



Healthcare Services and its Impacts on Women's Health: A Study of Chitral District

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Abstract: *The present study was about healthcare services and their impacts on women's health. This study explored the problem faced by women in accessing healthcare services, and the reasons for their poor health. The research was carried out in the Istangol Valley of District Chitral by married women. The primary objective of this research was to unveil the major health problems of women and how healthcare facilities affect women's health in their daily lives. This study was conducted under a quantitative research design by using social survey method. Data was collected through a detailed questionnaire. A sample size of 103 respondents was selected from the targeted population through simple random sampling. The researcher then analyzed the data by employing a statistical package for social science (SPSS). Through the results, the researcher found that the unavailability of female specialties was a major reason that became a hurdle for women to access healthcare services. The situation of the poor basic health of women showed the failure of health ministries/departments to provide basic healthcare in rural areas. It is recommended that the government take action to upgrade facilities, supply infrastructure, and hire physicians to address women's health concerns in rural regions in order to enhance the health of women there. It is also suggested that non-governmental organizations should spread awareness about healthy diets and the importance of better health.*

Key Words: Healthcare Services, Women's Health, Chitral, Pakistan

Introduction

"Health is a state of complete physical, mental and social wellbeing" World Health Organisation (WHO 1946). Regardless of gender, all people have the right to obtain healthcare. As Asian Development Bank Health describes 'Health is vital to development and is a human right. Learning, worker productivity, and income all increase with good health. Therefore, health promotes economic expansion. (Asian Development Bank Health, ADBH). Regarding health rights, access to safe and potable water and suitable conditions, a sufficient supply of safe food, nutrition, and housing, healthy work and the surrounding environment, and access to health-related education and information, including sexual and reproductive health, are all explicitly mentioned in the United Nations Committee on Economic, Social, and Cultural Rights (2000) in general comment no 14. These specifics represent the rights of every living human being on the planet. (BMJ Glob Health 2017).

The state of being healthy plays a key role in the development of the economy. As was clearly seen in the past few years the how COVID-19 pandemic has disturbed the economies of countries around the world, A healthy population is proportionate to greater economic growth, healthy population enhances the productivity of a country (Ridhwan et al., 2022). The healthcare system exists in every nation on the planet. In this sense, some of them have more intricate systems than others. The majority of industrialized nations, including the global north, make greater investments in the health sector and make efforts to meet the fundamental medical requirements of their citizens. (Stoddart, & Evans, 2017). Conversely, impoverished and emerging countries find it difficult to offer their citizens quality healthcare. Furthermore, the nation's infrastructure is important. This implies that the general atmosphere, concepts, procedures, fundamental framework, and governmental policies are essential to providing patients with

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health care services. People in developing countries sometimes lack basic healthcare facilities in some impoverished areas (Giplaye, [2019](#)).

Societies still fail to provide for women's healthcare requirements at critical junctures in their lives, especially in adolescence and old age, despite significant advancements in recent decades. The United Nations Secretary-General declared the 2010 Global Strategy for the Health of Women and Children. And reaffirmed it in 2015 to guarantee international commitments and contributions to improve the current state of affairs globally (Mariani et al., [2017](#)). In the race of health and healthcare provision females are the ones who are neglected the most, ignorance and preventable situations during pregnancy, labor, and the postpartum period cause the untimely death of many women in their prime. Maternal mortality is a tragedy that impacts 800 women every day, or one every two minutes. (Chauke et al., [2023](#)). Mortality among mothers, as defined by the World Health Organisation (WHO), as a woman dies at any point while she was pregnant (regardless of the location or length of the pregnancy) or within 42 days after giving birth from causes related to or made worse with the exception of those caused by incidental or unintentional causes, by the pregnancy and/or its treatment (Ekwuazi et al., [2023](#))

According to a report in 2015, almost 30,000 women died globally due to maternal-related life-threatening conditions. There are many reasons why they are giving birth in hazardous situations without facilities, malnutrition during pregnancy, and post-partum problems after birth (Farzianpour et al., [2017](#)). Furthermore when it comes to the allocation of budget to different sectors especially healthcare Pakistan is behind many of the developing countries as well India, Ghana, and the Philippines spend approximately a great amount of USD per capita on the health sector, respectively, in comparison to Pakistan. In terms of GDP percentage, Pakistan's expenditure on the public health sector increased by 1.2% in 2020–2021 compared to 1.1 in 2019–2020, which is not a substantial increase (Pakistan Economic Survey 2021–22).

Literature Review

Women have specific health needs that are different from their male counterparts, but the world is failing to provide them with prime healthcare services. As per WHO, women are considered the backbone of any country and play a major role in developing activities, but they are deprived of their major health rights. The data researchers regarding this issue are limited or unreliable, and the country is lacking in providing basic healthcare needs. (World Health Organization [2009](#)). When talking about healthcare services, and their provision to the population the main important indicators are health infrastructure and the availability of hospitals and dispensaries regards of the needs of the growing population. Health indicator includes basic health units, dispensaries no medical infrastructure no beds, and medical personnel. Since mid-2000 Pakistan has been experiencing brain drains to a great extent, low per capita income and lack of opportunities in the health sector can be a major reason behind brain drains (Khaliq et al., [2018](#)).

According to the staff notes of Pakistan SBP (2018) improving the healthcare system will be a productive force in the economy, and huge budgets are allocated by the developed countries for improving their health sector. The scenario is different in Pakistan regarding the allocation of budget for the health sector. Pakistan fell far lower than the developing countries when it comes to the spending of money on healthcare and the major indicators are the rising population and low allocation of budget for the health sector, weak policies, inefficiency of officials, miss utilization of resources (Khaliq et al., [2018](#)).

A healthier population will contribute to the development of and solidity of a nation, according to the World Development Report, Pakistan lies in the lower middle-income country with a GDP growth rate of 5.2% and 5.5% in the year 2017 Pakistan spent 0.9% of GDP on public health expenditure and which 2.4% (Khalid et al., [2018](#)). The healthcare system of Pakistan is been challenged by the scarcity of resources, quacks, limited health infrastructure, and corruption, the problem faced by the rural population in accessing healthcare services is a big issue, due the the unavailability of health infrastructure and allocation of funds, for the sustainability of the infrastructure. The policies are sketched by the politician, but they are not properly implemented by the representative ministry (Hassan et al., [2017](#)).

In Pakistan, there is a huge discrepancy between the rich and the poor, when it comes to accessing healthcare services. Because the majority of the population is in absolute poverty. Government infrastructure, para-statal healthcare systems, the commercial sector, civic society, and charitable donors

are all part of Pakistan's diverse healthcare system. Compared to the WHO-recommended ratio of 1:1000, the 1:1127 doctor-to-population ratio is much lower (Nishtar et al., [2013](#)). When it comes to primary health care the lady health workers are doing a tremendous job as Pakistan has benefitted from this phenomenon. Workers from various cultural backgrounds, such as midwives have achieved great success. However, Pakistan is also well-known for its traditional medical system (Nawaz et al., [2021](#)).

Moreover, due to the strong patriarchal nature of Pakistani culture, women frequently experience gender-based differences in areas such as health, education, career prospects, income, privacy, property oversight, and involvement in politics. They face barriers to limit decision-making power when it comes to their health and healthcare services (Habib et al., [2021](#)). Furthermore, due to the patriarchal hold on society, women have limited mobility and women feel shy about being examined by male physicians, working in the fields, high fertility rate and customary values are some of the indicators (Dagostini et al., [2022](#)).

Chitral is located in the northern part of Khyber Pakhtunkhwa Pakistan, a beautiful mountainous valley, but despite all these blessings and God-gifted beauty. Chitral lacks basic health facilities because of the negligence of concerned authorities, who have failed to provide a concerned number of doctors and infrastructure to district headquarters (DHQ). According to the data collected from the district headquarters (DHQ) out of 116 posts, 52 have been filled and 64 positions are vacant, only one gynecologist performs duty for the whole hours, and there is no specialist, especially in the cardio department, as the number of cardio patient are high in number, only two dialysis machines is available for a huge number of patient no of beds are limited for the patients (Shinwari, [2018](#)).

Kalash Valley or Bumburat Valley is the heart of Chitral and many tourist visit there every year but the health is in an alarming situation, there is no staff available in the basic health unit, they said that the basic health unit BHU was renovated by the red crescent Pakistan and they also appointed the staff but after competition, the staff left, and now they are compelled to take their patient to the district headquarter Chitral because of no other choice. Some of the areas are really far flung from the district headquarters DHQ hospital time the women, who are taken to the hospital for delivery die before giving birth due to the lung and unpaved routes (Ali, [2018](#)).

The public hospitals in Chitral whether district headquarters (DHQ) or basic health unit (BHU), both need the attention of the concerned government, and ministry, for the provision of basic facilities and medical equipment. The shortage of doctors and medicines should be dealt with properly by the ministry, absenteeism of doctors is a major concern, and graduation to the latest technology (Transparency International Pakistan, [2017](#)). In rural areas of Chitral, 46% of households reported that they have delivered, their child at home. Statistics show that there are just eight physicians and twenty nurses for every 100,000 people (Development Profile Chitral District, 2015).

(Hussain et al., [2018](#)) Psychological distress is a major concern in rural areas, with 72% of rural females experiencing it. Men's ratio is low, with 44% in rural areas. Postpartum depression is common, and maternal issues arise due to illiteracy, domestic violence, high fertility ratio, and water-born parasites. Home birth is prevalent in the Chitral district, with 51% of the population being women. The KPK government is responsible for providing medical staff and infrastructure to the district hospitals. However, according to WHO standards, Chitral has one physician per 10,000 people, resulting in inefficient healthcare due to a shortage of doctors, medicine, infrastructure, and unhygienic conditions. (Chitral Growth Strategy, [2017](#)).

Hypothesis

- The absence of female specialties is negatively associated with the poor condition of women's health.

Methodology

This research was conducted in Istangol valley of Chitral district, it was a quantitative study and focused on women's health. What difficulties do women face in the absence of healthcare services? The total population of Istangol Valley is 249 out of 103 respondents were selected for this study through simple random sampling. The respondents of the study were married women. The data was collected through a



self-structured questionnaire which had three sections. The first section covers the basic demographic information of the respondents, the second section covers the questions related to major health problems of women and the last section covers the questions about, how healthcare services affect women's health in their daily lives.

The questionnaire was evaluated by two of our department experts to assess its validity, and to check its reliability the questionnaire was pre-tested before data could be taken from the field. The data collected from pre-testing was then analyzed on a statistical package for social science (SPSS). Mean, median, and chi-square were used to provide the statistical overview. The hypothesis was also tested to check that our stated assumption was right or we were proved wrong. Every respondent who took part in the study gave their informed consent while taking data from them.

Results

A total number of 103 respondents were selected from the population of 249 to be included in this study. Table number 1 shows the respondents' socio-demographic details. All the respondents were married females. The majority of the respondents were between the ages of 16–25 years, and very few were between the ranges of 34–40 years. The majority 34.4% of respondents were illiterate, 66.0% of respondents were part of a joint family system and 33.0% of respondents were part of nuclear families. The majority of respondents were housewives and only 2.9% were working as government servants.

Table 1

Socio-Demographic Characteristic of the Respondent (N=103)

Variables	Frequency	Percentage
Age in years		
16–25	44	42.9
26–33	43	41.8
34–40	16	15.6
Education		
Illiterate	35	34.0
Primary	30	29.1
secondary	19	18.4
Bachelor	18	17.5
others	1	1.0
Family type		
Nuclear	34	33.0
Joint	68	66.0
Extended	1	1.0
occupation		
Housewife	95	92.2
Government servant	3	2.9
Health worker	5	4.9
Others	–	–

The results found that the majority of the respondents around (74.8%) said that there is a basic health unit in the area. (65.0%) respondents said that there is no female staff in the healthcare units. (54.4%) respondents agreed that they don't have any kind of annual health check-ups. (99%) respondent said that there are no healthcare facilities available in the healthcare unit except ambulances. (92.2%) respondent face difficulty due to the unavailability of female specialities in healthcare Unit. (36.9%) of the respondents gave birth at home, and at the delivery, only midwives were there. (62.2%) of the respondents agreed that the medicines are sometimes available at the healthcare Unit. (73.8%) of the respondents disagree with the statement that they have regular check-ups. Back pain was the most common kind of health-related problem prevailing among women, (45.7%) of the respondents said that they feel back pain on a regular basis. (53.4%) and there was a serious condition among respondents that when they feel sick they prefer self-medication and when the pain or sickness is unbearable then they prefer to consult a doctor.

Table 2

Frequency distribution of the health unit has any female staff

The basic health unit does not have any female staff	Frequency	Percentage
Yes	36	35.0
no	67	65.0
Total	103	100.0

Table 3

Frequency Distribution of Types of Health Facilities Available in Health Care Unit

Facilities	yes	No
Ultrasound machines	1 (1.0%)	102 (99.0%)
x-rays machines	-	103 (100%)
Operation theatre	-	103 (100%)
ECG machines	-	103 (100%)
MRI machines	-	103 (100%)
Ambulance	102 (99%)	1 (1%)
Total	103	100.0

Table 4

Frequency Distribution of Female Specialities

Female specialities	Frequency	Percentage
Yes	8	7.8
No	95	92.2
Total	103	100.0

Hypothesis Testing

A hypothesis is an assumption about something, hypothesis testing is a formal procedure that statisticians use to test whether a hypothesis can be accepted or rejected.

Hypothesis

- The absence of female specialties is negatively associated with the poor condition of women's health.
- **Ho=** there is no association between the absence of female specialties and poor condition of women's health.
- **H1=** there is an association between the absence of female specialties and poor condition of women's health.

When 0.05 level of significance we reject Ho if $\chi^2 c > 9.488$

Table 5

Absence of Female Specialities is Negatively Associated with Poor Condition of Women's Health

Female specialities	Regular check-ups				Total
	Agree	Strongly agree	Disagree	Strongly disagree	
Yes	0	0	2	5	7
No	1	11	74	10	96
total	1	11	76	15	103
Chi-square =19.632	DF= 3		Significance level= .000		

From the calculation I have found that the value of χ^2 is 19.632 with the degree of freedom 3 which is greater than 9.488 with a significance level of .000, so we reject Ho and accept H1 that there is a strong association with the absence of female specialties and poor condition of women's health.



Discussion

The data from this study reflect the lack of initiatives taken by the health ministry in the area. The women cannot move to other cities to avail healthcare services, due to various reasons. The research also concluded that the absence of female specialties for women is associated with the poor condition of women's health, women's don't want to be treated by a male doctor, because they don't feel comfortable telling the male doctor about their disease. The result shows that women in rural areas of Istangol Chitral faced many health issues due to the absence of female specialties, lack of awareness about basic health, and limited health infrastructure such as ECG machines, ultrasound machines, operation theatres, and x-ray machines. Due to the absence of lady doctors women suffer a lot. The study is also in conformity with similar research, as reported by (Chitral Growth Strategy, 2017). Also, the study is similar to, the Development Profile Chitral District (2015). The findings of this study have similar kind of results as previous studies, as Bennett, Lopes, Spencer, Hecke, et al, (2013) argued lack of healthcare facilities has a major impact on rural women as specialty care includes obstetrician and gynecological services. Rural areas also tend to have a higher rate of chronic illness and women in large amounts have back pain, muscular pain, and bone disease. Many studies on rural areas one of the study reflect that image of rural women's health as, Tarar et al., (2016) have argued that in rural areas most women are illiterate and they are working in fields all day long, so working in the fields and not participating in the agricultural activities they neglect their health, working in the fields become the major cause of health troubles.

Conclusion

The unavailability of female specialties is the main reason behind the inadequate health of women in the Chitral district and also lack of basic healthcare facilities is one of the reasons behind it, medicines are not available sometimes, women prefer self-medication and shortage of female staff in hospital's. This study gave guidance to the health ministry and other organizations to pay attention to women's health, especially in rural areas. This research could help in further research on the health of rural women. Non-governmental organizations should visit rural areas and raise awareness of women-related issues and how to cope with them. In order to overcome this issue the government should take initial steps and increase the budget allocated for the health sector. The government needs to provide all the necessary equipment and facilities to public hospitals and facilities the doctors while they treat the patients. There should be a monitoring team who should visit the hospital twice a month to check whether the staff and doctors are performing their duties honestly. Transfer of any doctor from rural to urban should be banned for at least three years. Proper training should be given to doctors so they can cope and adjust themselves to the rural environment.

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