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Research Article

Health Facilities in Baluchistan and Women Approach Toward Health Facilities

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ABSTRACT

The main thrust of this study was to review the attitude of women to available health services. In rural areas of Baluchistan, although there exists a wide gender gap in all sphere of life, higher difference can be seen in health sector. The ill health, high maternal mortality, low life expectancy and premature deaths are the main indicators reflecting the poor status of women's health. Finally, the area of interventions identified both by women and health authorities was forward in the form of recommendations. The majority of women expressed their dissatisfaction over the available Government Health services. What is required is to build trust of women on health facilities. In this regard improvement of health services through expended access, better quality and increased utilization can serve the purpose.

INTRODUCTION

The ill health, maternal mortality rate, low life expectancy and premature deaths are the main proxy indicators reflecting poor status of women health Women involvement in development process is highly emphasized .There is a growing realization that sustainable development cannot take place without the active role of women. The pace of women development is however very slow in Baluchistan. Their role in socioeconomic activities is almost negligible especially in rural areas. Though Baluchistan has wide gender gap in all aspect of life, higher difference can be seen in health sector(1).

Baluchistan the military stuck province is having the highest maternal mortality rate (600 per 100,000 live births)(2) life expectancy at birth decreased owing to absence of health services, tribal culture, lower socioeconomic status and no security to medical officials.

The irony of the situation is that women who are more vulnerable to diseases have comparatively less access to health services. To deal with this situation view of both "providers" and "users" has to be taken into account.

A recent remarkable role has been seen in health improvement in some areas of Baluchistan with the help of FWO (frontier work organization) PAK Army due to CPEC project that made easy approach to nearest health facility.

Objectives of the study

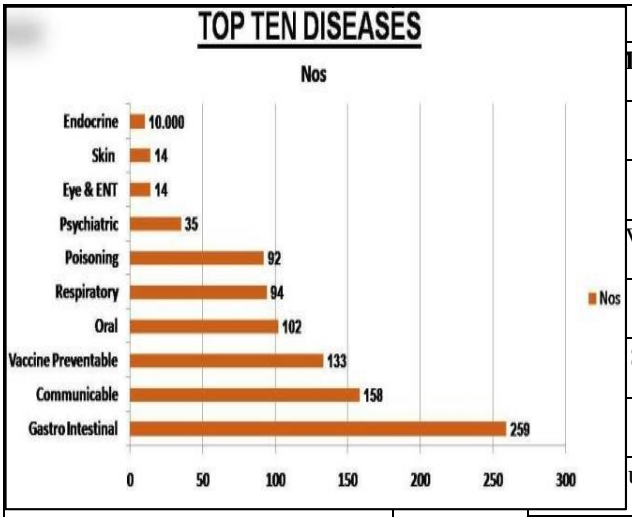
The main thrust of this study was to review the attitude of women to available health services. In addition, the study attempted to explore the socio-cultural sanctions, taboos, myths and misconceptions restricting their ability to reach health facilities. Finally the area of interventions identified both by women and health authorities were to forward in the form of recommendations.

Key Indicators

The following key indicators have been developed in order to access the situation.

a) Available health facilities.
b) Capacity of women to utilize the existing health services
c) Choice different modes of treatment

d) Level of satisfaction with health facilities



e) Communication barriers

Maternal, New Born and Child Health	
Antenatal Care	23%
TT2 Vaccination	17%
Vaccination (BCG. Fully)	**0%0%**
Institutional Deliveries	**13%**
Skilled attendants at birth	**33%**
Diseases (MICS 2010)	
uspected pneumonia <5 yrs	**3%**
Diarrhea in last 2 weeks<5 yrs	**30%**

(MNCH and diseases indicators, MICS, 2010)(2) **(DHIS, 2009-10**)(3) **Significance of study**

The study corresponds to relatively unexposed areas of Baluchistan because no worthwhile research work exists in this regard. It explores an important issue which is directly related to women health. The findings may be utilized by Health and Population Welfare Departments as well as by other agencies in checking out certain policies and planning in areas of Baluchistan.

Available Health Facilities

By and large women access to health services depends upon the availability of health services and its distance. The areas where facilities are adequately available, the access of women is better. As an example health facilities in area of Mustang, there are two health institutions (Dispensary and Basic Health Unit) located at pringabad cluster. While other two clusters Kungar and Shanawaz don't have any health unit.

Health Services Infrastructure	
Hospitals	1
Rural Health Centers (RHCs)	1
Basic Health Units (BHUs)	15
Dispensaries	13
MCH Centers	4
TBC	1
Others	1
Human Resource for Health	
Doctors	28
Nurses	3

When discussed with the community members, it came out that Government is not acting upon its promise of employing people from community in the said dispensary. There is no hospital in Bostan city and one RHC at Umer Abad.

There are 28 Doctors for a population of about 304,966 heads ie one Doctor for 10,892 persons and only 3 nurses and 2 dentists posted in the health facilities of the District(4).

Distance of Health Facilities

For example area of Mustang, health facilities are located at different distances ranging from 2 to 25 km. It was observed that longer the distance, the poorer is there access of women to health facilities. The Haiderzai has no nearest health facilities. In case of serious illness patients are taken to Quetta(5).

Capacity to Utilize Health Facilities Regarding utilization of health facilities, more than 70% respondents were found not utilizing government health facilities. Reason for not utilizing available health facilities include long distances, sub-standard medicines, ignorance about health facilities, social sanctions and higher cost involved in reaching services.In area of Mustang, more than 42% respondents held "long distance "responsible for not benefiting from health facilities. While 29.4% expressed their dissatisfaction over the poor quality of

health services. Women's involved in some education or economic activities have better access to health services. The above mention scenario reveals that not only the existing health facilities are inadequate, but also the capacity of women to utilize them is very limited.

Women attitude towards Different Modes of Treatment

Women attitude toward availing health facilities is an important indicator with respect to their access to health services. In this regard mode of treatment, use of prescribed medicines and practicing prevention are the important elements to be taken into account. Family planning going to doctors without male partners is still considered social taboos.Mode of treatment include traditional (herbal) spiritual (Taweez and dam) and modern methods. Government hospitals are the second preference. In area of Pishin the spiritual mode of treatment is the second major source adopted by 16% respondent's .Only 2.6% were using health centre and medical stores for their treatment(6).

Prevention practices

As regards prevention the big majority 92.2% of respondents acted upon. While those who did not practice prevention is about 7.2%. Most of them incline towards private doctors that shows poor Government Health facilities, shortage of female staff, psychological satisfaction from private treatment, absentee doctors and paramedical staff. In addition non availability of specialists in rural areas encourages people to consult private doctors. In addition majority of women have faith in spiritual way of treatment for certain diseases such as paralysis, infertility, psychological problems, insomnia, hysteria, epilepsy, evil eye and bad soul. In this regard they visit shrines, "Pirs" and "Mullhas". Non availability of medicines and its expansiveness indirectly encourage women to adopt spiritual ways of treatment.

CONCLUSIONS AND RECOMMENDATIONS

In formulating recommendations, we have considered not only the findings and conclusions of this study but also the views of key informants like health authorities and community notables. These recommendations are workable and can be implemented provided concerted and sincere efforts are made by the concerned parties. In fact these recommendations seek changes at policy, institutional and grass root levels. If policies are framed in the light of these suggestions, it will bridge the gap between providers and users of health facilities. Hopefully, decision makers will use them for improving the access of women to health facilities. The recommendations are as under:

The majority of women expressed their dissatisfaction over the available Government Health facilities. What is required is to build trust of women on Government Health facilities. In this regard improvement of health services through expended access, better quality and increase utilization can serve the purpose.

1. More should be generated through conducting micro level surveys and its findings be widely disseminated in local languages.
2. Awareness among rural women about health problems is very poor. Through regular campaign, their awareness can be enhanced. In this connection mass media, NGOs and regular visits of mobile teams can play a significant role.
3. The role of community in the delivery of health services cannot be neglected. Their effective participation can ensure sustainability in the provision of health facilities. During the survey, we found that community was quite positive towards this end. What is needed is to motivate and organize them around the principals of self help and participatory approach.
4. Social restrictions against women are very severe. Their mobility is therefore limited. In such situation their access be improved by providing health facilities at the nearest.
5. Acute shortage of lady doctors and female staff came out an important problem effecting women access. The need arises to sanction more posts in favour of lady doctors and female staff. Furthermore financial incentives and other facilities should be

raised in order to attract them to work in rural areas.

6. Absenteeism of doctors especially lady medical officers was reprted from some respondents. Their attendance has to be ensured for better access of women to health facilities.
7. Available local skills and knowledge about health should be developed for optimal utilization of health facilities.
8. Communication barriers undermine women access to health services. Doctors and other paramedical staff should be trained in communication skills. In this regard, familiarity with local dialect can bridge the gap to a great extent.
9. Due to cultural stigmas, women are normally reluctant to join health profession. It is therefore proposed that female doctors and other staff posted at the nearest centre of their home districts.
10. It was observed that people highly appreciated the appointments of lady health workers (LHWs) in villages. Their efficiency should be monitored so that the program could be made sustainable.
11. Policy should be changed from sophisticated care to primary health care, curative to preventive, urban to rural and hospital to outreach health facilities.
12. Rural women are comparatively less benefited from available health facilities. Special programs taking rural women as target group have to be chalked out to overcome the backlog. In this connection, more financial resources be allocated.
13. The existing rural health centers and dispensaries be upgraded by providing essential supplies and equipments.
14. During discussion with health authorities, it came out that female patients are not interested in consultation; rather they are interested in medicines. What is needed is to increase awareness about the benefits of consultation services.
15. Finally our study leads us to suggest that Government health services be priced. It was observed that people are willing to pay users charges provided the services of good quality. The trend of people to consult private practitioners further substantiates our suggestion.

REFERENCES

1. Baloch S. Poor State of Healthcare in Balochistan. Balochistan Express. 2016 29.12.
2. Shah AH. Multiple indicator cluster survery 2004 and 2010. Planning and development department, Balochistan in collaboration with UNICEF. 2010.
3. Hazara AZ. District Development. Planning & Development Department, Gov of Balochistan, Quetta. 2011.
4. Editorial. Health facilities in rural Balochistan. Balochistan Express. 2015 12.10.
5. Muhammad MG. Health-care services in Balochistan. Balochistan Express. 2016 13.06.
6. Achakzai DJ. Women's Attitude toward Available Health Facilities. A Case Study of District Pishin in Contrast to District Mastung. BALOCHISTAN REVIEW. 2014;XXXI(2):1-12.