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RURAL WOMEN EXPENSES UPON MATERNAL HEALTH CARE

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Abstract:

Background: *Pakistan is a developing country and is striving hard to overcome its financial and health challenges. Majority of the population lives in rural areas and are living under privileged life due to poverty and lack of work opportunities. The government has made sure the availability of medical officers and trained maternal staff at basic health units at union council level. It has helped to reduce the child and mother mortality rate. Health sector is not cost effective. There is a wide gap between private and public hospital health expenditures. The purpose of the study is to analyze the services available at public hospitals and their cost versus the private hospitals, clinic and private treatment cost. The study also helped to analyze patient preferences for selection of hospitals in terms of their satisfaction and affordability. The study was conducted in District Multan Makhdoom Rasheed rural union councils a South Punjab region where poverty is widespread and rural literacy is improving.*

Methodology: *Due to poverty stunting in children and malnourishment among young mother is very common in rural areas of Punjab. The poverty derives many health challenges for pregnant women. The cost of delivery and c section is high in private sector and also malpractices for minting money are common. The study was conducted in rural areas of District Multan Makhdoom Rasheed. Total 120 women who delivered child from the time period of Jan 2018 to June 2018 were registered .The sample was collected from both private clinics and from government Hospitals.*

Results: Total 120 women who were registered in study .40 of them went to private clinics for SVD and for c sections, remaining 80 went to public health facilities. The cost of normal delivery in private clinic was from Rs 5000 to Rs 20000 and the cost of c section in private clinic was from Rs 20000 to Rs 50000. It is considered a huge cost and in rural areas the patients and their family have to sell their live stock in order to avail private services from private clinic whereas in public sector the normal cost of delivery may vary from Rs 500 to Rs 2000 and the c section may cost up to Rs5000 (if sometime medicines are not available at the public hospitals pharmacy, then the patients have to buy it from the private pharmacies). If the medicines are available then the cost of SVD and c section can be zero .Public health facilities are blessing in disguise for poor people who cannot afford basic health facilities.

Conclusion: government should improve the availability of trained and professional staff at BHUs so that the poor can be given free or low cost health option near their home. The availability of medicines should be made sure so that the poor can avail the free maternal health.

Key words: *SVD, C section, Maternal Health, Basic Health Unit.*

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INTRODUCTION:

Pakistan is a developing and struggling country with ever increasing population and poverty. Although health facilities are also increasing and education is becoming common but the pace the population is increasing is higher. Therefore, it become a challenge for the government to meet the need of the community at its maximum level. Maternal and child health is the basic priority of the public health authorities. The health system has made steady progress in reducing mortality rate among delivering mothers but still it is there. There are many factors which are the cause of mortality among mothers. Rural women are highly fertile and the use of contraceptive therapies is not in practice. Literacy rate among old and young women are low. Children and women are considered the most vulnerable group in rural communities. Attention to their food and health are often paid. Traditional birth at home is also a risk factor for maternal life. In past people were ignorant and health and transport facilities were scarce in rural areas. But now the situation has improved. Better infrastructure, transportation and media awareness has helped to reduce the risk of dying without seeing medical help. Rural women are weak and malnourished. Anemia increases the risk of hemorrhage complications for pregnant women and obstetric complication increase the life threat to the women in rural areas. Pregnancy needs continuous care and if the proper and quality food is provided to the women their birth and postnatal periods can remain free from any issue. All around the world especially in the developing countries the high mortality rate is observed in rural areas. According to WHO the dying of pregnant women is 1 out of 6 in the poor areas of the world. In Pakistan the rate is also high in poor and rural areas. Mortality is observed during the labor, birth and during postpartum period'. Seeking health help and the choice of selection of hospitals are dependent upon many factors like

- Socio economic factor
- Demographic factors
- Literacy factor
- Cultural factor
- Occupation
- Access to facilities

There was a huge gap between government spending upon health and the access of population to the basic health facilities. Private sector was encouraged by the government to fill the gap therefore we can find private clinics and hospitals in every small town. Poverty is the main element of maternal mortality.

The purpose of the study is to analyze the cost of maternal health and to suggest the steady reforms to make sure the availability of the best maternal care at nominal cost for the poor segment of the society which often remains ignored from all field of life.

RESULTS AND DISCUSSIONS:

This study was conducted in the rural areas of Makhdoom Rasheed rural union councils. The rural population of the District Multan is given in the table 1 according to the census of 2017.The study involve short time period from Jan 2018 to June 2018.Both the public and private sector customers were registered to analyze the cost of maternal care and the socio economic position of the respondents. Both the SVD and c section patients were recorded so that both the costs can be compared.

Table 1 District Multan Population information Census 2017

Population	Household	Male	Female	Sex ratio	Annual growth rate
Rural	429,984	1,376,006	1,310,725	104.98	2.47
Urban	330,874	1,061,406	996,779	106.48	1.94

Table 2 Income Group

Income per month	Number of Participants	Percentage
1000—4000	25	20.8%
5000-8000	45	3705%
9000-12000	20	16.6%
13000-15000	15	12.5%
16000-19000	10	8.3%
20000-23000	5	4.2%

From the table 2 about income group it is obvious that the majority is very poor living below the poverty line or just upon the border. It is because their income is dependent upon the chickens, live stock milk or either they are small vendors. Women are poorer as they don't have any work opportunity except stitching and doing embroidery which is low paid in rural areas. When disease come to their house it become very hard for them to get medicine and quality food at the same time. Income is directly

linked with quality of health. Hence stunting is very common in rural areas.

Table 3 Source of Income

Profession	**Respondents**	**Percentage**
Labor/maid	20	16.6%
Business	15	12.5%
Work in Field	55	45.8%
Live stock	10	8.3%
Government Servant	5	4.2%
Private servant	5	4.2%

From the table 3 it is clear that the majority of the people in rural area are unskilled and hence low paid.45.8% of among the participants work in field.16.6% of them are daily wager as a labor.8.3% of them have livestock and they sell milk and eggs.4.2% of them are government servants and 4.2 percent of them work as private servant.

Table 4 Literacy of Participants

Education Level	**Respondent**	**Percentage**
Primary	30	25%
Secondary	50	41.6%
Higher secondary	30	25%
Graduate	10	8.3%

Table 4 is about the education level of the participants. With the passage of time awareness about the benefits of education has increased and also access to schools are made easy and free of cost. It has increased the literacy rate. None of them was illiterate. Young generation is getting education more than their parent have.41.6% of the respondents have completed secondary level.25% of them have completed higher secondary education level. It was amazing that among the participants 8.3 % have completed bachelor.

Table 5 Antennal care place

Hospital/Clinic	**Respondent**	**Percentage**
Public sector	80	66.6%
Private sector	40	33.3%

From the table 5 it is clear 66.6% of the participant's availed public hospital services either free of cost or at very nominal charges. Remaining 33.3% of the participants went to private clinics or hospitals at higher cost.

Table 6 Age distribution

Age	**Respondent**	**Percentage**
Less than 16 years	20	16.6%
Less than 22 years	35	29.2%
Less than 32 years	55	45.8%
Less than 45 years	10	8.3%

From the table 6 which is about age group of the participants it is clear young age marriages are very common in rural areas.16.6% of the participants were less than 16 years of age and 29.2% of the participants were less than 22 years of age. Majority of the participants 45.8% were from the age group of less than 32 years. It is clear from the table that in rural areas women deliver till their menopause.8.3 % of the participants were less than 45 years of age.

Table 7 Health care Provider

Profession	Respondent	Percentage
Doctor	15	12.5%
Nurse	20	16.6%
Lady Health Visitor(LHV)	50	41.6%
Lady Health worker(LHW)	25	20.8%
Traditional attendant(TA)	8	6.6%
Other	2	1.6%

From the table 7 it is clear that professional doctor help was available only to 12.5 % of the patients. At basic health units LHV are responsible for SVD.C sections are referred to the Tehsil Hospitals. While in periphery the general physicians usually perform c section in private clinics and hence some time caused the mortality of the mothers due to their lack of skill to deal with obstetric.

From the table 9 it is clear that majority suffered complications of pregnancy during labor, at birth or after the delivery. Intensity of obstetrics was usually linked with their poor health condition and sometime late shifting hospital for emergency help when their traditional workers are unable to deliver the child at home.

Table 8 Obstetric Experienced during birth

Symptoms	Respondents	Percentage
Labor prolonged	25	20.8%
High blood pressure	30	25%
Edema	45	37.5%
Diabetes	20	16.6%
High fever	25	20.8%
Bleeding	30	25%

The access to hospitals is not hard due to improvement in the infrastructure and availability of transport even in small towns. When the patients were asked about their mode of transportation their response was as following given in table 10. In rural areas early approach to health units are not in practice.

Table 9: Transportation Mode

Mode	Respondent	Percentage
Motorcycle	45	37.5%
Rakshaw	35	29.1%
Bus	25	20.8%
Car	15	12.5%

As the rural women are involved in physical work and their pregnancy remain active therefore from the table 11 it is clear that 83.3% of the participants delivered child through SVD and only 17.7% have c sections due to different obstetric reason.

Table 10

Mode of birth	Respondent	Percentage
SVD	100	83.3%
C section	20	17.7%

From the table 12 it is clear that the majority of the patients were not aware about the complications of birth, labor and delivery.66.6 % of them were ignorant and 15 % of them were aware little due to information shared by their elders or in their friends in the community. Only 1.6 % percent who was well aware came to the health centers before time in order to avoid any complications.

Table 11 Knowledge of obstetric care

Knowledge	**Respondent**	**Percentage**
Unaware	80	66.6%%
Aware little	18	15%
Well Aware	2	1.6%

There is a huge gap between the public sector and private sector hospitals expenses and the majority who went to public sectors hospitals paid less as compared to the patients who availed private services at private clinics. Cost of c section is higher in private clinics. the poor people have to sell their livestock in order to avail the emergency services at private clinics. Table 13 shows the expenses incurred by the patients at public hospitals and in private clinics.

Table 12 Total expenses

Hospital	1000- 2000 Rs	More than 5000 Rs	More than 15000 Rs	More than 25000 Rs	More than 35000 Rs	More than 45000 Rs
Public Hospital	60	10	10			
Private Hospital		15	10	5	10	

CONCLUSION:

The present study reveals that poverty is the determinant of place of delivery, mode of delivery and the health of the mother and child. Government should also provide gynecologist at basic health units so that they are capable of dealing with emergencies and access of best health services to the poor should be made free of cost near their door step. Food supplement, vitamins and iron supplement should be given to every pregnant woman so that they can improve their health in pregnancy and be able to deliver healthy child and it can also help to avoid any complications associated with malnourishment.

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