"I HAVE MISSED THREE MOONS: WHAT SHOULD I DO NOW?" A PREGNANT MOTHER IN THE BALOCH COMMUNITY, BALOCHISTAN, PAKISTAN

Abdul Ghaffar[1], Sathirakorn Pongpanich[2, *], Sheh Mureed

[1]Provincial Focal Person EPI/ Planning officer Health Department, Government of Balochistan Press Building, 2nd Floor, Civil Secretariat Quetta, Pakistan, [2]College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand

ABSTRACT: Health indicators related to maternal health in Balochistan Province are poor as compare to other provinces along with low utilization of maternal health services. Majority of Balochistan province is rural and people are still living in tribal based communities where males play a dominant role with low autonomy of women. The purpose of the study was to describe the pattern of antenatal care (ANC) seeking from private and government health services and local cultural ANC services and barriers toward ANC in the Baloch community. The study was conducted in 2011 at district Jhal Magsi, Balochistan province, Pakistan. The data was collected through observations, focus group discussions n= 08 (pregnant mothers, n= 04 married men, n= 04) and in-depth interviews were conducted among health care providers (doctors n= 03, LHVs, n= 03, Health Technicians/ unregistered practitioners, n= 05) local folk healers/Traditional birth attendants (TBA), n= 05 and tribal elders, n= 02. The data was transcribed, coded and analyzed through constant comparison analysis method. The results of the study revealed that during normal circumstances antenatal care seeking was not a common practice and depended on the decision of the male and severity of the problem during pregnancy. The determinants of ANC in the rural Baloch communities include low awareness of antenatal care, women autonomy, polygyny, feudal anarchies, religious factors, availability of health facilities, health staff especially availability of female staff, past experiences of men and direct or indirect financial costs. In conclusion, results of the study revealed that routine antenatal care seeking among women in Baloch community is low and is dependent on male and family decision. Involving male in maternal health issues and increasing number of female staff and approaching pregnant women in the community may ultimately contribute to create a maternal healthcare system in Balochistan province reflecting an increased efficiency, more equity and good governance to improve maternal health.

Keywords: Antenatal care, Baloch community, health seeking behavior, pregnancy, Pakistan

INTRODUCTION AND BACKGROUND

Antenatal care (ANC) is the first contact for a pregnant women in receiving health promotion and preventive health services, including prevention and treatment of anemia; prevention, detection and treatment of malaria, tuberculosis and tetanus toxoid immunization. Furthermore, antenatal care leads pregnant women to counseling and education about their own health and the care of their children [1, 2].

During last decade the concept of studying health-seeking behaviors has got significant attention in developing countries [3]. Such health-seeking behaviors are influenced by social position, perception of individual health and provision of improved understanding of the disease process. The causes shaping the health seeking may be understood in various backgrounds including physical, socio-economic, cultural and political [4]. Thus, it is necessary to determine the influence of the social determinants of health (such as ethnicity, education of mother, gender of child, lifestyles, and economics of a community) on health-seeking behaviors. Health-seeking behavior relies mostly upon the universal communal values of societies that effect the whole well being of the people and not merely on individual choice or situations [5]. Culture, for example, determines the role and position of women in the society. Illiteracy, lack of proper nutrition for girls, early marriages, and multi parity are some of the causes of persistent ill health [3]. The use of a health care system, government or private, registered or unregistered, might also rely on socio-demographic factors, communal structures, level of education, cultural beliefs and practices,

[*] *Correspondence to: Sathirakorn Pongpanich*
E-mail: gingsath@yahoo.com

gender bias, status of women, economic and political systems environmental conditions, and the disease pattern and health care system itself [6].

The antenatal coverage in developing countries has increased from 64% in 1990 to 81% in 2009 for at least one visit. But, in low-income countries, only 39% of pregnant women attended antenatal care sessions from four times or more during 2010 [7].

According to the Pakistan demographic and health survey [8] 64% of pregnant mothers had at least one ANC visit during pregnancy and the percentage drops to 28% these with four visits [8, 9]. More than 70% of the population in Pakistan lives in rural areas of which 50% are women. Services are inadequate and quality is minimal in these areas [3]. Maternal health services in Pakistan are provided through all three levels of the health system. In rural areas both primary and secondary health services including District Head Quarter Hospitals (DHQ), Rural Health Centers (RHC), Basic Health Units (BHU) and Maternal and Child Health Centers (MCH) are available. In addition, about 100,000 Lady Health Workers (LHWs), Lady Health Visitors (LHV), Community Mid Wives (CMW), Trained Birth Attendants (TBA) and Traditional Birth Attendants (Dai) are providing ANC services through both public and private health systems.

Balochistan province in Pakistan is the most underdeveloped region with low literacy rates and strict cultural values. Due to unavailability of modern interventions like education, economic activities communities are still living in old traditional styles. Communities here use Islamic calendar i.e. lunar crescent visibility criterion to calculate months and days for their routine life activities. Female also use lunar crescent visibility for their menstrual cycle. The Baloch tribal system has little space for women's freedom; has marriage system based on polygyny and exchange of women for marriages, their mobility is limited, as is their role in decisions regarding health care during pregnancy. The province's feudal system having feudal anarchies further makes women suffer a lot.

According to District Health Information System (DHIS) report Balochistan 2010-11only 16% of pregnant mothers were registered for government health system ANC [10]. The matter of health-seeking behavior of rural Baloch pregnant women is one of the most neglected components in maternal health studies in Pakistan. Most research studies on maternal health are institution-based and/or urban-based in nature. Thus, the rural areas where the majority of Baloch people live and where the consequences of low utilization of ANC services and maternal deaths are greater [8] have been mostly ignored in research activities. Also, the sociocultural determinants of health such as health-seeking behavior have received scanty attention so far.

Considering the above facts, it would be extremely useful to study health-seeking behavior among pregnant women and in the community in Balochistan province. Identifying the determinants and the impetus of health service utilization among these pregnant women can help to develop a more accessible and responsive health care system. It is believed that this type of study could facilitate strategic policy formation in the maternal health care system. Such formation would be based on information relating to health promotion, seeking and utilization behavior and factors determining the health policy planning process by providing evidence-based information on the multiplicity of social determinants affecting women's health-seeking behavior.

The study objectives include determining the pattern of utilization, major factors responsible for ANC seeking behaviors and the perceptions of the community on quality of maternal health services provided for pregnant women by various sectors in rural areas.

METHODOLOGY

Qualitative study design was used to explore the complex nature of Baloch community within the context of maternal health specifically ANC.

Participants and setting

The study was conducted from June to December 2011 in the Jhal Magsi district of Balochistan province, Pakistan. Jhal Magsi is one of the rural districts in province with a low literacy rate, undeveloped infrastructure and 10% ANC utilization. Most of the dwellers are Baloch tribe and 95% are Muslims. The majority of the population is engaged in agriculture and animal husbandry. Jhal Magsi is divided administratively into two tehsils (The tehsil is the second-lowest tier of local government in Pakistan); Jhal Magsi and district headquarter Gandawa. Each tehsil is composed of a variable number of municipalities called union council (UC). Tehsil Gandawa has four union councils. Pattri UC is one of the 4 UCs in Tehsil Gandawa, randomly selected for the study site. The Pattri UC is composed of eight villages; villages are based on clans and further divided on the bases of sub-clans of Lashari Baloch tribes. Each village is divided into 4-6 subareas on the bases of sub-clans. Health facilities in Tehsil Gandawa include a district headquarter hospital,

one rural health center, 3 basic health units, one civil dispensary and a MCH center. Pattri UC has one BHU and a dispensary.

The goal was to observe the community and health service facilities and behaviors of health providers for ANC, conduct informal conversational interviews among ANC providers, tribal leaders and religious leaders, and conduct focus group discussions among pregnant female and married men.

Study procedures

The study observations (participatory and non-participatory) included behaviors based on pregnancy related perceptions in the Baloch community, i.e. what happens when a women gets pregnant, when she wants to visit a health facility for ANC, how she deals with perceived problems, how the community behaves issues related to ANC, how pregnancy is confirmed, how husband, mother-in-law and other family members behave in normal pregnancy and how pregnant women and the community deal with problems during pregnancy. On the other end, behaviors and practices of health providers including government health personnel, private practitioners providing services in public and private health facilities and in the community were the focus of observation. Field notes were taken with the help of a local research assistant and were compared and finalized.

A total of 18 Informal conversational interviews were conducted with doctors (a total of 4 male doctors were working in the tehsil Gandawa and 2 of them were interviewed and only one female doctor was providing services in the entire district and she was also included for the interview) working in DHQ hospital, government health personnel including 3 lady health visitors, 3 senior health technicians and 2 unregistered health practitioners, 2 local folk healers included 3 Traditional Birth Attendant (TBA) and 2 local elders.

The Focus group discussions (FGDs) were conducted in the 8 (total) villages of Pattri UC. Four FGDs were conducted among pregnant females. The female participants or respondents had to have given at least one live birth to be included. Four FGDs were also conducted among married males in different villages of Pattri UC. One male and female respondent was invited randomly from each sub-clan and 5-6 members took part in each FGD and each focus group discussion lasted for 75-90 minutes.

The subjects were selected on the bases of key informants and keeping the saturation of data criterion. The FDGs provided data regarding associated factors with utilization of ANC, problems during pregnancy and perceptions of the community regarding ANC services. The interviews focused on cultural thinking about pregnancy, problems during pregnancy, support to pregnant mothers, and when to take pregnant women to health facility. The interviews were conducted during observations at the facility, working place or at homes of the participants. Almost all the interviews were conducted in the local language Balochi (mother tongue of Baloch) and written in Urdu language (Pakistan National Language) and later on translated in English and analyzed.

Due to cultural values (taboos) the main author could not conducted FGDs among females. A female research team was made under the supervision of an assistant professor of Gynecology and obstetrics from Bolan Medical Complex Hospital Quetta, to moderate and two female research assistants to write notes, as audiotapes and pictures were not allowed to take. All the FGDS were conducted in Balochi. Transcripts of FGD proceedings were written in Urdu and translated to English for analysis. However, the main author with help of two male research assistants moderated male FGDs, which were audio recorded and pictures were taken.

Different guidelines were used for the male and female FGDS and different male/female sets of five question guidelines were generated from the literature review and from the findings of observations. The guidelines for female FGDs were based on the importance of ANC, and where they like to go for ANC, what problems and what support do they get from the community during pregnancy. Male FGDS guidelines were about health concerns of a pregnant lady and perceptions about public health facilities.

Data analysis

The data collection and analysis went side-by-side in a continuous manner by using the inductive method of coding [11]. Initially the data was transcribed and revised after each interview for index and categories. All data relevant to each category was identified and examined using a process of constant comparison, in which each item was checked or compared with the rest of data to establish analytical categories. In the beginning, all data was manually coded under different themes generated from the research issues [12], in the final stages the data was analyzed with advisor for Ph.D. dissertation and other faculty members of the College of Public Health Sciences, Chulalongkorn University, Thailand.

Ethical considerations

The study got permission from Ethics Review Committees of Chulalongkorn University Bangkok, Thailand through letter number COA No. 14312011 dated 6/9/2011. Permissions were also granted from the Secretory Health Government of Balochistan and executive district health officer as well. Before interviewing the respondents were informed about study details. Participant information sheets for participants and both verbal and written consent forms were taken. No names were included on the forms and all paper copy and computer-related data.

RESULTS

Modern maternal health services in Jhal Magsi District

The government is providing maternal health services through two tires of the health system i.e. primary and secondary health services. Secondary health services are provided through the DHQ hospital in Gandawa town. Primary health services are provided through RHC, BHUs and CD. Pattri UC has a BHU and CD. The DHQ hospital has a MCH center in tehsil Gandawa as well. There are no functional labor rooms in the government or private health facilities in the entire district.

In Gandawa town six private health clinics are also providing modern health services. Two of these are owned by registered medical practitioners (male and female medical officers) and remaining four are owned by hospital staff and other unregistered medical practitioners. Almost all villages also have modern private unregistered medical practitioners in the form of teachers or related to the health profession. All the modern health practitioners have their roles in maternal health services as needed and mostly provide symptomatic treatment.

Folk healers related to maternal health

In the Baloch community studied there were many types of folk healers providing different types of health services. Maternal health services are also a part of overall health services in the community. These folk healers diagnose and treat numerous illnesses using a variety of techniques. The folk healing system include family healers, herbalists/hakims, traditional midwives (Dai), priests and religious functionaries and diviners. These practitioners provide remedies at different stages for different purposes during pregnancy.

Confirmation of pregnancy

In Baloch culture the Islamic calendar is used for many purposes in daily life including religious ceremonies, and upcoming events like marriages, childbirth or death of an individual. The females follow menstrual cycles on the rise of the moon and moon set. According to the TBAs the pregnancy is confirmed by symptoms and missing the menstrual cycle for three consecutive months by watching the moon. Symptoms include frequent urination, face changes, like and dislike of certain foods, and vomiting in the morning.

Normal pregnancy and antenatal care

A women's infertility in Baloch society is an irremediable dishonor for which there is no source of comfort. In the Baloch community a woman gets a new status in the family during first pregnancy and childbirth. The pregnancy is confirmed with the help of female family elders who also provide guidance especially to the first-time pregnant mothers for a smooth pregnancy.

Precautions during pregnancy

After confirmation of pregnancy female elders or traditional midwives prescribe some precautions for a safe pregnancy. These include:

A pregnant woman should eat cold foods during early pregnancy and hot foods are advised in the last trimester to facilitate the delivery and expulsion of gestational products. Pregnant women should not eat food outside the home, especially at burial or public services in order to avoid horrible spirits and communicable infections. The desire for food during pregnancy is cautiously dealt with as the failure to satisfy the desire may lead to harmful effects on the baby and mother including abortion and malformations.

The pregnant women were advised to limit their movements in the first and second trimester and stay home. But in the late last trimester they are advised to facilitate delivery.

Pregnant women should not see ugly persons, persons with epilepsy, psychological problems, or physical problems during pregnancy as the child will get their shadows and will resemble them after birth. During solar/lunar eclipses, pregnant women must not look at the eclipse in the belief that child may born be with malformations.

The pregnant women should avoid interaction with infertile women during pregnancy; as such women are believed to have an evil influence over the mother and child.

Health seeking behavior during complicated pregnancy

The health seeking process among pregnant women starts with perceived complications during pregnancy. At the family level, the advice of an experienced female family member is solicited. If

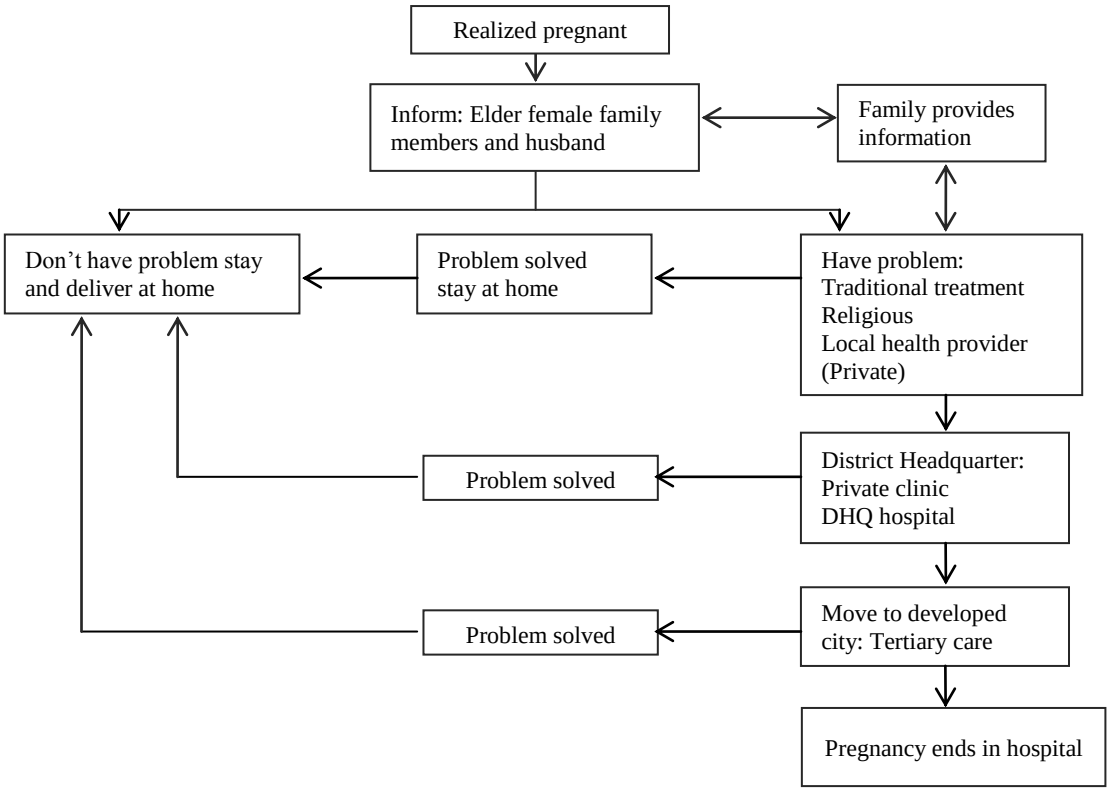


Figure 1 Showing ANC Seeking behaviors during pregnancy related problems

recovery does not follow treatments by the family members, a local traditional midwife is called at home for expert opinion and treatment. The treatment given by a traditional midwife includes both traditional medicines and modern allopathic medicines, which mostly includes symptomatic treatment with help from a non-registered local medical practitioner; this includes injecting and providing medicine. Traditionally, only one healer is consulted, but in many case for the satisfaction of the patients modern and traditional healers are being consulted at the same time.

In case the treatment at home from traditional healers and local modern therapy does not work and there is need to move the pregnant mother to some health facility with a regular doctor, the decision is the responsibility of the family head with advice from the local health provider or whatever approach the family head thinks is best.

> "*In my previous pregnancy I had a serious problem in the last trimester. My mother-in-law called on the TBA and dr. (local private health provider) and then my husband took me to Gandawa and we stayed there for two days. But my health was still not improving and later on we went to some other city*" mother of three children

At this stage they don't choose the primary health care tier of the local health system. With the help of family friends and neighbors the sick pregnant women is shifted to the DHQ hospital or Gandawa town with better facilities for life saving treatment. But as the district health system is not providing quality health services, local doctors mostly refer pregnant mothers to other cities for better treatment. Additionally, the decision to take sick depends on the financial ability and capacity of the families to go ahead with seeking treatment.

> *"Whenever pregnant women come to us we can't always help them because mostly they are late and we don't have the right services in the hospital. So we refer them to other cities travel to and staging in which they have to arrange by themselves and for that they pay a lot and not everyone can afford it".* A senior doctor says

Figure 1 summaries the details of health seeking pattern during pregnancy related health problems and obstetric care among Baloch community.

Factors influencing health-seeking behaviors

The study identified many constraints for routine ANC checkups. Women in the Baloch community are dependent on men in many social aspects of life.

Their mobility is limited, their social contacts are limited, and exposure to mass media is limited in rural areas. Their lives are limited to home and taking care of children. The men also don't have information about the health services and their benefits. Availability of female staff, financial factors, and past experiences of husbands also emerged as important factors.

Importance of ANC

In the view of most pregnant females, pregnancy is a natural process, which will bring some small problems to be ignored. In the community there was no trend of visiting a health facility until a health problem appeared.

> "*Every woman has to go through this natural process and we have to suffer small problems"* a pregnant women

Pregnant women in the study area never went to any health facility for routine antenatal care when they did not have any problem, and they believe that when they get sick they should go to the hospital, as they need treatment.

> One mother of six said, "*I never needed a doctor, though I had small problems but I ignored them"*

Male respondents were also concerned about the health of women during pregnancy. When their wives had problems during pregnancy they thought mostly it's a natural problem and every women has to produce children, small problems are part of life.

> *"When women get pregnant they have health related problems and it makes problems for us at home. They cannot work with us in the field, can not take care of the home and kids, and cannot do routine home work"* A 33 years male

Some of the respondents believed that pregnant women must have treatment at the right time,

> "*Problems can happen, but when they need a doctor we should take them to a health clinic and treat them as everyone can have health problems in life*" a male school teacher

Female health providers also saw that pregnant women didn't come for routine ANC both in public or private health facilities, even if facilities were present in their villages.

> *"In my three years of working in Gandawa town I never attended a single case of routine ANC even women from Gandawa town where I live and work"* female medical officer

Women's autonomy

In the Baloch community women don't go out of the home alone. They cannot even go alone to their parents home without some male relative such as brother, husband or male family elder. They are dependent on males to take them to the health center or health personnel, and if pregnant women don't have any pregnancy related problems there is even less possibility that they will be taken to ANC.

> *"Our men don't concern with the health of females. We cannot take them to the health facilities for many reasons"* A female elder.

> "*I would never see a hospital in my life if my husband or brother did not take me. How can I go to a hospital that far away by myself? And if I don't have a severe problem who will take of me there*" a mother of two children

Most of the female participants mentioned that their husbands and parents usually decided for them. They also pointed out that they had to ask for permission from their husbands to attend ANC.

> "*We always ask our husbands for permission before we decide about what we want to do. In a similar way we have to ask permission to seek care during pregnancy, since we don't have money at hand, we need to ask our husbands*" a mother of four children

Polygyny

Polygyny is a common practice among Baloch culture and mostly it is based on needs including desire of male gender children, exchange of women for marriages and using females as a remedy of the feudal wars for the compensations of deaths of the male.

In Baloch culture as male gender plays an important role; mothers who give birth to male children have more respect and the husband is less likely to marry other women.

> A pregnant mother says, "*I could not give birth to baby boy during my last four pregnancies and last year my husband married another woman for male child and*

she was lucky to give birth to a boy and now my husband take care her very much".

Feudal Anarchies

Enmities in the Baloch tribal society start between individuals and later on spreads to relatives, sub-clans, clans and if the problem not solved leads to involvement of the entire tribe. During these types of disputes entire social system disrupts leading to restricted movements of the male, impediments in earning, and increase in poverty.

"I can not go out of my village even not for work and I can't earn money even, how can we use health services in other areas". A 35 years old male

"Women suffer a lot for their health especially during pregnancy because of feudal wars as their men can't go out of their homes, even we cant go to their village as its very much dangerous to visit their village". A traditional birth attendant says

Religious factors

As Muslims believe everything is given and taken by God, the Baloch community also has that belief. If they don't have any problems, God is keeping them healthy and will take care of them in the future also. They get relief from health problems through their Mullah and husbands bring taweez (written verses of the Quran) for their wives from the Mullah.

A man says, "*when we have some illness it is because of God's wish, and when we are sick we loose sin. When God wants and we become well, and taweez are verses of the Quran; they have more power than human medicines*".

Availability of the health facilities and female staff

The health facilities located in the Pattri UC included a BHU and CD, which did not have female staff, and there were no antenatal care facilities. The DHQ hospital was in Gandawa (about 20 km from the nearest village) where a female doctor or female health technician was available.

Many women could not go for antenatal check-ups, as there were no such facilities in the villages. They either had to go to the nearest village BHU or to the district hospital or private hospital at Gandawa town, the district headquarters.

"*We cannot go because we don't know where the hospital is and how far away it is. We can't go alone and our husbands are busy at work. We don't know who works there and whom we will meet. We only go there when we have severe problem*" A 20 years old mother

Past experience of the men

Past experiences of the decision makers (husband and family head) emerged as one of the major factors influencing whether or not to visit government facilities for maternal health. Most of the people who visited didn't have good experiences during their last visit for myriad reasons. Some never visited health facilities because of negative past experiences learned from others.

Most of the male participants had a negative impression about government health facilities; they stated that most of the health staff there were unfriendly.

One of the men expressed his feelings "*last time my mother was sick and we went to DHQ for treatment, nobody was friendly and my mother was not happy*"

Females also had the same opinion that if they go to government health facilities they don't get proper treatment and the staff of the hospital makes them spend money unnecessarily and this leaves bad impression on their decision makers.

"Last year I had severe problems after an abortion and I remained sick for one week at my home so we (with husband) went to the hospital (BHU) in the nearest village, but didn't find anybody in the hospital. We waited so long but nobody come to treat me, and then in the afternoon we left for the hospital in Gandawa. Even there we didn't find anybody, and now my husband is not willing to take me there" A mother of four children

"In my view, the medicines they prescribed were a lot and most were unnecessary" A 40 years old male

People also avoided visiting health centers/hospitals because of the attitude of the staff. Most of them said the hospital staff is not friendly, but medical staff behaved well in the private clinics. Patients did not know about the jobs of the staff and who is supposed to take care of them for maternal health services.

Financial factors

The average income in the study area is less then

90US $ per month. Financial factors also seem to be a significant reason for not seeking routine ANC in health facilities. The facilities are away from their villages, and the cost of unnecessary treatment, transport, and other out-of- pocket expanses were mentioned as constraints. Poor basic infrastructure (roads, ambulances, health facilities and their equipment), lack of decision making power, lack of women's empowerment, inequity, low educational status and less attention to women's basic health and basic rights were discussed as the result of poverty.

> *"Most of the time the reason why we don't use the health facility is because of our economic problems. We can manage to reach the hospital but can't pay the costs of medication. So we need to choose facilities in our village".* A tribal elder

DISCUSSION

In last two decades the government of Pakistan has developed several MCH programs, most of them in collaboration with donor agencies, to improve maternal health status. The federal government controls these with execution branches at provincial and district levels. These programs include training and provision of equipment to Traditional Birth attendants, LHWs Program which provides essential primary health care services to communes at their doorstep by 96 000 trained LHWs, linking the health system and the masses. In addition, government programs aim to provide services to women who for cultural reasons cannot leave their homes in rural areas. The maternal and neonatal child health (MNCH) program is supposed to provide enhanced access to quality maternal and child health and family planning services in the country. But still Pakistan lags behind most of developing countries in terms of MNCH outcomes despite the efforts by government to respond to international communities such as millennium development goals which are well documented [13, 14].

In his book "The Cultural Context of Health: A Baloch Perspective" Doctor Naseer Dashti [15] describes that the health seeking process among Baloch begins with diagnosis at home by family members and problems are settled during family meetings that address all other family affairs. Family friends and neighbors also play an important role. The current study also demonstrates that despite of modern government services and social development, pregnant women still depend on the elder female family members to confirm pregnancy and get precautionary guidelines at home through traditional methods.

In case of any pregnancy related problems, the Baloch community does not always follow a strict contemporary maternal health pattern. However, the community studied had low awareness about importance of ANC and throughout normal pregnancy health facilities were not consulted in routine. In cases of pregnancy, women have to follow their mothers-in-law for seeking-health and remedy starts from at home [6, 16]. In Balochistan people live in an extended family system, the fertility rate is high and women don't have education leading to delays and limited health seeking during pregnancy [17]. In the Baloch community women are predominantly dependent on men and who are the decision makers and hold the resources. As family head or husband, men decide when and where women should seek health care during pregnancy [3]. This study revealed that both men and women are not knowledgeable about ANC and low autonomy of the women further decreasing the probability of ANC in normal circumstances.

This polygyny marriage practice is most widespread and traditional in Middle Eastern, Asian, and African, cultures where "human resources" are vital to sustainable living. Large, extended families, including polygynous household, are occur most often in cultures that have to rely heavily on agriculture or animal husbandry to provide survival. In agricultural societies, the additional labor supplied from the polygamous household lowers the number of outside employees needed to maintain a living and may further preserve the family's wealth. Polygyny is a common practice in the Baloch tribal communities that leads to deprivation of the rights of the women leading to poor utilization of the health facilities [18].

The current study also revealed that in Baloch community feudal anarchies are also common due to many factors including low literacy rate and less economic resources leading to immobilization of male hence limiting mobility of female and underutilization of the preventive services in normal and emergency circumstances.

Health-seeking behaviors are also influenced by Folk/Islamic medical philosophies [15, 19] especially in the low resources communities. Due to low awareness of ANC and unviability of health facilities the population also consulted religious healers for the maternal health related problems.

Severity of disease also emerged as an important factor. Other factors influencing ANC seeking behavior include accessibility of treatment facilities, the resources available for treatment, religious

affiliation and educational background of the families. Hard geographical topography and sparsely distributed human inhabitants add to the problem of access to health services [20, 21]. People have to travel long distances to use the poorly provided services; absence of the staff with unavailability of medicine at the primary health care level in Balochistan also influences the health seeking behaviors. Therefore, a large proportion of the population of pregnant mothers relies upon traditional therapies and healers.

CONCLUSION AND RECOMMENDATIONS

The study revealed that there are different factors that were influencing the pattern of ANC utilization by the pregnant women including low awareness for ANC, autonomy of the women, customs of the tribal system, availability and quality of health services and financial resources. The study recommends that there is dire need to revise provision of health services according to the local customs and improve existing loose socio cultural network to help women. As females are dependent on male, targeting men in interventions and increasing number of female health staff for improving maternal health in Balochistan province may produces good results. Further studies are recommended to produce more evidence for policymakers in similar settings regarding social networking and improved access to and delivery of quality ANC services to improve maternal health.

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