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Community Perceptions of Facilitators and Barriers to Maternal and Child Health Service Use in Pakistan and Bangladesh

With the research results from Pakistan and Bangladesh, the four-country study of the Swiss Red Cross in Asia has come to a complete.

Over the past three years, the Swiss Red Cross has applied a unified research framework in four countries in Asia (Laos, Nepal, Pakistan and Bangladesh) to do a qualitative study on the community perceptions of facilitators and barriers to maternal and child health. In the previous newsletters the results from Laos and Nepal have been introduced.

Today's edition focusses on the findings from Pakistan and Bangladesh, who have completed their studies in December 2022 and January 2023 respectively.

For Pakistan, the findings were the following:

Objective of the study

To explore community's perceptions about facilitators and barriers, which determines facility-based delivery and uptake of maternal health care services in rural areas of Sindh, Pakistan.

Methods

This case study-based design research was carried out in 2021 in rural Sindh, Pakistan. Qualitative data was collected in order to elicit community-level norms, experiences and perceptions related to facility-based delivery service use. Eleven interactive group discussions, which draw on participatory research techniques to engage participants in analysing the local situation or problem; and 35 individual semi-structured interviews with women, their husbands, and local health care providers, were conducted. They were encouraged to share their stories, points-of-view, and suggestions through an open-ended and "narrative" format using a topic guide in the local language Sindhi.

Results

Most of the women were passively engaged in decision making for choosing a health care provider or facility for their routine antenatal care and delivery. They mostly relied and agreed on the decisions taken by their mothers-in-law and husbands. Their male counter parts had endorsed to make final decisions for uptake of MCH care, irrespective of being engaged during antenatal care visits and being fully informed of their wives' pregnancy cases. Presence of a reputable and community based health workers like *Lady Health Worker* (LHW) or *Community Midwife* (CMW) has been one of the main motivators to avail maternal health care services or an influencer for making a choice to have a home or facility
birth. The study found that women' were keen to have initial visit at a health facility for confirmation of their pregnancy. In the rural areas, the CMW was preferred for routine care and delivery, as this involved proximity to home, less financial burden and the likelihood to not having to undergo a Cesarean Section. Lack of a health facility, unavailability of transport, damaged roads and poverty were reported as barriers to uptake of maternal health care service.

Conclusion

There is a need to empower women to take active part in decision making for their health care. On one hand outreach health workers like LHWs and CMWs can play a vital role in promoting facility-based births. On the other hand, ensuring the infrastructure like roads and financial schemes or support systems specifically for

pregnant women are a need of the country in order to achieve maximum coverage for high-quality maternal health services uptake and better health outcomes. The role of CMWs as preferred health providers needs to be further explored to get more evidence on the birth outcomes and the quality and sustainability of the CMW scheme.

For Bangladesh the finds were the following:

Objective of the study

To explore community's perceptions about facilitators and barriers, which determines facility-based delivery and uptake of maternal health care services in rural areas of Rajshahi and Noagoan, Bangladesh.

Methods

This case study-based design research was carried out between September 2021 and March 2022 in rural areas of Rajshahi and Naogaon district in Northern Bangladesh. Qualitative data was collected to elicit community-level norms, experiences and perceptions related to facility-based delivery service use. Eleven interactive focus group discussions, which draw on participatory research techniques to engage participants in analyzing the local situation or problem; and 58 individual semi-structured interviews with women, their husbands, and local health care providers and health authorities, were conducted. The respondents were encouraged to share their stories, points-of-view, and suggestions through an open-ended and "narrative" format using a topic guide in the local language Bangla. The study included respondents from the local ethnic indigenous monitory**.**

Results

In most cases, men were the decision makers for choosing a health care provider for the routine antenatal care and delivery. Women mostly relied on informal health care providers, such as traditional birth attendant, traditional healer and pharmacy owner for antenatal care, delivery and post-natal care. They still play an important role in the community. Ultrasound is a popular diagnostic tool, mainly preferred by the family to determine the sex of the child. This is also often the first point of contact of a pregnant woman with a professional health care provider. Due to quality and human resource constraints, many women deliver either at home, in a tertiary hospital or a private clinic, as the latter two have the means to care for complications. However, the quality of care and the standard of Government and private clinics, as well as the tendency to do Cesarian Sections in private clinics is often a concern that need to be investigated further. Because of the "Shad" ritual pregnant women often have to change health providers because they change the physical location during the pregnancy from their in-law's home to their "fathers home", thus implying challenges in the continuity of care. Findings further revealed that postnatal care is the most neglected part of care seeking both in terms of perception and practice.

Conclusion

The study findings imply the importance to recognize the formal and informal health system, including Government and private sector health providers. Approaches which foster mutual appreciation, understanding of each other's competence and limitations, and development of quick links of referral need to be explored and put into practice to increase quality of care and reduce complications. An integrated approach of increasing family awareness in the" in-laws house" as well as the "fathers house" including all the family members is important rather than addressing only individuals, such as the pregnant women and/or the husband. Appropriate awareness generation and effective behavior change communication to convert the knowledge to appropriate practice needs to be applied. Likewise integrating private and government facilities in the referral path, as well as extending and managing the pregnancy pathway of a woman before and after the "Shad" ritual in two different geographic locations requires innovative approaches and engagement. Educational and financial barriers are influencing at individual level for which we need to plan appropriate interventions which will not only increase show immediate outcome rather will generate

sustainable impact to reach the long-term target. Lastly, adequate post-natal care needs to be addressed and institutionalized effectively to counteract complications and ensure the long-term wellbeing of woman and children.