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Research Report |

Maternal Health in Rural Areas: Assessment of Maternal Healthcare Access in Rural Punjab

1. Introduction

Maternal health remains a critical public health challenge in rural Punjab, where limited access to skilled birth attendants, poor transportation, and deep-rooted cultural beliefs contribute to high maternal mortality and morbidity. Despite national initiatives like the **Sehat Sahulat Program** and **Benazir Income Support Program (BISP)**, many women in remote villages still deliver at home without medical supervision. This study assesses the current state of maternal healthcare access in rural Punjab, identifying key barriers and proposing culturally sensitive, community-based interventions to improve maternal outcomes.

2. Objectives

- To evaluate the availability and utilization of maternal healthcare services (antenatal, delivery, postnatal) in rural Punjab.
- To identify socio-cultural, economic, and geographic barriers to healthcare access.
- To assess the role of Lady Health Workers (LHWs) and community midwives.
- To examine the impact of poverty, education, and gender norms on maternal health decisions.
- To recommend scalable, low-cost interventions for improving maternal care in underserved areas.

3. Methodology

Study Design: Mixed-methods approach combining household surveys, interviews with healthcare providers, and focus group discussions with mothers and traditional birth attendants (Dais).

Duration: 10 months

Study Areas: 15 villages across 5 districts: Bahawalpur, Multan, Rahim Yar Khan, Muzaffargarh, and Dera Ghazi Khan.

Sample Size: 600 women of reproductive age (15–49 years), 50 LHWs, 30 traditional birth attendants.

Data Collection:

- Structured surveys on antenatal visits, delivery location, complications, and family planning.
- Interviews with LHWs on challenges in service delivery.
- Focus groups to explore cultural beliefs (e.g., preference for home birth, male doctor avoidance).

Analysis: SPSS for quantitative data; thematic analysis for qualitative responses.

4. Key Findings (Expected)

- **Low Facility-Based Deliveries:** Only ~35% of births occur in health facilities; 65% at home, often assisted by untrained Dais.
- **Antenatal Care (ANC) Gaps:** 40% of women receive fewer than 4 ANC visits; 25% receive none.
- **Transport Barriers:** 60% of villages lack ambulance services; travel time to nearest hospital: 1–3 hours.
- **Gender and Cultural Norms:** 70% of families prefer female healthcare providers; stigma around gynecological care.
- **LHWs Overburdened:** One LHW serves ~1,000 people; limited supplies and training.

5. Significance in the Pakistani Context

This research addresses a critical gap in rural healthcare delivery. Unlike urban-focused studies, this project emphasizes:

- **Community Trust:** Building on the existing LHW network for education and referral.
- **Mobile Clinics:** Proposing solar-powered mobile units for remote areas.

- **Culturally Sensitive Messaging:** Using local language (Punjabi, Saraiki) and religious leaders to promote maternal care.
- **Integration with BISP:** Linking cash transfers to antenatal visit completion.

Findings will support Punjab’s **Provincial Maternal, Newborn & Child Health (MNCH) Strategy** and inform national health policy.

6. Ethical Considerations

Informed consent will be obtained in local language. The study will be reviewed by the RYKMDC Institutional Review Board (IRB). Privacy will be maintained; no personal identifiers will be published. Participation is voluntary.

7. Budget Estimate (Total: PKR 220,000)

Item	Estimated Cost (PKR)
Data Collection (Surveyors, Travel, Tools)	80,000
Field Staff (2 Coordinators, 5 Surveyors)	70,000
Community Engagement (Meetings, Materials)	25,000
Data Analysis & Reporting	20,000
Training for LHWs (Workshop)	25,000
Total	220,000

8. Conclusion

Improving maternal health in rural Punjab requires more than infrastructure — it demands trust, education, and cultural understanding. This study will provide actionable insights to strengthen community-based maternal care, reduce preventable deaths, and empower women with knowledge and access. By working with Lady Health Workers, local leaders, and families, we can build a healthier future for mothers and newborns across rural Punjab.

Note: This research aligns with Sustainable Development Goal 3 (Good Health and Well-being) and supports Pakistan's commitment to reducing maternal mortality (SDG Target 3.1).

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