

## Social Determinants of Maternal Mortality: A qualitative study in Balochistan

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**Abstract:** Death of mothers related to pregnancy complication is a human rights violation because the causes of Maternal Mortality are preventable. Majority of the countries in the world have agreed to achieve Sustainable Development Goals target 3.1 by reducing maternal mortality ratio to 70 per 100,000 live childbirths by 2030 but achieving target by countries with least human development and high gender gap like Pakistan will be only a false promise. The reasons behind hindrance of achieving target are institutional, political, economics, and socio-cultural. So, the present study was carried to explore the various social and cultural barriers responsible for death of mothers related to pregnancy complications. The study was qualitative in nature and thematic analysis approach was applied for analyzing the collected data. The areas of the study were all three districts, Kech, Panjgur, and Gwadar, of Makran Division, Balochistan. The researchers had conducted 15 Key Informant Interviews with family member of women died in pregnancy related complications. Three Focus Group Discussions (FGDs) were conducted with Lady Health Workers (LHW) one in each district. Three gynecologists, and three individuals belonging to development sectors were interviewed. One from each group was belonged to each district of Makran. Researchers also interviewed 30 women (10 from each district) who were married and bear children in their lives, to know their point of views regarding the social causes of maternal mortality. Key Informant Interviews were used as method and semi-structured interview schedules were used as tools for data collection. The findings of the study suggests that various socio-cultural factors were responsible for the death of mothers. The study recommended that government should develop policies, enhancing mass awareness and provision of enough gynecologists and LHWs as well as enough health facilities in rural areas of Makran division for protection of mothers and reducing maternal mortality in the division.

**Key Words:** Social Determinants, Maternal Mortality, Makran Division

### Introduction

The death mother before, during or after 24 days of delivery is common death factor among women in the world but the advanced countries tried prevent and control the maternal mortality ratio by providing quality healthcare services to the pregnant women. On other hand, the developing and under developing countries are still unable to control the preventable maternal mortality. Various social, economic, infrastructural and political constraints for periphery and semi-periphery countries are responsible for increasing the number of maternal deaths. Poverty, gender inequality, lack of women empowerment, unavailability of necessary health facilities for pregnant women and political instability are the majority factors responsible for the death of pregnant mothers (Hamal et al., 2020). Including the advanced countries, the developing and under developing countries are also signatories of various international conventions on women rights. For example, all countries of the world had agreed on Target 3.1 of Sustainable Development Goals to reduce the maternal mortality ratio less than 70 per 100,000 live childbirths by 2030. The developed countries initiated various steps for tackling the issue and the poor countries still lag behind. Developed countries like Finland has 1 mother death for 100,000 live childbirths while South Sudan, a poor country, has 1223 per 100,000 live

childbirths. The countries with less socio-economic and infrastructural development and political instability have higher rate of maternal deaths and Pakistan is among them.

Pakistan, a country among under developing states, has been confronting maternal mortality and death of pregnant women which is a common death factor for women in the country. Though Pakistan has committed to reduce maternal mortality ratio to Target 3.1 of Sustainable Development Goals by 2030, it fails achieve the target on respective year because the human development index of the country is deteriorating day by day which is linked with maternal mortality. The state run healthcare facilities lack proper infrastructure and healthcare services, the poverty ratio is increasing and socio-cultural factors already deep rooted and political situation of country is deteriorated (Giurgescu, 2017; Wang et al., 2020). So, due to above mentioned problems, a person can easily predict that Pakistan would be unable to achieve the SDGs target 3.1 by 2030. Still 154 mothers in Pakistan leave their precious lives before/during/after delivery annually. Within Pakistan, the situation is also worsen. For example, Balochistan, one of the four provinces of Pakistan, has the highest ratio of women related to pregnancy complications. For example, Punjab, KPK and Sindh have 157, 165 and 224 deaths per 100,000 live childbirths respectively. On other hand,

Balochistan has 289 per 100,000 live childbirths. The MMR is the highest among other provinces of Pakistan. Various socio-cultural reasons are responsible for the death of maternal in preventable causes of maternal deaths.

Various causes such as economic, political, religious, infrastructure, clinical and social factors responsible for the death mothers during or after 42 days of pregnancy complications. So, this study was carried out to investigate various socio-cultural causes of maternal mortality in Makran Division, Balochistan.

### Research Method

The research method is the procedure followed by the researcher to carry a study to achieve the research objectives (Ortiz & Greene, 2007). This research was qualitative in nature and thematic analysis was used for data analysis. Qualitative research means presentation of data in text, statement and picture forms (Busetto, Wick, & Gumbinger, 2020). Research participants were doctors, individuals belong to development sector, family members, and married women who experienced childbirth and Lady Health Workers (LHWs) in district Kech, Panjgur and Gwadar. Key Informant Interviews method was used for data collection. Key Informant Interview is conducted to get deep and indepth point of views of the participants regarding the under studied phenomenon (Islam, Khan, & Baikady, 2022). Interview schedule was used for collecting data from participants. The research participants were 15 family members' of women who died due to maternal mortality and 30 married women who had experienced childbirths. The researcher also carried out 3 Focused Group Discussions (FGDs) one in each district (Kech, Panjgur, and Gwadar) with Lady Health Workers (LHW) because they mostly deal the pregnancy complications in the hospitals. In-depth interviews were also conducted with 3 gynecologists and 3 individuals belonging to the development sectors one from each district of Makran, Balochistan. The districts and participants were selected through convenience sampling technique. Semi-structured questions and interview schedules were used for data collection. The interview was carried out in Balochi-native language of participants, and translated and transcribed in English by the researchers. The collected data were analyzed through thematic analysis, taken out from the data. In thematic analysis researchers develop thematic and collected data is analyzed accordingly (Braun, & Clarke, 2012).

### Results and Discussion

Death of women due to pregnancy complications is common death factor of childbearing women. The present study was carried out to investigate various social causes like limited access to healthcare services, low socio-economic status, gender disparity in education, cultural practices and early marriage and pregnancies (Ariyo, Ozodiegwu, & Doctor, 2017)

which are responsible for the death of pregnant women in Makran, Balochistan. The researchers collected data from various stakeholders find out various social factors of maternal mortality in Makran. Following the opinions of the research participants regarding the social causes of maternal mortality the studied area.

### Poverty: A Social Determinant of Maternal Death

Socio-economic status of women determines the health outcome. Lack of money is a lack of all the facilities that someone needs. When it comes to a pregnant woman, it becomes more complex. A pregnant poor woman has no access of basic healthcare services. They lack the financial resources for prenatal and postnatal visits to professionals (Mother & Mother, 2012). The problem is not only with the medical expenses, they lack the capacity for the transportation, medication and interventions (Lanre-Abass, 2008). Due to the absence of these appropriate measures, the women can face multiple complications during pregnancy. Likewise, poverty is a reason of malnutrition. Poor women lack the ability to get nutritious food on time, which results in malnutrition, creating more complications for the pregnant women (Tette et al., 2016). A participant talked about her sister, saying, "She was always worried about money because financially she was not good. Her economic status was probably the reason that she lost her life."

Poverty brings back several other problems with itself. The complete life cycle is revolving around the money. Many people lose their lives just because they do not have enough financial support to visit a doctor in the time of delivery. People from far flanged areas need to pay thousands of rupees only for the transportation, the expenses of the stay and food is not less than a huge burden for a poor family (Akhter, Dasvarma & Saikia, 2020). When a shopkeeper was asked whether his deceased wife had visited doctors or not, he remarked, "No, she did not go for any doctor because we are too poor to manage all the expenses of going to cities." So, inability to access maternal healthcare services owing to poverty leads to maternal death.

### Domestic and intimate partner Violence

An abusive partner tortures his partner much more than a cruel kidnapper. A kidnapper can harm them physically but the abusive partner can hurt them physically and psychologically in every day (Quintanilla et al., 2016). Such partner is much more dangerous for a pregnant woman who requires more caring and mental support. Total 36 women were murdered in UK between 2009 to 2013 and 86% were killed by their life partners (Knight et al., 2016). He can harm both mother and the unborn baby. Physical assault and sexual abuse can directly put maternal health on risk. They can put internal injuries and other complications which may deal to maternal mortality (Shah & Shah, 2010). In the survey, a participant talked about the death of her cousin, "She was

neglected and brutalized specially by her husband that affected her mental and physical health, which caused the loss of her life and baby.”

Another participant also mentioned the helplessness of her sister, “She was suffering from depression and anxiety, which were all because of her husband. She was abused and was helpless.” Abusive behavior of husband can cause the death of pregnant women. In an interview with Project Manager of NRSP, she said, “Most of the women who died before, during or after childbirth were the victim of domestic violence.”

In Baloch society, no one reports about the household issues. They mostly keep it to themselves; many even don't share anything with their parents. Harassment from husband is mostly hidden and that's the reason which makes the wives suffer for the rest of their lives. Unfortunately, they choose to suffer than to report anything about their spouses. In many cases, even the family want the woman to wait and expect a better future. The situations get worse when it comes to a pregnant woman. Pregnant women are already in bad conditions, anything harmful can lead them to lose their and baby's life. They can get injuries and bleeding which can easily lead to loss of lives. A doctor exempted her patients:

Actually, such cases are not that much common in our society because the one who does violence against women gets bad name in the society. But there are many cases brought in the hospital who are the victim of violence. Once a patient of mine had suffered domestic violence. She was beaten by her husband for not preparing food on time.

Domestic violence or abusive behavior of partners is responsible for death of pregnant women. For controlling the maternal mortality, government policies and women empowerment are necessary factors those need to be enhanced. And also gender inequality should be decreased because domestic abuses and gender inequality are closely related (Choe, Cho, & Kim, 2017).

### **Child Marriage and Early Pregnancy**

One of the most important issues which leads to maternal mortality is child marriage. Child marriage means marrying a girl or a boy before the age of puberty or before 18 years old (Baloch, 2019). Because of early marriage, the girl cannot take care of herself as well as her new born children. She cannot deal with the physical changes in her body due to which her physical and mental health would be affected (Adedokun, Adeyemi, & Dauda, 2016). Most of the girls are married before the age of marriage in Balochistan due to which their lives would be in risk. Many girls die on daily basis due to early marriage and pregnancy. Similarly, if a girl resists, she is punished or married forcefully by parents.

As in an interview with the cousin of a deceased, he explained, “She was forcefully married at the age of 16. When she got pregnant, she was physically and mentally unhealthy and was not able to give birth to a child. In the ninth month of her pregnancy, at the time of delivery she died and lost her baby.” Another participant working in gynecology ward at Teaching Hospital Turbat said, “Many times, pregnant women with emergency cases are brought here, who are around 16 to 20 years old which is really shocking in 21<sup>st</sup> century.”

Child marriage leads to a sudden and serious change in the human both physically and mentally (Raj, 2010). Such a sensitive change is harsh for a young girl to adopt. And parents tend to go according to the norms of their society (Mother & Mother, 2012). Without thinking about the future of their children, they are much worried about what people will make of them. For staying a respectable part of the society, everyone tries to force their girls marry at a young age (Mahato, 2016). With an interview with a gynecologist, it was found how early marriage is a key concern for maternal mortality. She explained:

“Most important thing is that child marriage is very common because marriage in late brings bad name for the family. So, parents want that their girls should marry as soon as possible. Right after marriage, they get pregnant though it may not be their age of pregnancy. In such cases, the girls may not have normal deliveries and may lose their lives during childbirth.”

Another research participant said, “Child marriage is very dangerous for girls because soon after marriage they get pregnant and cannot deal with the physical changes which lead to psychological problems and consequently to death.”

Child marriage can be linked with many other causes of maternal mortality as well. When someone is married at a young age, they aren't at the position of being fully a part of the new family, they aren't able enough to cope with the hardships in the new family. A participant cleared that point by saying, “There were different factors which caused her death. She was not at the stage of producing children, there was no proper treatment and lack of attention from her family.”

Mostly, the rural sectors are the promoters of early marriage. It's too common in the areas where literacy rate is very low and people tend to consider their girls as burden. The earlier the girl is married, the better it is for the family. Whether the next family is good or not, the girl has almost no choice (Nasrullah et al., 2014). Even if the new family is too good, the girl must be mature enough to deal with all sorts of circumstances. Many families are too good to the new member of the family, but the physical condition of the girl doesn't lay on the well-treatment of the family. A brother-in-law of a deceased sympathetically said, “As I

mentioned before, she was my sister-in-law and a hardworking girl; unfortunately, she was bend with a relation at an early age. It's known by a lot of people that rural areas' people marry their children at early ages of 13 to 14." Another participant working as Field Medical Technician and conducts training sessions on maternal and reproductive health in different communities in District Kech, she said, "Buleda, where I conduct sessions, most of women are married below 18 years of age, because they believe marriage is the responsibility of parents."

It is normal for the rural sectors to get their children married as soon as possible, even though they know there can be bad consequences. They will put the blame on natural causes or the irresponsibility of the new family, ignoring their own mistake of underage marriage (Shah, Wassan & Wassan, 2019). Explaining the fact, a medical technician said, "The women brought in the hospital were not at the age of marriage but they were married. The underage marriage is very common in our society."

Early marriage significantly contributes to maternal mortality. When young girls are forced into marriage their bodies are not fully matured, they face various health risks during pregnancy. Young girls experience a lot of complications because their bodies are not physically ready to handle the demand of childbirth. Furthermore, they lack knowledge about family planning which causes unintentional pregnancies. There were many cases where early marriage was highly considered the only cause of maternal mortality. They all blamed the family and their sudden decision. A mother discussed about her deceased daughter, "She was always worried about her pregnancy because she was too young to handle this all. Moreover, she was forced into marriage."

Marrying a girl in early age is a social factor because the family consider her a guest a home. As a participant said, "Girl should be married as soon as she reaches at the age of puberty because she is a guest at the home of her parents ( جنک زوت سور کنگ بییت پرچہ کہ ) ( لوگ ء میمان انت ) Alarming rate of maternal mortality is due to early marriage (Dagher, & Linares, 2022). Young girls aren't prepared physically and emotionally when they are forced into marriage. Due to limited healthcare facilities and lack of knowledge, they face several health risks after marriage. A doctor was asked whether early marriage causes maternal mortality, so she explained, "Yes, child marriage is one the most leading causes of maternal mortality because they are not developed physically and their bodies cannot bear the pains."

To fight this issue, effective efforts are needed such as women empowerment, female education and sex education. When females are educated enough, they can easily cope with hardships easily, they can challenge societal norms that perpetuate early marriage (Najafizada, Bourgeault & Labonté, 2017). This will

help in controlling maternal mortality and improving the health of young mothers. Although there are several causes to maternal mortality, early marriages cannot be ignored in this regard. In the complete process of data collection, many of the participants particularly emphasized on early marriage as a core cause of the maternal mortality.

### **Illiteracy of Patient and Family**

Illiteracy leads to unintentional and foolish decisions. It makes it hard to understand the complicated situation and grasp the situations mindfully (Sharma et al., 2015). They find it hard to make good decisions by themselves. They believe what has been put in their mind, risking theirs and their baby's life in danger. Illiteracy makes it tough to communicate with doctors. It becomes hard to understand what they prescribe and what is to be done and when (Jone et al., 2022). A mother explained

The major cause of her death was ignorance. She was told by doctor to abort the baby and also suggested by family members but she considered it a murder to be done. Even she was told that her life was more important than the unborn baby. As she was very religious, she said nothing would happen until Allah wished and he would do the best.

The problem with society is that the literate people still carry the mindset of illiterate. They have become used to what their society thinks or believes. Due to some word-of-mouth, they are ready to put their lives in risk. A female doctor was asked whether illiteracy causes maternal mortality, she explained:

Yes, illiteracy is a problem but here literate people are illiterate because they never take the things seriously. For example, a lecturer had brought his wife at hospital and she was very serious. We suggested him for C-Section but he replied, 'You people do operation for money. Don't go for operation. ( شما را زرع واست انت. ) (وپریش مه کن )' After 5 hours of being admitted at the hospital, she lost her life.

Many people are so immature that they still don't believe in the field of medical. They don't believe in what medical professionals suggest them. They still believe in some stagnant beliefs which are completely illogical (Matovelo et al., 2021). A female narrated her sister's story, "Two times she consulted with the doctor and the doctors told her that he was having three babies that may cause death, but she did not care what the doctors said and she stopped visiting to doctors. At the end, in the 9<sup>th</sup> month, at 8:00 pm she went to doctor for delivery."

So, the illiteracy and education level of both patient and family matters in provision of quality maternal healthcare services to the pregnant women. For reduction of maternal mortality among pregnant women, provision of quality education and proper

antenatal awareness are necessary (Ketaja, 2007). Otherwise, death of mothers related pregnancy complications remain constant in future.

Man decides the healthcare services for pregnant woman

Healthcare facilities must be available in each and every village and town for the safety of people. Accidents or emergency situations not only occur in cities; they do occur in villages. Unluckily, our healthcare facilities are available only in cities (Jat et al., 2015). There are Basic Health Units (BHUs) in many small villages but with no lady doctors and delivery facilities. Due to illiteracy and lack of facilities, village people still believe in their traditional midwives (Ghaffar, Pongpanich, & Mureed, 2012). People still wait till the last moment so that their midwives solve the problems. They don't take their patients to hospitals until it is too late. Due to such delays, many mothers and their babies pass away.

In an interview with a research participant, she said, "Approaching late in the hospital and late decision making is due to male hegemony." Likewise, a gynecologist complained about the conservative people in the society, by saying:

Yes, most of the deliveries are performed by Deenabo or ballok (traditional birth attendee). Even when the cases become serious, they still do not take the patient to the hospitals because they believe that things would be managed by the traditional midwives. They delay and bring the patient at the 11<sup>th</sup> hour. By that time, the patient cannot be saved.

Sometimes it's the poverty that causes the delay. Many times, it is the unwillingness of the family and male member is responsible for taking the decision for provision of healthcare services (Shah et al., 2009). They delay that things will be fine without loss of any energy and money. Delivery facilities are mostly unavailable in rural areas, so people need to go to cities. Going to cities is a huge expense for a middle-class family (Hamal et al., 2020). However, it's not always the expenses that cause the delay. Many times, the family deliberately delay it. That might be due to the laziness or carelessness of the family or illiteracy and cultural norms and values (Tsfaye et al., 2020; Evans, 2013). If they really cared about the daughter-in-law and the unborn baby, they would never delay taking the pregnant women to a safe place. An SST teacher narrated the story of her daughter with her eyes full of tears,

Many women like my daughter have lost their lives due to the delay in seeking care. When my daughter was serious, I urged with her husband to take her to hospital. He took hours in doing so, and I lost my daughter.

Likewise, instead of taking the pregnant woman to the right place and doctor, the family takes her to religious healers which takes time (Omer et al., 2021). As in an interview with LHW, she said, "Before going to appropriate medical services, pregnant women are taken to local medical technicians or given religious healings because of gender disparity."

### **Lack of Agency of Women in accessing Healthcare services**

Agency is the ability to make independent decisions (Shah, Sultan, Kaker, 2018) but lagging agency of women regarding their health leads to maternal death. Any part of the society is safe when they have enough power to protect themselves. If they lack power, they lack the freedom to live. The situation of the women is same in many societies. They lack the power to make decisions, to earn a living or to feed themselves. They are completely dependent on their husbands or family members (Thapa, & Niehof, 2013). Due to this dependency, they have no authority even over themselves. They cannot share their problems with anyone, they cannot even wish whether to have a baby or not. In such societies, females are not autonomous, so they have no choice over their bodies. In such congested environment, they have no words to say about their bodies and the illnesses (Omer et al., 2021). Likewise, many women lose their lives because they never get a chance to explain their illnesses in front of their husbands or family members. A participant talked about his cousin by saying, "As she was not having a good status in family, she could not share her pain with her husband and when she was very serious she was taken to hospital for treatment and checkup."

When a woman is dependent on her husband, she can only request him for favor. She cannot do anything if he refuses. Such cases are common where the pregnant women ask husbands to take them to hospital, but they are not taken seriously. Now, all their decisions are made by their husbands or other family members, even if they die of pain or illness, no one will pay heed to them (Tiruneh, Chuang, & Chuang, 2017). A mother talked about the helplessness of her daughter during pregnancy, "Yes, mostly women suffer and each decision is taken by husband or male member of the society. My daughter complained that she had told her husband to take her to a doctor but she was not taken. During delivery, her mood went off, then she was taken to hospital but the condition was too critical by then."

Another doctor elaborated, "Yes, women are powerless and each and every decision regarding their lives is taken by men. In most of the cases, decisions are taken by males even for provision of a good healthcare."

The various social determinants of maternal mortality can be controlled if the equal opportunity and rights of health is provided to the women (UNDP, 2011). Otherwise, the existing social norms and values, cultural practices, poverty, gender inequality, education, lack of women empowerment, and low socioeconomic status of women deteriorate the situation and make the lives of pregnant women in high risk in future.

### Conclusion and Recommendations

Maternal mortality is the death of women during pregnancy or after 42 days of termination of pregnancy. It is a global concerned and a challenge for many countries of the world. Various socio-cultural causes responsible for the death of mothers related to pregnancy complications in Balochistan general and in Makran particular. The current study regarding the social factors of maternal mortality shows that pregnant women are leaving their precious lives because of poverty, child marriage, and illiteracy, lack of agency of women and child marriage and early pregnancy. International organizations coupled with different states of the world agreed to reduce the maternal mortality ratio to below 70 per 100,000 live childbirths by meeting the SDGs target 3.2 in 2030. Unfortunately, most of the countries failed to achieve the goals. To address this critical issue, all states of the world should take serious actions by improving maternal healthcare services in rural as well as urban centers, provide equal opportunities to females in access health services and education and empowering women to make decisions of their health independently. The government and public should also address the crucial social causes of maternal mortality such as poverty, gender inequality, lack of agency of women regarding decision for their health, illiteracy of families and patients and reducing child marriage and pregnancies.

The study recommended that government should develop policies which empower and educate women regarding their health and education and also conduct awareness sessions with rural communities especially with men because they are the decision-makers of marriage, health and education of women. Poverty reduction initiatives need to be taken for socio-economic empowerment of women that directly lead to decline of maternal death. Maternal healthcare services and provision of healthcare service providers in the facility centers in rural areas should be provide by the government for reduction of maternal mortality ratio. The government should also develop a proper mechanism for accountability of doctors and healthcare givers. Proper transportation system should be developed by the government for the provision of facilities to the emergency maternal cases. By addressing above all social factors, the maternal mortality would decline and country can achieve the SDGs target 3.1 by 2030.

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