnancy-related medical treatment, utilizing specific constructs from the theory of planned behavior as a framework for investigation.

Literature Review

Ajzen's (2011) theory of planned behavior model states that social norms, attitudes, and values all have an impact on a person's ability to seek and use health care. Culture encompasses all of these areas. Culture can be defined as "the collective body of information accumulated over many generations by a group of people through their individual experiences, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions."

We looked at the relationship between culture and health using Porter and Samovar's (1994) definition of culture. Furthermore, the interview questions were formulated using Ajzen's (2011) theory of planned behavior, with a focus on the behavioral, normative, and control views of women. According to Porter and Samovar (1994), culture is comprised of the beliefs that fall within the behavioral, normative, and control beliefs components of the theory of planned behavior.

Values, beliefs, traditions, practices, and social standards that are acquired from families and social groups comprise an individual's culture (Bussey-Jones & Genao, 2003).

Material and Methods

An extensive qualitative descriptive study using in-depth interviews was conducted at one of the tertiary care hospitals in Dera Ghazi Khan, Punjab, Pakistan. Participants were twenty expecting mothers and eight health workers (five women and three men) from the study sites. We used purposive sampling techniques, with a gatekeeper at each research site to assist in recruiting subjects. Study participants were selected from each hospital's antenatal clinics and labor and delivery wards. The principal author and two research assistants made up the research team, and they conducted each interview in the interviewee's preferred language, either Saraiki or Urdu. Each interview lasted around 45 minutes and included a brief demographic questionnaire. Research assistants captured the interviews on audio and wrote up the transcripts word for word. All of the data and themes were evaluated using QSR International Nvivo (10) software for qualitative analysis. To authenticate and confirm the beliefs and practices discovered in the interviews, data triangulation was applied to the study subjects, moms and health workers. Hospital D.G. Khan's teaching organizations have given their ethical approval for the project.

Results and Discussion

Demographic Characteristics

Ninety percent of the mother responses were between the ages of 20 and 39, and most of them fell within the reproductive age range of 18 to 50, according to the demographic study. Thirty-three percent of the women did not currently have any living children, while eighty percent of the women had previously given birth. Seventy-five percent of the women first requested Ante Natal Care (ANC) when they were in their second trimester or later. The sample of health professionals included a diverse mix of physicians, midwives, and clinical officers, with half having less than five years of experience in the prenatal care sector. The categories for emergent themes related to prenatal care were barriers, enablers, significant people, and culture.

Regarding pregnancy and the use of antenatal care, several themes were found. Few themes, such as declaring pregnancy and ANC visits, were shared by mothers and health workers, despite the majority of themes being identified by maternal interviews. The timing of seeking care, disclosing pregnancy, who to seek care from, counsel or guidance from close friends and family, beliefs regarding the number of prenatal care visits a woman should have during her pregnancy and pregnancy-related habits and beliefs been among the major themes.

1. When to Seek Care

The mothers who took part in the interviews said that seeking prenatal care should happen in the third or fourth month of pregnancy. Depending on the many treatment options she was given at her checkups, women believed that the third or fourth month was the ideal time for the first visit because the pregnancy had advanced to the point where one could receive care (identify the fetus, hear the heartbeat). When one mother indicated that this era was being formed, she was referring to the fetus's developmental stages. "You want the child to be mature so they can receive the proper care, but when you just found out you are pregnant, the child is not fully matured." Additionally, several women believed that if they sought care after three months, the nurses would be pleased.

"An expectant mother ought to see the ANC within the first three months of her pregnancy, and the nurses are pleased to see us at that early stage". (Pregnant Mother #4)

"That marks the beginning of the fetus's development. You can't tell how it's like if it's watery, but the heart begins to form after three months". (Pregnant Mother #12)

Disclosing Pregnancy

Mother responses and medical professionals believe that disclosing a woman's pregnancy before a specific time is culturally inappropriate. It was thought that the ideal time to reveal a woman's pregnancy was when it was evident to everyone, usually in the fourth or fifth month of pregnancy. This cultural perspective sometimes deterred women from seeking care during the first trimester. This cultural idea stems from the belief that disclosing a pregnancy to non-family members or distant relatives too soon may increase the risk of a miscarriage owing to witchcraft.

"It is true that women should not disclose their pregnancy if it is not readily apparent. It's said that witches will murder your child if you discuss it". (Pregnant Mother #6)

"It's a cultural custom that requires a pregnancy to be declared when it is discovered; if it is not discovered, it need not be disclosed. It could not only be in Dera Ghazi Khan, but it seems that people will do all kinds of weird things to you during a pregnancy, like let it go unnoticed (delaying the delivery of the child) or use witchcraft to make you miscarry. As a result, when a pregnancy is detected, it will be nearly 20 weeks along". (Medical Professional)

From whom to seek care

Women thought a mother could get treatment during her pregnancy from a variety of providers. Mothers, however, frequently sought treatment from non-traditional health providers prior to visiting hospital staff. The belief that one should not visit a clinic or hospital until they are physically ill is partly to blame for this practice.

Therefore, traditional birth attendants (TBAs) or other traditional healers were frequently consulted by pregnant women who needed information about pregnancy or pregnancy-related difficulties, particularly in the early stages of the pregnancy. Their preference to save hospital/clinic visits for illness was a result of their perception that the doctors, nurses, and midwives there would mistreat them or yell at them.

"Some people choose to receive care and give birth at home with the TBA due to the harsh treatment they received there at times from medical professionals, which created anxiety". (Pregnant Mother #2)

Significant Others

Mothers said they took the advice of doctors, nurses, and midwives, but powerful people spouses, mothers, friends, and spiritual healers could ignore the recommendations of medical professionals. According to the women, the main people who could provide them with knowledge on health services related to pregnancy were their mothers, community elders, relatives, and spouses. These people have a significant impact on whether or not a pregnant lady decides to seek medical care. When asked how essential other people are in encouraging moms to seek prenatal care, mothers' responses included meeting with elders early in the pregnancy to understand about pregnancy and the necessity for antenatal care. Women claimed that their mothers were the ones who first taught them about pregnancy, in addition to elders.

"The elders advised me to go to ANC for my first pregnancy because of how you currently appear" (Pregnant Mother #10).

"Some spouses forbid them from attending because, as to another woman I heard, "My husband doesn't want me to be coming for antenatal," leaving me with no other option than to stay home". (Pregnant Mother #8)

ANC schedule of visits

It used to be believed by expectant mothers that they should only go to the clinic in cases where the mother was ill or had an issue. Because they did not see the need for frequent clinic visits, these women did not see the benefit of adhering to the antenatal monthly appointments plan. Many ladies who had traveled long miles to the institution were also required to endure long lines. Consequently, women preferred to postpone visits till later in their gestational age.

Some women believed that early ANC visits were inefficient and provided little to no care, therefore they did not see the need to come during those months. The best time to make appointments is later in pregnancy, when the visits will signify most. Due to financial and transportation limitations, several women choose to postpone seeking medical attention until later in their pregnancies and reduce the frequency of their visits to the hospital.

"When you arrive early, you often receive in different treatment and are advised to return at a later time, which makes you regret your early arrival. Maybe you may have received assistance if you had arrived in the fifth or sixth month". (Pregnant Mother #3)

Pregnancy-Related Practices

In addition to the practices and beliefs covered above, there were a plethora of other cultural conceptions regarding pregnancy that were discovered. Interviewees

stated that pregnant women were expected to "carry themselves in a certain way" and refrain from particular activities.

"They claim that if you simply wait until your due date to deliver, you can end up staying for a few weeks or months. The same as bidding people farewell". (Pregnant Mother #3)

Discussion

Our results demonstrated that women sought and used care, confirming the Ajzen's theoretical premises. Women's attitudes, beliefs about control, and relationships with significant others determined whether or not they decided to pursue or continue prenatal treatment. For instance, women believed that spiritual healers and TBAs were more suited to care for them during pregnancy, therefore they did not go to the ANC frequently or early. Those who felt helpless during their stay at ANC reduced the number of visits. Finally, women tended to postpone seeking care for the first time if they heard from close friends and family that ANC was not necessary or that it was only necessary later in pregnancy. However, when compared to the individual constructions, it appears that the mothers' and caregivers' cultural values had the biggest impact on ANC attendance.

To properly perform medicine, health professionals need to understand the complex concept of culture. When a patient seeks care, they encounter several shared cultural experiences, such as their cultural background, the culture of their healthcare practitioner, and the culture of medicine (Bussey-Jones & Genao, 2003). An individual's culture is made up of the values, beliefs, customs, traditions, behaviors, and social norms that they inherit from their families and social groups (Bussey-Jones & Genao, 2003).

In terms of sociodemographic characteristics, professional occupation, education, and means of mobility, there are often differences between the cultures of the patient and the medical community. Due to these discrepancies, patients could find it difficult to adhere to medical community guidelines, including when to schedule an ANC appointment. Our results illustrate the impact of cultural beliefs on women's health care throughout pregnancy. In Dera Ghazi Khan, it is usual for women to conceal their pregnancy until it becomes obvious, however mothers may have differing opinions about whether to get medical help in rural vs urban settings. Our research revealed that many pregnancy-related behaviors or attitudes were based on non-medical therapies; it was common for women to seek care from alternative providers, such herbalists, to protect the health of their unborn child. This was a practice followed by women who believed that doctors were not prepared to deal with the spiritual risks associated with pregnancy.

Conclusion

In conclusion, more study is needed in developing countries where there is a high demand for healthcare professionals' services but a shortage of those specialists.

Recommendations

- The development of cultural sensitivity and competency training programs is necessary to promote the usage of health care by women in Southern Punjab.

- The Ministry of Health may want to take the concepts from our study into consideration when they train new health professionals and incorporate cultural competency and sensitivity training into their health education curricula.
- In order to overcome the current attitudes held by the medical professionals working at the ANC clinics, it is vital to implement local professional development programs.
- In a country where miscarriages are prevalent and child survival rates are low, women tend to wait until after the pregnancy is obvious before seeking medical assistance.
- Some women wait to name their children until after they are born out of concern that their pregnant kid may not survive.
- Therefore, collaborating with traditional health professionals like as herbalists, TBAs, and spiritual healers may prove to be an effective approach in tackling the cultural and health issue.
- By promoting collaboration between traditional and medical personnel, the government may be able to reach a larger audience and promote increased utilization of health services.

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