Reproductive Health and Rights
Unravelling Realities

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This publication would not have been possible without the cooperation of 55 village women, who boldly voiced their concerns and experiences despite social and cultural constraints. To protect their identity their original names have been changed.

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I. Introduction

In South Asia women and youth face serious problems as regards their sexual and reproductive health: maternal and infant mortality rates are high, the HIV/AIDS epidemic is rapidly spreading, the use of contraceptives is scant, and young people lack access to information and health services. In largely all respects, the region is lagging far behind the goals that their own governments set themselves in connection with the UN International Conference on Population and Development (ICPD) in 1994, and later in the Millennium Development Goals (MDG) at the turn of the century.

In Pakistan women are excluded from health services, social activities and public spaces, which are compounded by their physical insecurity and class, caste, rural-urban, regional and provincial differentiation. They are also unable to exercise their reproductive rights within their families and communities and demand effective and timely services from health care providers especially in the public sector. To make the situation worse there is a serious lack of
accountability towards clients by the health providers.

From the year 2003 Shirkat Gah - Women's Resource Centre (SG) has been implementing two Reproductive Health and Rights (RH and RR) advocacy and capacity building projects in the provinces of Sindh and Punjab, viz. Women's Health and Rights Advocacy Partnership (WHRAP), a regional partnership between Pakistan, Bangladesh, India and Nepal that is coordinated by Asia Pacific Research and Resource Centre for Women (ARROW), and Averting Maternal Deaths and Disabilities (AMDD), supported by Mailman School of Public Health, Columbia University. Local partners, community-based organizations (CBO), with whom the activities were carried out were Swani Sanjhi and Umeed Trust in Punjab and Al-Shahbaz Social Welfare Association, Pirbhat Women Development Society and Peri-urban Welfare Association in Sindh. These CBOs were selected as partners as they were engaged in work related to women's reproductive health and had been associated with SG's activities in the past.

These two projects have contributed crucial insights into aspects of women's health and reproductive health that need to be addressed if the goals of women's wellbeing and reduction of maternal mortality as set under ICPD, Fourth World Conference on Women (FWCW 1995) and MDG are to be achieved. The projects included the establishment of baseline related to women's health and socio-economic parameters of each village. As part of the exercise case studies of women who had experienced RH complications were also documented. This paper brings together the case studies of 55 women in the reproductive age group 16 to 50 years as rich empirical evidence of the issues around RH in order to enhance understanding towards addressing them.

The report concludes by identifying principle issues and giving recommendations for improvement.

The Pakistan Context

Women's reproductive health It is estimated that 12% of Pakistan's burden of disease is due to reproductive health problems and six percent to nutritional deficiencies. Women's life expectancy (63.6 years) is a little higher than men's (63.2 years). However, a high maternal mortality ratio (350-500/100,000) and child mortality

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1. Information in this section is drawn from Khawar Mumtaz's paper on 'Gender and Poverty in Pakistan', ADB, Islamabad, 2005.
rate of 1 to 4 year olds (which is 66% higher for girls than boys) is considered to be one of the reasons for the country's negative sex ratio (105 males to 100 females). Maternal morbidity is amongst the highest in Asia. According to estimates there are 890,000 cases of induced abortions per year and 13% of maternal deaths are due to unsafe abortions.

Anaemia among women is widespread with up to 40% (21% men) suffering from it. Iron deficiency anaemia affects 26% of pregnant and lactating women. Pregnant women receive 87% of the recommended calories and lactating women, 74%. Protective cover during pregnancy i.e. tetanus toxoid injection varies from province to province being highest in urban Punjab at 72% and lowest in rural Balochistan at 17%. Lost healthy years at birth due to poor health are 6.9 years for males and 9.3 years for females.

Among reasons for poor health, other than women's social status, are the quality and accessibility of health services. About 71% of deliveries in 2004-2005 took place at home. Of these, 24% had a doctor or lady health visitor (LHV) in attendance. In 2001-2002, 21% of government facilities did not have female staff and there were only 18% rural households with BHUs in their villages across the country.

According to the National Institute of Population Studies (NIPS), Total Fertility Rate (TFR) in both Sindh and Punjab is 4.7, the Contraceptive Prevalence Rate (CPR) in Sindh is 26.8% and in Punjab 30%. The government and UNFPA assessment of unmet need for family planning is 33%.

Other social indicators Women's literacy rate is 40% against 65% for men, primary school enrolment of urban rich females is 44.8% while for the rural poor females it stands at 25% though the overall participation rate for girls drops quite drastically at the middle and secondary levels. And the Female Labour Force Participation Rate (FLFPR) is 15.93% out of the total Labour Force Participation Rate (LFPR) of 43.7% as cited in the Labour Force Study 2003-2004.

Women's limitations vis-a-vis ownership of property and access to and control over productive resources impedes them in accessing health services, schools, skill acquiring opportunities, jobs, markets and public resources.

The impact of poverty and environment on women's health It is estimated that at least 30% of the population lives
below the poverty line. For women belonging to the poor classes their social exclusion, economic dependence on males, gender biases and violence, and poor environmental conditions make them particularly vulnerable to disease including RH disorders and sexually transmitted infections (STI). Water borne diseases result in 30% of hospital cases and 60% of infant deaths. For women water for drinking and domestic use is a major issue sometimes needing travel on foot up to 6 km. in arid and 'barani' (rain-fed) areas.

**Contextualizing the Case Studies**

Shirkat Gah's projects are aimed at strengthening civil society capacity to effectively advocate for Sexual Reproductive Health and Rights (SRHR) especially safe motherhood and young people's SRHR at the local, national and regional levels. Likewise for this project, it was necessary to facilitate and strengthen the advocacy efforts and to understand the interplay of social, cultural and economic factors and their role in the exercise of women’s reproductive rights (RR), particularly with reference to their ability to overcome barriers in accessing Emergency Obstetric Care (EmOC) and making a difference in their mortality and morbidity.

The purpose of the baseline was to identify micro level barriers to women's RH including healthy pregnancy outcomes and the exercise of their RR by looking into situations at ground level. A baseline survey was carried out in all the selected research sites to inquire into and understand the reasons as to why women suffered from these problems and were unable to demand their rights and gain access to proper health care. The method used was to explore women's general health and RH issues e.g. maternal mortality and morbidity, nutritional deficiencies, and other illnesses viz. high blood pressure, diabetes, infectious diseases including tuberculosis (TB), malaria and STI, including HIV and AIDS and hepatitis. Children’s health and infant mortality were also investigated.

The final analysis is of extrapolation of the issues identified, probing into the reasons for them and recommending strategies and solutions/corrective measures to overcome them.

**Geographical scope of the project covered five sites**
Punjab — Haft Madar District Nankana Sahib (rural) and Jhugian Sayalan District Lahore (semi-urban).
Field study The research study was conducted by Shirkat Gah’s researchers (social mobilizers) along with local CBO volunteers trained by Shirkat Gah.

The intervention studies had a rights-based, participatory, process-oriented approach involving the community. They were based on the assumption that change will occur as a result of actions taken with the participation of the communities as they are the "experts" of their context and can recognize issues, identify what works and what does not.

In the poor communities of these villages, in which the average population size was 1500-3000, random sampling method was applied in each site to select the number of households for the survey. The numbers of households selected were 240 in Haft Madar, 180 in Unnar Goth, 200 in Jhugian Sayalan and 250 each in Silro Goth and Chakra Goth.

A quantitative questionnaire was applied in 100 households (alternate households) in Haft Madar and Unnar Goth to identify women who had complications during pregnancy and childbirth, the nature of the complications and their outcome e.g. maternal death, live birth, neonatal death or stillbirth. These field studies led to the identification of some relevant case studies which have been analyzed in this report.

The quantitative survey was undertaken to identify factors at each level (household, community and facility) that define the socio-cultural complexity and support or block women’s assertion of their reproductive rights and their access to health facilities.

In the qualitative study dimensions of social relations in the context of women’s RH and related issues were investigated. In all the sites an effort was made to investigate a common set of basic issues responsible for delays in obtaining health care and the impact of gender relations on them.

This investigation was based on five checklists developed for five different groups i.e. women and men of the community, traditional birth attendants, women who had suffered complications, husbands of women who had complications and health providers at the health facilities. Besides some similarities in the questions in all the
five lists, most of them were very specific to that particular group. The women who were covered in this investigation were in the age group 16 to 50 years.

A wide range of PRA techniques was employed, including wellbeing ranking, social mapping, pie chart, simple and scoring matrix, body mapping, pair-wise ranking, webbing, cause and effect, and focus group discussions leading to in-depth interviews and case studies. A time-use exercise was also carried out at Haft Madar.

Focus group discussions (FGD) were used to bring forth information on the history of the village/community and the sensitive reproductive health concerns, as well as capture women's needs, ideas and perceptions on these matters. In-depth individual interviews were conducted of women (identified in the FGDs and the quantitative research), having experienced pregnancy/birth related complications, of traditional birth attendants (TBA) who were present at the time of complications, and of husbands of women who had suffered complications. Some of the interviews were in the form of case-studies.

For the women who had died of complications in pregnancy or during delivery, in-depth interviews of their family members, neighbours, and local health providers (verbal autopsy) were carried out.

The rural sites in both the provinces were located in remote areas where accessibility to health facilities for women was not favourable because of long distances and bad roads. Generally there was lack of suitable transport (donkey carts, and trolleys were used) which caused serious delays in reaching the hospitals.

In contrast, health facilities both government and private, in the peri and semi-urban areas (Chakra Goth and Jhugian Sayalan) were located closer to the sites. These features combined with the fact that there were trained dais (traditional birth attendants, TBA) in one of these locations made women's access to health care facilities much easier and timely, resulting in fewer maternal and infant deaths.

Most of the people in the villages of both provinces belonged to the poorer classes having an income of less than Rs.3000 per month. Therefore they could not afford expensive hospital treatment. They came from different tribes and religions and lived together in harmony. In Punjab it was observed that economically Muslims were better off than Christians, many of whom worked in
Muslim homes and farms.

The main occupations of the people of all the villages were farming and wage labour; while many of them were small businessmen, factory workers, fishermen and government employees.

The women in the Punjab sites did farming or worked as wage labourers in bigger households in their villages as well as in Lahore. The women in Sindh were mostly occupied in handicraft work viz. weaving items from leaves of date trees, embroidery and ralli-making (patchwork quilt) etc.

Women in all the sites were the poor and marginalized members of their communities - they were dominated by men, had little or no access to resources and no decision making power. Moreover women were not aware of their reproductive rights including the right to RH information and to decide for themselves when and where to seek appropriate health care. They were mostly confined to their homes, involved in household chores, looking after their children, animals etc. The mobility of women and girls was also limited primarily due to security concerns. Although they worked for longer hours than men, their income was comparatively lower which made their position worse. In emergency situations when there was need for women to be taken to health facilities the decision to do so was usually taken by men or family elders (e.g. mother-in-law).

The average age for marriage in girls varied in both provinces and was in the range of 16 to 21 years. In the two sites of Sindh (Silro Goth and Unnar Goth) and surprisingly in the semi-urban site of Punjab (Jhugian Sayalan) it was found that many girls were married at a younger age e.g. 13 to 15 years. Literacy rate in women was approximately
20% in all the sites, illiterate women having more children than literate ones.

The health seeking behaviour of women was influenced by multiple factors including tradition, gender relations, culture, myths and misconceptions. In case of complications women generally did not recognize symptoms of the condition and consequently did not inform other family members (mother-in-law, husband) on time. In addition it was not considered appropriate for them to immediately report their condition to family members (perhaps due to their subordinate position), resulting in further delays and complications.

The first person to be called for home delivery was always a dai. The untrained dai would try her best to deliver the woman at home (with the hope of reward from the family). In Sindh it was the usual practice for dais to give women traditional potions and herbs for the relief of excessive discharge, severe pain and bleeding in the first instance, thereby causing delays in referring them to a doctor or hospital for proper treatment. Another example of dai malpractice was to massage the woman's abdomen during pregnancy and labour (dais' malpractices are detailed later).

After a long waiting period if the dai was still unable to deliver the woman at home, she would refer her to a local health provider e.g. dispenser, LHV, nurse, or to a local health centre. Due to the delay in such a situation the condition usually became worse.

Even when family members became aware of the woman's condition they often took a long time to decide to take her to a hospital.

Transportation to a suitable health facility was very often delayed because of long distances and bad roads coupled with unavailability of suitable transport, and sometimes fear of robbers and dacoits on the way (as in Sindh). Extreme poverty with families being unable to afford transportation costs was seen to be a major reason for delays in reaching the health facilities. As regards the standard of hospital care the government health facilities were not efficient in handling complicated cases due to lack of suitable staff, medicines and equipment. Complete i.e. comprehensive EmOC (emergency obstetric care) facilities were provided only in a few of the private centres and in the government district headquarter (DHQ) and tehsil headquarter (THQ) hospitals.

On the whole the government and private health facilities in both the provinces were neither effective in terms of the cadre of health
providers, nor placed at accessible distance from the villages; rural health centres (RHC) at Morkhunda is 16 kms from Haft Madar and the district headquarter hospitals in Nankana Sahib and Mirzapur are at least 40 kms from Haft Madar and Unnar Goth respectively.

Local health service providers were mostly untrained TBAs with the exception of those in Jhugian Sayalan, where trained TBAs provided health care. Dispensers and hakims (traditional health providers) and a veterinary doctor in Haft Madar also attended to women in need! Occasionally one or two LHV or a lady health worker (LHW) were seen in the villages. However in the peri and semi-urban areas women had easier access to both private clinics and government hospitals.

Support systems in place for the community women were the immediate family members, neighbours, close relatives, friends and dais.
II. Analysis of the Case Studies

An in-depth analysis of the case studies led to the clustering of issues under the following 12 categories which however overlap and are often interconnected:

1. Social Condition
2. Social Norms
3. Health Condition
4. Pregnancy Outcome
5. Dai Practice
6. Treatment and Treatment Negligence
7. Social Capital
8. Support Response
9. Husband Support/Negligence
10. Attitude of and Negligence by Family Members
11. Transport
12. Fears and Misconceptions

The analysis presented here collapses some of the categories.

A. Social Conditions and Social Norms

The parameters under which the social conditions of the villagers were considered are poverty, educational status of men, age at marriage of girls, and social customs and traditions e.g. marriages within families and exchange marriages ‘watta satta’.

The families in these communities were categorized according to their income into two main groups, the poor and better off. However many families (at least 50%) were very poor in some sites of both provinces, while some were middle-class (13 families) particularly in Haft Madar and Jhugian Sayalan. In some of the poor families the women (seven) also had to work to help towards

3. Tradition in which closely related girls and boys e.g. sisters and brothers are exchanged in marriage.
meeting the family's expenditures, for example Seema of Haft Madar. Her neighbour said: "She also works in the fields. Seema's husband is a labourer and earns Rs. 3000 per month." (See below and a detailed story in box # 1, part IV)

Seema was married at the age of 17 years. Out of a total of eleven pregnancies she has only five surviving children. Her's was a case of repeated abortions. She lost six babies due to heavy bleeding in the seventh, eighth and ninth months of pregnancy. There were two reasons for this, firstly when Seema had sudden bleeding in pregnancy she did not realize she was having a complication, therefore did not inform her family members about it; and secondly due to delays in transporting her to hospitals in Morkhunda and Lahore, as the transportation costs were too high for her family. By the time she got to the hospitals it was too late to save her babies' lives.

Another woman Farida of Silro Goth suffered due to extreme poverty. Her aunt related: "Her husband is unemployed and she works as a labourer." (See story below and in box # 26, part IV)

Extreme poverty in these families was the cause of illiteracy and lack of information (in both women and men) about health issues and complications in pregnancy and childbirth (women not knowing what or what not to expect), inability to afford medicines and hospital treatment and transportation costs to the health facilities. Laila of Silro Goth said: "I could not go to a doctor as I did not have money to pay the fees." (Story in box below)

Laila came from a poor family. Although she knew before her marriage that she had fibroids in the uterus, her family could not afford to have her treated. Her husband was very poor as well. Her first baby died of epilepsy at two months. In the second pregnancy when she had pains in the seventh month she could not consult a doctor as she could not afford it. This baby also died after birth.

In the seventh month of her third pregnancy she stopped feeling movements of the baby, and started having abdominal pain, together with foul smelling discharge. She pleaded with her family members to take her to a hospital, but they did not do so. When in the ninth month she began labour pains, a dai was called in. She said that the baby had died and they should see a doctor. But again her husband did not have money for the treatment. When the baby was half delivered and was stuck in the birth passage, her pains ceased. Her family then put her in a donkey cart to take her to a hospital but on the way because of the jumps and jerks she delivered in the cart! The dead baby was rotten and smelling badly.

Later Laila gave birth to five children, had one abortion and was pregnant again. Repeated pregnancies had made her very weak over the years. The doctor advised her to have drips, but they never had enough money to follow the doctor's instructions. She said that her husband never allowed her to have intervals between pregnancies.
Similarly, Rahat of Haft Madar said: "We had not saved enough money to pay for treatment at Morkunda, where they first demanded money for providing treatment". (Her story is related in box # 3, part IV)

Extreme poverty led to girls being married at very young ages and the custom of exchange marriages (‘watta satta’) was prevalent, particularly in Sindh. Marriages within families especially amongst first cousins can lead to health problems and congenital defects in the offspring. Some women who were married at very young ages had either pregnancy complications or difficult deliveries. (See stories in the following boxes, part IV: 7, 9, 30, 32, 42 and 55)

It was also observed that malnutrition as a result of poverty caused complications in women. (Illustrated in boxes 17, 26, 28, 49 and 51 in, part IV)

Poor nutrition in women was a significant cause of abortions and deaths of infants.

This was noted in the case of Fareeha of Chakra Goth. (Illustrated below and in box # 25, part IV)

Forty-year-old Fareeha was very poor. Her husband was jobless and she worked as a labourer to make ends meet. Her first two children were born normally but due to weakness and extreme poverty she could not breastfeed the babies, who consequently died. Her mother-in-law would feed the babies with rice flour dissolved in water. After this she had three miscarriages. Later she gave birth normally to a baby girl who was alive at the time of the study.

After the birth of her baby daughter, Fareeha gave birth to another child who was fed only on formula milk yet the baby could not survive. Then she had three more miscarriages.

Literacy amongst men across all sites was better as compared to women although only five men in the sites had gone through the secondary level. The women were generally found to be illiterate. Because of the higher educational status of men some of them (approximately 10-20%) had their own businesses, were factory workers or were employed in private or government organizations. Financial constraint for seeking health care was not an issue in these families, as seen in the case of Saghira of Chakra Goth. Her mother said: "My daughter's husband is a factory worker". (Story below and in box # 10, part IV)

Thirty-two-years-old Saghira had been pregnant nine times and had seven children. Her eighth pregnancy had to be aborted due to high blood pressure. This led to excessive bleeding. At the hospital she had an ultrasound scan and was provided proper care and treatment of her condition.
The example of Majida of Chakra Goth can also be sighted, as her friend related: "Her husband owns a petrol pump." This case illustrates the fact that although the dai had mishandled the case, the patient's life was saved as her family could afford to rush her to the hospital on time. (See box #11, part IV).

The communities under study are steeped in traditions and culture handed down from generation to generation. There are a few common practices e.g., the observance of 'purdah' (veil) to a greater or lesser degree, early age of marriage in girls, marriages within families (especially first cousin marriages), and male dominance. Women cannot go far from home without taking permission of husbands or mothers-in-law. This is illustrated in the case of Shahnaz of Jhugian Sayalan. (See story below and in box #46, part IV).

Shahnaz of Jhugian Sayalan had her delivery in a hospital. Before this she felt very unwell at home as her blood pressure had risen. She was brought to the hospital by bus on the insistence of her mother-in-law, as she said, "It was my mother-in-law’s decision that we should go by bus". In her family the mother-in-law made all the decisions.

Later, when Shahnaz continued to have high blood pressure and felt ill, her mother-in-law refused to take her to the hospital.

Generally women had to be accompanied by the husband, another woman or dai, or even by a small boy. This restriction of women's mobility limited their access to health care and had grave effects on their health and wellbeing in emergency situations.

Because many women had no income of their own they could not access the family's resources and had no decision-making authority in the family.

B. Health Condition

Multiple factors affected the health of pregnant women: the younger age of marriage, lack of information (among women, families and communities), high fertility rate (more than six children in a family found in 38 women), poor nutrition, anaemia and weakness (in 30 women) all combined to cause complications, delays in reaching health facilities and further complications.
The most common complication in pregnancy was severe bleeding, profuse discharge and miscarriage. Take the case of Yasmin from Silro Goth. Her sister-in-law said: "After two miscarriages when she had the third pregnancy she started having bleeding and abdominal pain after the fourth month... By that time her condition had become quite bad". (Story below and in box # 35, part IV)

Yasmin who was 30 years old had been pregnant nine times and had five daughters. In the fifth month of her last pregnancy, she was rushed to the hospital by her mother-in-law because of excessive bleeding. The doctor wanted to perform a D&C immediately. But Yasmin and her family was not in favour of a D&C as they were anxious for a baby boy. The doctor finally performed the D&C to save Yasmin's life. "The doctor saved my life by treating me appropriately," she said.

Yasmin's story also points to the deep-rooted desire for sons which can sometimes threaten a woman's life.

Case studies of Johara (box # 48, part IV) and Saima (box # 41, part IV) relate instances of heavy discharge and bleeding. Stories of 11 more women having bleeding can be seen in part IV; boxes 10, 12, 24, 27, 35, 37, 39, 49, 50, 54 and 55.

Among some women abdominal pain and premature labour pains were seen to be prominent complaints. For instance, in the case of Akhtar of Jhugian Sayalan who said: "In the seventh month of my pregnancy, I was told that there was no danger, that I had twins and would be delivered at home." (See story below and in box # 43, part IV)

Akhtar belonged to a low middle class family. She was married for 10 years and had been pregnant 10 times but had only four surviving children. In the seventh month of her fifth pregnancy, she was taken in a 'pick-up van' to Lady Willingdon Hospital where she reached at 2:30 pm. By this time, the waters had broken.
and the umbilical cord was hanging out of her body.
She was grossly neglected by the hospital staff especially the nurses. Akhtar recalled that they were repeatedly checking her and were pushing the cord back into her body which caused her severe pain. She was delivered at 6 pm. the next evening and had twin girls who died soon after birth.

The case study of a woman named Fatima of Chakra Goth who had triplets and had pain in the fifth month is given in box # 16, part IV. Thirteen more case studies of women having abdominal pain during pregnancy can be read in boxes 2, 15, 16, 19, 21, 27, 29, 30, 31, 35, 38, 39 and 55 in part IV.

Some pregnancies ended in stillbirths or deaths of babies soon after birth, particularly in women who had multiple pregnancies combined with malnutrition. A striking case was that of Kaneez of Chakra Goth. Her sister-in-law said: "Kaneez became pregnant for the fourth time after one and a half years; when seven months of the pregnancy were completed she started having pains and watery discharge… after two years Kaneez became pregnant for the fifth time" (Her story is briefly related below and in detail in box # 14, part IV).

Kaneez was 35 years old and had been married for 16 years. As she lived in a joint family system the resources were shared, therefore her nutrition was poor. She had six pregnancies at frequent intervals. All these factors made her pregnancies complicated, resulting in stillbirths, neonatal and infant deaths and congenital abnormality in one baby. Only two of her children survived.

Many women suffered from childbirth complications like pre and post mature labour, bleeding after delivery, obstructed labour and retained placenta. One woman having retained placenta died as she had not received timely medical treatment (see case study of Aasia in box # 15, part IV). Most women who had three or more pregnancies developed some degree of prolapsed uterus, and four to five of them suffered from complete prolapse, as illustrated in the case of Nagina of Silro Goth. (See below and in box # 36, part IV)

Nagina’s mother said: "When she went to the toilet, she felt and saw that her womb had come out". After five pregnancies in a short span of time, she had developed complete prolapse of the uterus.

Another case of prolapsed uterus can be read in box # 36, part IV.

It was reported that a few women suffered from high blood pressure, heart problems, breathlessness, tuberculosis, jaundice and
diabetes. Significantly no case of obstetric fistula was reported.

Less or loss of foetal movements was reported in a few of the women. The story of Lubna of Chakra Goth demonstrates this fact. (See below and in box # 18, part IV)

Lubna’s mother-in-law said: "After having the doctor’s medicines her baby started moving in the womb again; but later on in her pregnancy the baby's movements stopped". Lubna had conceived more than 11 times, had 7 children and the rest of her pregnancies either ended in miscarriages, stillbirths or infant deaths.

C. Pregnancy Outcome (including mother's death)

As a whole four kinds of pregnancy outcomes were observed — born alive and healthy, born alive but died after birth, born dead or died during birth (stillbirth) and miscarriage. Importantly, the study showed that collectively the 55 women gave birth to 176 normal babies but 43 of their babies were stillborn and 64 died after birth. The women suffered 38 miscarriages between them.

In Sindh one child who was born alive died at the age of five years due to a heart problem. The rates of stillbirths and abortions both in home as well as in hospital deliveries were high. The reasons for these were lack of RH information among the women and men of these villages, delays at home and community levels in transporting women to hospitals, delays caused by dais and deficiencies in care and treatment at health care facilities. It was also found that the number of babies dying after birth was very high.

It was observed that the fertility rate in all the villages was high, and the average number of pregnancies in a woman was 7 to 10, some of them having conceived up to 15 times! Although the overall fertility rate was high, a substantial number of pregnancies did not end successfully, resulting in stillbirths, miscarriages or death of the babies after birth. In many instances there was interplay of different situations and reasons causing pregnancy complications which resulted in abnormal outcomes, as illustrated in the case of Aziza of Chakra Goth (detailed in box # 20, part IV).

Home deliveries were common in these villages and it was seen that often the practices of the dais were not correct, often leading to delays and aggravation of complications. The case of Zohra of Haft Madar highlights the point (see story in box # 4, part IV).
There were many instances of delays in taking women with complications to hospitals. Frequently the delays were caused by dais, other reasons being indecisiveness of the family, long distances, bad roads and lack of security. Another reason was families not being able to afford hospital care, as was seen with Parveen (see box # 31, part IV) and Munzooran of Silro Goth, (see box # 37, part IV). Delays also took place when clients were not referred on time from secondary to tertiary levels of health care facilities. A number of deliveries were delayed due to obstruction in the birth passage, retained placenta and extreme weakness and exhaustion of the woman. Another case in point is that of Kaneez hailing from Chakra Goth (see story in box # 14, part IV). She had seven pregnancies out of which only one child survived.

Due to delays in reaching the health facilities, complications became worse resulting in stillbirths, caesarian operations, assisted vaginal deliveries often causing prolapsed uterus, infections and secondary infertility. Prolapsed uterus was a common occurrence in multiparous women i.e. those having four or more children.

An interesting case study in this respect is that of Parveen of Silro Goth (related below and in box # 31, part IV):

Parveen was 30 years old and was married at the age of 18. She conceived her first baby two months after marriage. The baby was delivered normally at home. The second time she had a miscarriage at four months. This was followed by two more deliveries.

In the fifth month of the fifth pregnancy she had labour pains about which she informed her mother-in-law, whose response was rather startling. She said, "The childbirth will take place anyhow if fate had ordained it so". Her carelessness led to Parveen miscarrying.

Later, Parveen gave birth normally to two sons. But for her next pregnancy she consulted a doctor as she felt very weak. Parveen said that the doctor's medicine instead of curing her made her weaker. When she told her husband about it he did not pay any attention to her health.

In the seventh month she stopped feeling the movements of the baby and informed her mother-in-law, whose condition and by this time women in the neighbourhood had noticed that the mother-in-law and husband were deliberately ignoring Parveen's predicament, and they later pressurised her husband to attend to her needs.

On her husband's insistence, his mother took Parveen to the doctor. By this time the eighth month of her pregnancy had started and her condition had worsened.

The doctor at the Civil Hospital in Shahdadkot examined her and asked the family to take Parveen to her private clinic for treatment where the fees would be Rs. 2000. Instead her mother-in-law took her home.

After four more days, again on her husband's insistence, the mother-in-law took her back to the hospital, where she gave birth to a dead baby.
It was seen that there was interplay of different factors leading to maternal deaths in these villages. In the event of a serious complication death of the mother could take place because of lack of information, husband's negligence, malpractice by the dai or deficiencies in health care settings.

Hoor Bibi of Chakra Goth had bleeding in her fifth pregnancy. Her sister-in-law said: "Her fifth pregnancy lasted only three months, in the third month she started bleeding...and the bleeding continued". (See story below and in box # 24, part IV)

Pregnant abdominal pains and bleeding can cause death of the mother as was seen in Arifa's case. Her case history related by her mother is given below and in box # 19, part IV:

Hoor Bibi was a heart patient, who started bleeding in the third month of the pregnancy. When taken to the hospital by the family members, the doctor gave her medicines and assured her that she would recover by evening. But as her condition was not improving she was taken to Chiniot Hospital in Karachi, where the doctors advised a D&C. For some reason he did not admit her in the hospital.

Hoor Bibi continued to bleed and every day the family members would take her to the hospital for admission, without success. Then they wanted to get her admitted to Jinnah Hospital in Karachi, but Hoor Bibi refused because it was too far away from their village.

Chiniot Hospital admitted her after 15 days and the family handed in all her previous reports. She was treated in the hospital, but remained unconscious for three days, after which she died. The doctor said that she had a severe heart attack. However, the family maintained that if the doctor had admitted her on time Hoor Bibi would have survived.

Arifa had been married for 15 years and had five children. In the eighth month of her pregnancy she had diarrhoea followed by labour pains. She was taken to the nearest private clinic, where the lady doctor declared that Arifa's condition was serious. She advised an ultrasound scan but her husband refused, rebuffing the doctor by saying that she was unnecessarily complicating the situation. He instead took his wife to dai Fatima.

Dai Fatima examined Arifa internally, which caused her to have bleeding. Then the dai gave her an injection and said that she would be delivering soon. But Arifa developed a side effect from the injection because, her mother said, "It went into her head and her condition worsened". Then the dai administered three or four more injections. The patient's condition further deteriorated and she was crashing her head against the wall! Finally the dai said that the case was beyond her control and recommended that Arifa be taken to a hospital. Her husband arranged for transport (Suzuki van), however Arifa died on the way to the hospital.
Aasia of Chakra Goth died due to retained placenta because of hospital negligence (detailed below and in box # 15, part IV).

Aasia was married for four years. Her first baby was delivered at home by two midwives. But the baby girl died two minutes after birth. Her second pregnancy followed very soon after the first. A dai delivered her at home. Soon after the childbirth, Aasia started having severe pain in her abdomen. She was transported to a nearby hospital where a nurse gave her some tablets and other medicine and sent her home. On the fourth day, Aasia’s abdomen swelled up and her pain became unbearable. Her aunts then took her to Jinnah Hospital where the doctors examined her and said that a piece of the placenta was left behind in her uterus. This had caused infection to spread in her whole body. Aasia died the next day.

A few more instances of ‘pregnancy outcomes’ are seen in boxes, 14, 17 and 18 in part IV.

D. Dai Practice, Treatment and Treatment Negligence

The dai was the first (and sometimes the only) source of medical help available in the areas and hence she was the first person to be called when labour began. However the dais were often seen to be incompetent in dealing with complications and delays, and persisted in delivering women at home even when the situation demanded referral to hospital, resulting in further delays and serious consequences. In all 24 cases of dai malpractice were reported. In the case of Firdous of Silro Goth delay was caused by the dai and her husband (See story in box # 27, part IV).

The dais were also involved in negligence and malpractices, viz. various practices to hasten labour, repeated internal examinations, administering injections to speed up delivery, and serious mishandling of some cases, as is illustrated in the case of Arifa of Chakra Goth, whose story was related by her mother (see story in box # 19, part IV).

Two case studies depicting malpractices of dais can be read in box # 11, part IV of Majida in Chakra Goth and in box # 4, part IV of Zohra in Haft Madar.

At the time of the study seven years had passed and Zohra had not conceived again in spite of treatment; she put all the blame on the dai who had caused so much delay and
complications in her case.

Some cases were seen where the dai immediately referred the woman to the nearest health facility, as was seen with Hasina of Chakra Goth, story in box # 21, part IV.

Communities were aware of the dais' malpractices and their efforts to conduct home deliveries (even in complicated cases), but they had to call them as usually no other medical help was available in these remote areas.

In all the villages the trend was to have home deliveries conducted by dais, and hospital deliveries/treatment only took place when the dai referred the patient to hospital.

It was observed that often when there was delay or a complication during pregnancy or childbirth, the dai persisted with the case at home and referred the woman too late to a hospital leading to grave consequences for the mother and/or the baby. Such is the sad story of Munzooran of Silro Goth. (See story below and in box # 37, part IV)

Munzooran belonged to a poor family. At the time of this study she was pregnant for the eighth time. Her first pregnancy ended in the death of the baby one hour after delivery due to delays and mishandling of the case by two dais, the fourth pregnancy ended in miscarriage because of negligence by her family members, and when she conceived for the seventh time she had a miscarriage again. When she started bleeding and was not feeling well in the fifth month she was treated by the local dispenser (called by the dai) but to no avail. When her condition further deteriorated she was taken to the hospital where she had a drip followed by D&C. The poor family incurred an expenditure of Rs.6000 for the hospital treatment.

Generally the poor people of these communities could not afford hospital treatment especially in private sector hospitals and clinics. Due to extreme poverty when there was a complication some women did not even have the means to consult a doctor as a result of which the problem became worse, as was seen with Aziza of Chakra Goth whose story is related in the box below and in box # 20, part IV

Aziza's mother-in-law stated: "She continued to consult dai Haajra who gave her medicines to build up her strength". Aziza's husband was a labourer and they were poor. Aziza had 11 pregnancies but related a very sad medical history. The first pregnancy ended in stillbirth as it was post-mature and she had high blood pressure. She refused hospital admission against the doctor's advice as she was afraid
It was seen that even in the government health centres better care and attention was given to the affording patients and those who had contacts, so the poor were neglected. However the population of Jhugian Sayalan belonging mostly to the middle class, had the advantage of living near the main road leading to private and government hospitals. This situation coupled with their own affordability made their access to health facilities easier, as is highlighted in the case of Bilqees of Jhugian Sayalan. She said, "But when someone is recommended by an influential person, he/she is attended to first and it does not cost them any money either". (Story in box below and in box # 44, part IV)

Bilqees belonged to a low middle class family. She had her first baby by caesarian operation at Lady Willingdon Hospital in Lahore where her husband had to pay a fee of Rs.1500 before the operation. Talking about hospitals, she said that hospital treatment is expensive and beyond the means of poor people. For example, to have a delivery at Bajwa Hospital in Shahdara a fee of Rs.7000 is charged prior to childbirth. People coming with reference of an influential person are given priority.

For minor complaints and ailments the women, including pregnant women, were in the habit of using traditional home remedies in the form of herbal preparations (Oral or internal. The medicine taken by mouth is called 'phakki' in Sindh). These were dispensed by elderly women at home or by local dais. Such home remedies often precipitated complications. Women also consulted local traditional healers viz. 'hakeems', 'pirs' and 'faqirs'.

The majority of deliveries took place at home, the dai being the first one to be called. In case of delay or complication, the dai often called a dispenser (known locally as the doctor!). Between them they handled the case as best as they could. For example the dispenser usually gave injections (Syntocinon) to expedite the
delivery process which could end normally or could take a serious turn, as in the case of Hamida of Unnar Goth. Her sister said: "Hamida consulted the dai on the first day and the dai advised her to go to dispenser for some 'capsules' with which the bleeding would stop and the pregnancy would be saved." (Detailed below and in box # 49 part IV)

It was the fourth month of Hamida's seventh pregnancy and she had been bleeding for three days. She was much worried, as she had already been through the experience of losing four babies due to heavy bleeding. The dai advised her to consult the local 'doctor' who was actually a dispenser. Hamida acted upon the dai's advice and with the dispenser's treatment the bleeding almost stopped, but she still had some spotting. She said that she wanted to go to a lady doctor at Mirzapur which was the nearest town from her village. Her husband was poor and could not afford to take her there.

The case history of another woman Firdous of Silro Goth who had consulted a dai is given below and in box # 27, part IV.

Firdous's history was related by her friend: "The dai said that Allah will have mercy, there is still a lot of time left."

Thirty five-year-old Firdous belonged to a poor family. She had five pregnancies. In the third month of her fifth pregnancy she had severe abdominal pain and vomiting for which she consulted the dai. The dai did not take her condition seriously saying that there was enough time for the delivery. However as Firdous did not feel better she went to Jinnah Hospital in Karachi where she had an ultrasound scan. The doctor told her that she had twins and advised her bed rest.

Her hectic home routine did not allow her to rest and in the sixth month she again felt pain and started having bleeding. When she requested her husband to take her to the hospital he refused. "You are unnecessarily panicking, as if it's your first pregnancy," he said.

The next day her brother-in-law accompanied her to the hospital where she was informed that she had triplets and two of the babies were already dead. The doctor sent her home with medication and advice for rest again with the hope that the third baby would survive.

Unfortunately Firdous again started bleeding heavily and another dai advised her to consult a doctor immediately. "The dai asked me to go to the doctor as my life was in danger," she said.

Firdous was not taken to any doctor or to the hospital. She went into advanced labour the next day. Eventually, she was taken to the hospital by a neighbour, where the first baby was delivered dead. After a week-long stay at the hospital, the other two babies were delivered by caesarian operation. One baby was born alive but very weak and the other was dead. Firdous was also sterilised.
Treatment protocols in the hospitals comprised of medicines, injections, ultrasound scans, operations, blood transfusions and family planning methods. On many occasions when there was need for blood transfusion, the high price (Rs.800 to Rs.1000) asked for it was beyond the means of poor families.

Many a times the family members of women were found to be negligent in having them treated at hospitals when the situation demanded, as seen in the case of Salma of Silro Goth. (See story also in box # 38, part IV)

Salma was very poor. Her husband was a labourer and she earned her own living by making quilts. She related a sad history of her pregnancies saying that she had only one child and the rest of her pregnancies (three) had ended in miscarriages - "Mainly due to negligence by my family members," she said.

Whenever she would have pain during the pregnancy she would inform her husband and sister-in-law and request them to take her to a hospital which they always declined. Consequently she would lose the baby. She had finally seen a doctor who after taking an ultrasound scan had advised her to have treatment from him. But due to their poverty she could not afford the treatment. Over the years she had become very weak, and had menstrual problems. Her husband had also married again.

As regards service providers' (dais, dispensers, nurses, LHV's and doctors) attitude and negligence, the respondents gave varying statements. The dais and dispensers were generally sympathetic and cooperative with patients, but indulged in malpractices for their own economic benefits, monetary or 'in kind' incentives. (See Deeba's story in box # 9, part IV)

However the attitude of hospital staff especially in the government hospitals in the majority of cases reported was not welcoming or courteous towards the clients, as was evident in the case of Hoor Bibi of Chakra Goth. Her uncle related: "But if the hospital had admitted her earlier our niece would have survived". (See box # 24, part IV)

Saima of Jhugian Sayalan also complained of negligence and
poor quality of services at the hospital: "They took me to the labour room where junior doctors examined and experimented on me. They inserted their hands inside me and delivered my baby by pulling vigorously and repeatedly". (See story in box # 41, part IV)

Nevertheless it was seen that some women preferred hospital treatment as they had been looked after well and had appropriate treatment as is illustrated in the story of Tehseen of Jhugian Sayalan. In her words, "I had slight swelling of which I did not take any notice. Eight or ten days before the birth of the child I started having watery discharge. I did not know when the baby died, after that the placenta was not being delivered". (See story below and in box # 45, part IV).

Tehseen belonged to a poor illiterate family. She was married for six years and had been pregnant four times. Her first child was born by caesarian operation, the second one by forceps delivery during which she had stitches, and the third childbirth ended in complications.

Eight to ten days before her third delivery, Tehseen became very weak and started having heavy watery discharge. The last three days were extremely painful. She asked her husband to take her to the hospital, but he refused to do so saying, "It's raining outside. You can go to the hospital in the morning with your sister". He gave her boiled eggs to eat and she had to pass the night at home.

The following morning was Sunday and when she again started having pains the dai was called in. She gave Tehseen a drip and a dead baby boy was delivered. Her placenta though was not delivered.

After waiting for half an hour the dai gave her an injection to deliver the placenta.

While pushing to deliver the placenta, Tehseen tore her birth passage, which had to be stitched at the hospital ten days after the delivery.

Tehseen was initially afraid to go to the hospital for treatment but her painful experience of home delivery made her pledge that, "Never again will I opt for home delivery, in fact I will visit the hospital for regular checkups".

Her husband also regretted that if he had taken her to hospital on time she would not have suffered so much and the baby boy would not have died.

It is evident from the case histories that the women held two different opinions about hospital care. Some were afraid of hospitals and the attitude of the health care providers, and others opined that in spite of its drawbacks hospital treatment was better than home care. For reference see the following stories in part IV: 42, 43, 44 and 45.

Illustration of dai practice, their malpractices, treatment and negligence generally are seen in the following cases of part IV: boxes 5, 6, 9, 11, 34, 40, 43, 50 and 52.
E. Social Capital, Support and Negligence

The social capital around these women comprised family members (of immediate and extended family), husbands, friends and neighbours, local health providers viz. dais, lady health workers and dispensers (as they are members of the local community), and employers. One example of such assistance extended to women is related below in the case of Hasina from Chakra Goth, as her friend said: "Their neighbour Zahida helped them". Her case study is related in box # 21, part IV.

Hasina had the support of her family members, her neighbour and the dai. In the sixth month of her fifth pregnancy (twins), she had pain in the abdomen and some bleeding. Her husband sought help from their neighbour who took Hasina to the dai. The dai informed them that due to continuous bleeding the twin babies had died and she immediately referred her to the hospital.

Hasina's husband was reluctant to take her to the hospital as he had no money. The neighbour lent him money and they reached the hospital after an hour.

She had a caesarian operation at the hospital. Although the babies had died Hasina survived the operation.

Yasmin of Silro Goth whose story is related above and also in box # 35, part IV had full support of her mother-in-law and other family members. She was also treated very well by the doctor at the hospital.

Johara of Unnar Goth also had the support of her neighbours and family members when she was in the hospital. (See case study in box # 48, part IV)

Older women viz. mothers-in-law and mothers, sisters, aunts, husbands, and other close relatives have the most influence over important family decisions. Very often most important decisions were taken by mothers-in-law, as highlighted in the following example of Shahnaz. (Detailed story in box # 46, part IV)

Shahnaz of Jhugian Sayalan had her delivery in a hospital. Before the delivery, she felt very unwell at home as her blood pressure had risen. She was brought to the hospital by bus on the insistence of her mother-in-law. "It was my mother-in-law's decision that we should go by bus," said Shahnaz.

In her family the mother-in-law made all the decisions so much so that later when Shahnaz continued to have high blood pressure and was ill her mother-in-law refused to accompany her to the hospital.
When women were in need of help, mostly all the players showed positive attitude towards them and assisted them in different ways: calling the dai or a local 'doctor', arranging transport, giving financial support, accompanying women to hospitals, looking after children and giving moral support.

Jafria had support and assistance from her employer. (Illustrated in the following box and in box # 22, part IV).

**Jafria** lived in Chakra Goth. Her maternal history was poor. She had been pregnant eight times: the first three children were born normally, followed by four miscarriages. When the labour pains started in her eighth pregnancy she requested her husband to take her to a dai but he refused, saying that she should not disturb him. But her condition deteriorated and she went to the dai with her daughter. The dai was unable to handle the case and referred her to the hospital. As Jafria did not have any money to go to the hospital she sent her daughter to her employer who transported her to the hospital in her private car. She said, "*She drove me to Jinnah Hospital*". Jafria gave birth to a dead baby in the hospital. After that she also had a sterilisation operation. "*I am very grateful to my employer. I am alive only because of her,*" she said.

Humaira of Unnar Goth was supported by her husband and other family members and the dai. (See story below and in box # 47, part IV).

**Humaira** belonged to a poor family of Unnar Goth. Her neighbour informed that when she went into labour the fourth time, "*Her mother-in-law called in the dai*". The dai examined Humaira internally and informed the family that the delivery would take place smoothly. But then she started having excessive watery discharge and the dai said she could not help her anymore. It took the family one hour to arrange a vehicle to take Humaira to a hospital. She was accompanied by her husband, mother, mother-in-law, two brothers-in-law and one uncle. At the hospital the doctor told them that they had taken too long to bring her to the hospital. He asked them to arrange for blood as an operation was immediately required. Humaira's pains became severe during the night. "*Her family was struggling to arrange the blood required for her surgery*," stated the neighbour. As the family could not afford to buy even a pint of blood which cost Rs.800, they managed to arrange it from amongst themselves. When she had her operation at 7 a.m. the next morning the baby was already dead and the blood was no longer required. Later Humaira had a sterilisation operation with the permission of her husband who had to bear an expenditure of Rs.11,000.

It may be noted that her husband is a labourer and he managed with difficulty to pay for his wife's operation and hospital admission charges.
It was seen that in fact, the majority of husbands extended moral and practical support (calling the dai, arranging money and transport, giving consent for family planning, etc.) to their wives if they became aware of the seriousness of the problem, as is illustrated in the case of Humaira of Unnar Goth. (See story above and in box # 47, part IV)

However there were also cases where family members especially mothers-in-law and husbands neglected women's health and caused delays resulting in serious consequences as was seen in the case of Jafria of Chakra Goth (see story in box # 22, part IV). Some women also reported that before taking them to hospital their family members did not inform or consult with them. Take the case of Safina of Silro Goth: (Story below and in box # 39, part IV)

Safina’s story was told by her neighbour. She recalled that in Safina’s fifth pregnancy while she was working in the fields with her mother she suddenly felt severe pain and started bleeding. Her mother informed Safina’s husband about her condition but he refused to help saying: “I do not have any money, what can I do”.

Then her mother consulted a doctor who treated Safina by giving her two or three injections. Still the baby could not be saved.

After four months when she was pregnant again she became very ill. Once more she requested her husband for help. He gave her Rs.100 and told her to use the money to either buy medicines or feed the family. Her mother called a dai who referred her to the hospital.

Since they had no money, her husband was not at home and her sister-in-law refused to help, her mother borrowed an amount from neighbours and took her to the hospital. Safina said, “No one consulted me before taking me to the hospital”.

By this time she had lost a lot of blood so the doctor arranged for blood transfusion and delivered a dead baby.

Very strong patriarchal family structures prevailed in these communities; therefore women's needs including their health/reproductive health needs were often neglected. This attitude was reflected in situations demanding timely referral of pregnant women to health facilities as is seen in the following case of Waheeda of Silro Goth whose case study is also given in box # 40, part IV. She stated that "I ignored my condition and my family also did not pay any attention to my deteriorating health".
Waheeda was married for 12 years and had conceived six times. Her first five children were born normally at home aided by dais, except one which was delivered by a doctor.

Over the years her health had declined. So much so that by her sixth pregnancy she was very weak and frequently felt pain in her abdomen - yet she did not see a doctor. Her family ignored her condition.

By the eighth month of her pregnancy, she had difficulty in breathing and there was swelling in her whole body. She went into labour with light pains at home. Her husband called in the dai. The dai waited the whole day for the baby to be born and in the evening asked the family to take her to a hospital.

At the hospital the doctor examined her and informed them that the baby had died. She delivered the dead baby at 3a.m.

Ever since this mishap she has not been in good health. She wanted to get herself treated and to have some spacing between her pregnancies but could not afford the high costs of treatment. Waheeda works in the fields all day long.

Other cases are detailed in boxes 21, 31, 35, 38, 45, 49 and 50.

F. Transport

Transportation differed from place to place depending on the location of the villages and the economic level of the families. Where the area was close to the main road as is Jhugian Sayalan, the women were taken to health facilities by bus or rickshaw. In the remote villages of both the provinces there were different modes of transport e.g. cars lent by richer families (by the Nazim in Haft Madar), pick-ups, trollies, rickshaws and donkey carts. (See case study of Johara below and in box # 48, part IV)

This story of a poor woman called Johara was related by her neighbour who said: "Johara fainted after the birth of the baby girl. She was bleeding heavily and became very weak. Her condition persisted, so much so that she would be slightly conscious during the day time, but would faint at night".

Johara had nine children. When she was pregnant for the ninth time she developed jaundice, which was treated by a doctor. Later in the eighth month she had a home delivery by a dai and gave birth to a dead baby girl. After the childbirth she had profuse bleeding and weakness. Her husband borrowed money from his brothers and first transported her by donkey cart to Mirzapur and from there by train to a maternity hospital in Shikarpur. The doctor placed a cotton wool pad to control the bleeding but
Seema's family (of Haft Madar) made all efforts to transport her on time to the tertiary level health facility in Lahore. Unfortunately she reached the hospital very late because of the delay caused by the LHV in Morkhunda, and also in transporting her to Lahore. Her story is related in box # 1, part IV.

Even when some conveyance was available to take women having complications to health centres there were other difficulties, for example the distances would be too long and the roads were bumpy ('kutcha' - not properly carpeted).

In Sindh many women were not transported to health facilities at night due to fear of dacoits on the road. These hindrances caused delays and loss of time on many occasions and complicated the cases further.

One of the worst modes of transportation for a woman having a life threatening problem is the donkey cart on a stony road. Such an incident took place in Laila's life. (See story in box # 26, part IV and Nusrat's story in box # 7, part IV)

Also see stories in boxes 2, 3, 7, 36, 43, part IV related to different means of transportation and their affects on women's health.

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**G. Fears and Misconceptions**

Some women conveyed a sense of fear in going to doctors or hospitals which was due to multiple reasons including the attitude of service providers, lack of privacy, and noisy atmosphere. The case study of Asifa of Chakra Goth can be cited as an example;
A misconception prevailing particularly in Sindh was related to the use of traditional herbal medicines ('phaki'). These were administered by dais and used by female family members in the treatment of various minor ailments and sometimes for serious conditions as well. Although the people believed that these medicines could cure the illnesses, more often than not they proved to be more detrimental to women’s health.

Another misconception was that sometimes newborn babies are interchanged (between families) therefore women were hesitant to go to hospitals.

Asifa lost her first baby 12 days after birth. Her second baby was born at home. Because it was a difficult breech delivery the baby died soon after birth. After the childbirth she was very unwell and also fainted. The dai wanted to take Asifa to the hospital but she refused to go because: “I fear hospitals. I remember how a relative screamed in the hospital when the doctor tried to stitch her wound. I will never go to the hospital,” she said.
III. Conclusions and Recommendations

The above analysis, albeit based on 55 case studies, shows that women's health, reproductive health and pregnancy outcomes can be influenced by multiple factors.

The village communities that were studied were poor, with 50% of the population falling below the poverty line. The vast majority of the women and men were illiterate, steeped in their traditions and culture, and lacked information about reproductive health (RH), reproductive rights (RR) and gender awareness. Though men wished to help the women, they were unaware of women's reproductive health issues and complications of pregnancy and childbirth.

Among women it was discovered that many of them failed to recognize the signs and symptoms of complications. Lack of awareness and information and extreme poverty were the causes of most of the delays in transporting women to health facilities whether public or private. First delay was caused by indecisiveness at home and second not having conveyance. Besides, the cost of private doctors and hospitals was prohibitive for the people.

To add to women's predicament the prevailing patriarchal structures were effective in militating against their decision-making and resources affecting their health and reproductive health. Poverty and gender biases led to poor health of women as they had limited access to and control over the family's resources. Their nutritional status was poor and most of them were anaemic. Some women were so weak because of malnutrition that their newborn babies were born weak too, and suffered from low birth weight. These babies usually died within a year of their birth.

The women were found to have high fertility rates (average of 8-10 pregnancies), coupled with high incidence of complications like bleeding, miscarriages, premature labour and intra-uterine death of babies. Many newborn babies died soon after birth as a result of delays caused by dais or in reaching health centres or due to negligence by family members.

The trend in these villages was for women to have home deliveries conducted by local dais who were generally untrained.
These dais usually made all efforts for the women to deliver at home, even in the case of complications as they were only interested in obtaining their fees from the families. They also undertook several malpractices which aggravated the complications in pregnancy and during delivery.

Poor health facilities also contributed to keep women’s sexual reproductive health (SRH) status low and vulnerable. For instance full EmOC (emergency obstetric care) services were not available at accessible distance for the people living in these remote villages. Basic EmOC services were also not present at the closest government health centres in both the provinces, with patients having to travel long distances to higher level facilities in the towns and cities. In these remote areas bad roads and non-availability of suitable transport caused unforeseen delays in many situations.

**Changes Leading to Better Practices** After the field research was completed, basic gender awareness and reproductive health (RH) and rights (RR) sessions were held for men and women in the communities. The gender awareness sessions for men were undertaken to remove their biases and discriminatory attitudes towards women. The RH and RR sessions were held to give community members information and make them aware of these issues especially in women.

A time-use exercise was conducted at Haft Madar to correct men’s misperception about women’s workload. They said that the women generally woke up late in the morning and did not have much to do the rest of the day. The most important finding of this exercise was the gendered division of labour as men mainly worked on the farms and spent minimum time in household activities, and more in socialising; whereas women carried out most of the household chores and services for family members and had enough work on their hands.

Mobilisation and advocacy plans were made in all the sites for the community especially women to become aware of their rights and to demand quality services at the local health centres. At the same time efforts were made to reactivate BHUs in the sites of both provinces by meeting with local government and health officials and community leaders. Some progress has been seen in this regard but this process of government/private collaboration is very slow. LHV’s were appointed in the BHUs and the supply of medicines became regular; however basic obstetric care is still
not provided at these health facilities.

After Shirkat Gah's study in Unnar Goth was completed, the local community formed a new CBO to help the people in solving their health and other problems.

Peri-urban Association established a 'doorsteps information giving and awareness raising programme' for community women, whereby it provided information on RH and rights to women at their doorsteps.

For improving awareness about health, reproductive health and rights (including recognition of risk signs and complications in pregnancy and childbirth), Shirkat Gah developed a set of three posters with an accompanying booklet on safe motherhood for the use of community workers. The posters highlight the importance of timely recognition of complications and referral at household level, efficient and speedy transport to health centres, and the need for prompt and quality health care at the providers’ level. These posters have been very useful in urban and rural areas in explaining likely complications of pregnancy and delivery as well as the three levels of delay in accessing timely and quality health services. They have been widely used in Shirkat Gah's field areas and by other NGOs and CBOs, who are continuously asking for more of them.

Follow up of pregnant women and monitoring of local health providers' performance in Haft Madar had not been satisfactory as was shown in a survey carried out a year and a half after the initial study. Delays in referring women with complications were still taking place at household level. Meetings were held with members of the CBO and community representatives, women and men to rectify the situation. As a result of these meetings the community members formed two groups of men and women to monitor the health situation in the villages.

After the field research was completed, one of the needs identified by the women was for training of the local traditional birth attendants (TBAs). The newly formed community women’s group also requested for this, therefore a TBA training was held for 8 TBAs (dais) of Haft Madar along with five dais from Jhugian Sayalan and two LHVs (lady health visitors) from Silro Goth, in June 2006.

Two medical camps have been held at BHU Haft Madar with a focus on establishing referrals and linkages with local health services, both government and private and also to get insights into
other SRHR issues (like abortion, adolescent SRHR etc.). A total of 247 women, girls and children were treated in these camps. Two LHV's and one midwife were sent from Rural Health Centre Rehanwala to assist SG staff in the second camp. This was a positive step in the direction of promoting private/government collaboration at local level.

**Suggested Strategies/Recommendations**

- Given that most normal deliveries are conducted at home and dais (TBAs) are frequently the only local health providers available in times of emergency, there is a strong need for refresher trainings for them.

- Equally important is to place some mechanism for monitoring the dais. One way could be to invite local LHV's and LHWs (local health workers) to attend these trainings and subsequently monitor the TBAs' performance. In addition the capacity of local CBOs needs to be built and community members mobilised to monitor and track the performance of local health providers.

- In view of the lack of awareness and information IEC (information, education and communication) materials, and special sessions on RH and RR are required at the household level for women and men in all age groups, so that delays (particularly at household level) are minimised in the future. This can be done by NGOs in the field, official departments operating at that level, teachers, etc.

- A sustainable programme for closer follow-up and monitoring of pregnant women in the communities needs to be developed to ensure that delays in deciding to and transporting women to health facilities do not happen in future. Each village could have an 'Emergency Obstetric Care' Committee with male and female members and local LHW's and TBAs from the community. These committees can monitor and follow-up on all the pregnant women, and ensure that delays in accessing hospital treatment do not take place at any level. They could also be responsible for arranging suitable conveyance to transport women to health facilities in emergency situations.

- Measures to institute a strong referral system should link communities to local health providers and health facilities.

- Mobilisation of communities for improvements in local health facilities and to demand accountability for advocacy efforts from
local government officials and health providers at all levels.

- This should also involve religious leaders and media personnel.

- Male involvement is absolutely necessary for attaining optimal health of women and their timely treatment. Information materials and sessions with men in communities are essential and there is a need to strengthen the advocacy work with them.

- More IEC material needs to be developed and distributed through the programme.
IV. Case Studies

Haft Madar

Box # 1

"It took too long to reach the hospital. We couldn't afford the cost of transportation" — Seema

Seema of Haft Madar was 17 years old when she got married. She had eleven pregnancies out of which she has five surviving children. Her six babies were lost to excessive bleeding in the last three months of her pregnancies.

In the seventh month of her fifth pregnancy she suddenly had bleeding and her family immediately transported her by rickshaw to a private hospital in Morkhunda. The LHV attending her kept her in the clinic for six hours, finally gave up and recommended that she should be taken to a hospital in Lahore. It took two more hours to reach the hospital. Unfortunately she had a stillbirth.

She recalled, "Every time I had sudden bleeding I did not realize that my case was getting complicated, so did not inform my family members. When my condition worsened, it took too long to reach the hospital. We could not afford the transportation cost either".

Box # 2

"Nurses examined me one after the other and caused a lot of pain" — Nazia

Nazia was 28 years old and had completed matriculation. She was financially better off as her husband earned Rs.5000 a month. She was married at age 26 and was pregnant soon after.

From the third month of the pregnancy she had some pain in her abdomen and had regular checkups at Qureshi Hospital in Sheikhupura. The doctors at the hospital told her that she was alright. When the ninth month started she started having labour pains which continued for five days. She also had copious discharge and was taken to a doctor at a private clinic in the nearby town of Phool Nagar. The doctor did an ultrasound scan on her and told her that due to the heavy discharge the baby's life might be in danger. She gave Nazia some medicine and asked her to come back to the hospital again in the evening. She also informed Nazia that if the discharge did not stop she would have to go to Lahore for treatment.

Nazia did not feel better by evening and consulted the doctor again. She immediately referred her to Jinnah Hospital in Lahore. Some of her relatives accompanied her to the
hospital in a borrowed car. It took them three hours to reach the destination. At the hospital she was given drips and injections. The doctors said that the baby would be born in about eight hours. But when the time passed and Nazia was still not delivered, the doctors performed a minor operation in which she had 26 stitches and a baby girl was born. Although Nazia had good care at Jinnah Hospital she complained about the nurses, saying that all of them examined her one after the other which caused her a lot of pain.

Box # 3

"My baby was born dead after a caesarian operation at the hospital" — Rahat

Rahat related that all her three children were born by caesarian operation. At the time of her first delivery the labour pains started in the morning. The dai referred her to the hospital. Her husband arranged for a car and took her to Morkhunda hospital. There the nurse administered drips and injections to her. The whole day and night passed and Rahat was not delivered of the baby. Finally, the nurse informed the family that Rahat would have her baby by operation and they should transport her to Services Hospital in Lahore. As they had not made arrangements for money before-hand they went back home, collected the money and then proceeded to the hospital in Lahore where a dead baby was delivered by caesarian operation.

Box # 4

"The baby was pulled out in pieces" — Zohra's neighbour

Zohra of Haft Madar belonged to a poor family. She was married at the age of 19, and became pregnant in the first year of marriage. Her pregnancy was uneventful but had an unfortunate ending. Zohra went into labour full term and her husband brought a dai home to deliver her. The dai assured the family that it would be a normal delivery. The labour pains started in the afternoon however by evening only half of the baby's head was born. The dai called a local dispenser and together they gave the patient an injection to hasten the childbirth, but to no avail. The dai made Zohra stand-up on the bed in the hope that she would quickly deliver in this position. Instead this caused the baby's head to go back into the mother's body. Zohra had excruciating pain in her stomach and her limbs became stiff. Then the dai brought a doctor who gave Zohra five injections and some tablets so that she would deliver quickly. The dai ultimately gave up. Assisted by other women family members present, she pulled the baby out in pieces. Her friend confirmed: "Even then the dai and other women present on the occasion had to pull the baby out in pieces."
Box # 5

"My husband and I have lost confidence in dais" — Razia

Razia was married to a mason at age 30. She became pregnant one year after the marriage. Her labour started at full term. A dai was called home to deliver her. After examination, the dai was sure there was no complication and that Razia would be able to deliver safely at home. However the entire day passed away and Razia did not deliver. The dai called a local dispenser who gave her some injections but was unsuccessful in saving the baby. Razia had a stillbirth.

Within another year she was pregnant again. During this pregnancy her blood pressure remained low and she would often feel dizzy. She started her labour pains prematurely in the seventh month and went with her husband to a private clinic in Morkhunda. The doctor diagnosed that the position of the baby was not correct and she was advised to have a hospital delivery when the time came.

When her labour pains started at home her husband again called the dai for the delivery. The dai said that the baby would be born at home.

Razia had difficulty in delivering the baby and passed the night in severe pain. Next morning, the dai called in a nurse who gave her some injections. By this time, Razia's husband lost patience very angry with both the dai and the nurse. Yet on their recommendation he, along with his sister, took her to the hospital in Morkhunda.

The lady doctor reprimanded the family badly. She said she had warned them that Razia's delivery was not possible at home and they had brought her to the hospital after the case had become complicated. Razia had a stillbirth.

Razia said that she and her husband had lost confidence in dais. She said they waste a lot of valuable time because of their greed and that they had decided in future she will have all her deliveries in hospital.

Box # 6

"Placenta was delivered four hours after stillbirth" — Batool's sister-in-law

Batool belonged to a poor family. She was married to a farmer. Her history is one of poor maternal health. In Batool's first pregnancy, a dai was called home. She examined her internally which caused her to bleed excessively.

Her family took her to a hospital in Morkhunda where she was kept for three hours. Later, the LHV advised her family to take her to Lahore for the delivery.

Batool's husband arranged for a car and she was transported to Lady Willingdon Hospital in Lahore where she had a stillbirth. However there was delay in the delivery of the
placenta and, her sister-in-law said that her womb had also come out. "The placenta was finally delivered after four hours," she said.

During her fourth delivery at home again there was delay in the delivery of the placenta along with prolapse of the uterus. Her family called in a doctor who referred her to a hospital. Her husband and family members took her by car to a hospital in Morkhunda where the LHV delivered the placenta with difficulty.

Batool’s case vividly illustrates how malpractices of dais at household level and delays/ineffective treatment at health facilities can cause aggravation of childbirth related complications.

"At age 16, I was too young and extremely weak to conceive a baby" — Nusrat

Nusrat came from a middle class family. She was married at 16, and very soon got pregnant. As she had conceived at a very young age, she was very weak throughout the pregnancy and also had high blood pressure. A few days before her baby was due she had become so weak that she fainted. Her family hired a car and took her to a hospital in Phool Nagar where she was refused admission. She was then transported to Sharif Hospital in Lahore where she was kept in intensive care for six days during which she had a stillbirth through caesarian section.

"I miscarried nine times" — Zaitoon

Zaitoon belonged to a rich family who owned land in Haft Madar. She was married at age 22 and had nine pregnancies. Her first two pregnancies ended in premature deliveries at seven months on both occasions. She had stillbirths conducted by dais. During her third pregnancy she went to her parents’ home with the hope of having a normal delivery, which did not take place. Since then all her pregnancies ended in miscarriages at either the fourth or fifth month. Most of these miscarriages took place at home. Zaitoon also had treatment at Lady Willingdon Hospital in Lahore. During one of the pregnancies she was admitted in Jinnah Hospital in Lahore for four months where the doctors diagnosed her with high blood pressure. This pregnancy unfortunately also ended in a miscarriage.
"Dais' malpractices cause complications" — Deeba

Deeba was married at a very young age. When her labour pains started in the first pregnancy at home the dai was called in who also called the local dispenser. Both of them became engaged in gross malpractice: the dai continuously examined the patient internally and the dispenser administered her 10 injections in about two hours.

Several hours passed waiting for Deeba to deliver. The dai kept saying that the baby would be born any time, and did not allow her to go to a hospital. After 12 hours Deeba had a stillbirth.

After the delivery, she suffered from ill health, weakness and fever for six months. Deeba is convinced that the next time she conceives a dai will not be called in. She also opined that the dais' practices are not correct; they unnecessarily examine women internally often causing further complications.
Chakra Goth

Box # 10

"I got proper care at the hospital" — Saghira

Thirty two-year-old Saghira had been pregnant nine times and had seven children. Due to high blood pressure in her eighth pregnancy, she miscarried after which she had continuous bleeding. Saghira was rushed to a hospital, where a doctor prescribed an ultrasound scan. Thereafter she got proper care and treatment.

Box # 11

"The dai inserted her hand into Majida's womb and removed the placenta in bits and pieces" — Majida's sister-in-law

Majida had four normal deliveries. She went to the hospital soon after labour pains started in her fifth pregnancy. The doctor examined her and sent her home saying that they could wait another day for the delivery to take place. She went into labour at midnight and the dai was called to attend to her. Her sister-in-law stated: "The dai gave her one tablet to eat and kept one internally", Majida gave birth to a live baby. The dai then hastened to cut the umbilical cord upon which the placenta went back into her uterus. The dai inserted her hand into the patient's womb and removed the placenta in bits and pieces." This caused Majida to have profuse bleeding. The uterus came out of her body as well. Her whole body was also swollen-up. Then her family members rushed her to Jinnah Hospital in Karachi. At the hospital the doctor said that a piece of the placenta was retained in her uterus because of which poison had spread through her body. He performed a D&C and also sterilised her. She has been well ever since but sometimes feels weak.

Box # 12

"Out of ten pregnancies, I have five surviving children" — Zulekha

Zulekha Sultan was 40 years old and had been married for 20 years. Her husband was jobless and she did embroidery to make ends meet. Her first pregnancy ended in a miscarriage at three months. Zulekha had 10 pregnancies but only five of her children were living. She related that she used to have one baby born normally followed by bleeding and miscarriage in the next pregnancy. Her youngest baby was four months old.
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**Box # 13**

"My two pregnancies ended in stillbirths at eighth and ninth month" — Samina

Samina had been pregnant 11 times and had eight children. Out of the other three pregnancies two ended in stillbirths at eighth and ninth months. One of these deliveries was conducted by a dai at home.

The second case was of malposition of the baby (breech). The dai refused to deliver her at home; so she was transported to a hospital.

The third mishap occurred during the seventh month of her pregnancy. When she went into labour, a dai was called in, who gave her an injection. The baby was born soon after. However it died a few minutes later.

**Box # 14**

"I have only one child living from seven pregnancies" — Kaneez

She was 35 years old, was married for 16 years and lived in a joint family system. She had seven pregnancies out of which only one child had survived. She gave birth to a son the first time.

Two years later she got pregnant again and was delivered normally by a dai at home. But when the baby was found to be very weak and motionless her husband and mother-in-law took Kaneez and the baby to Jinnah Hospital in Karachi where the doctors informed them that the baby had died.

The third time when her labour pains started in the ninth month her family members transported her to a private clinic where she was delivered of a baby girl. This baby was weak and would often have vomiting and diarrhea. At three months of age the baby was taken to a doctor who said that the child was anaemic and he administered her a pint of blood. The baby had some reaction to the blood transfusion. The doctor tried his best to treat her by placing ice next to the baby. The baby died two or three minutes later.

In her fourth pregnancy she went into labour at seven months. Along with the labour pains she had profuse discharge and was admitted in a hospital where she had the delivery after seven days. The baby was kept in an incubator but died after three days.

Kaneez’s fifth pregnancy ended in the birth of a baby girl. The girl started having fever when she was three months old and was taken to a doctor who diagnosed that she had a hole in her heart. She was admitted in Jinnah Hospital in Karachi where she underwent surgery after nine months. Sadly the child died the day after the operation. Later she conceived twice with both pregnancies ending in miscarriages.
"After the childbirth a piece of placenta was left in the uterus that led to her death" — Aasia's relative

Aasia was married for four years. Her first baby was delivered at home by two midwives. But the baby girl died two minutes after birth.

Her second pregnancy followed very soon after the first. A dai delivered her at home. Soon after the childbirth, Aasia started having severe pain in her abdomen. She was transported to a nearby hospital where a nurse gave her some tablets and other medicine and sent her home.

On the fourth day, Aasia's abdomen swelled up and her pain became unbearable. Her aunts then took her to Jinnah Hospital where the doctors examined her and said that a piece of the placenta was left behind in her uterus. This had caused infection to spread in her whole body. Aasia died the next day.

"My triplets could not be saved" — Fatima

Fatima had pain in the abdomen in the fifth month of her pregnancy, and had a checkup in Jinnah Hospital in Karachi. The doctor gave her medicines and advised complete bed rest, but she could not rest at home.

Then again she had pain and bleeding in the sixth month but her husband refused to take her to hospital saying that this was not her first pregnancy and she should not make such a fuss! So she went to the hospital with her sister-in-law where she was diagnosed with triplets of whom two were dead babies and one alive.

Fatima related: "The doctor said that I had three babies (in the womb); two of them were dead and one was alive. He explained to me that if I wished he could deliver me by operation but even then he doubted the baby would survive."

She had a caesarian operation but the baby could not be saved. She was also sterilised as the doctor said she should not have more pregnancies.

Fatima had become so weak after this mishap that she could not walk for some time.
Kausar was 35 years old and had been married for 16 years. As she lived in a joint family system the resources were shared, therefore her nutrition was poor. She had six pregnancies at frequent intervals.

Frequent pregnancies, coupled with malnutrition caused complications, resulting in stillbirths, neonatal and infant deaths and congenital abnormality in one baby. Only two of her children survived.

Her mother-in-law said: "After having the doctor’s medicines Lubna’s baby started moving in the womb again; but at the end of the third month of pregnancy the baby’s movements stopped." Labna had conceived more than eleven times and had seven children. The rest of her pregnancies either ended in miscarriages, stillbirths or infant deaths.

Arifa had been married for 15 years and had five children. In the eighth month of her pregnancy she had diarrhoea followed by labour pains. She was taken to the nearest private clinic, where the lady doctor declared that Arifa's condition was serious. She advised an ultrasound scan but her husband refused, rebuffing the doctor by saying that she was unnecessarily complicating the situation. He instead took his wife to dai Fatima. Dai Fatima examined Arifa internally, which caused her to have bleeding. Then the dai gave her an injection and said that she would be delivering soon. But Arifa developed a side effect from the injection because, her mother said, "It went into her head and her condition worsened". Then the dai administered three or four more injections. The patient's condition further deteriorated and she was crashing her head against the wall! Finally the dai said that the case was beyond her control and recommended that Arifa be taken to a hospital. Her husband arranged for transport (Suzuki van), however Arifa died on the way to the hospital.
Box # 20

"After repeated complications, I got my name registered at the hospital for the next delivery" — Aziza

Aziza’s mother-in-law stated: “She continued to consult dai Haajra who gave her medicines to build up her strength”. Aziza’s husband was a labourer and they were poor. Aziza had 11 pregnancies but related a very sad medical history.

The first pregnancy ended in stillbirth as it was post-mature and she had high blood pressure. She refused hospital admission against the doctor’s advice as she was afraid of hospitals, and had a home delivery conducted by a dai.

The outcome of her third pregnancy was another stillbirth due to the dai’s malpractice (repeated internal examinations and vigorous delivery). Later she had a miscarriage and another stillbirth by caesarian operation.

In the second last pregnancy she had labour pains in the seventh month. When she consulted a doctor he told her to wait. When her condition did not improve she had an ultrasound scan at a private clinic where she was informed that the baby had died. They demanded a fee of Rs. 5000 for the delivery which she could not afford and had the childbirth at home carried out by a dai.

Aziza was again pregnant and had registered her name at Jinnah Hospital in Karachi.

Box # 21

"My twins were born dead but I survived the operation" — Hasina

Hasina had the support of her family members, her neighbour and the dai. In the sixth month of her fifth pregnancy (twins), she had pain in the abdomen and some bleeding. Her husband sought help from their neighbour who took Hasina to the dai. The dai informed them that due to continuous bleeding the twin babies had died and she immediately referred her to the hospital.

Hasina’s husband was reluctant to take her to the hospital as he had no money. The neighbour lent him money and they reached the hospital after an hour.

She had a caesarian operation at the hospital. Although the babies had died Hasina survived the operation.
Box # 22

"I'm alive because of my employer" — Jafria

Jafria lived in Chakra Goth. Her maternal history was poor. She had been pregnant eight times: the first three children were born normally, followed by four miscarriages. When the labour pains started in her eighth pregnancy she requested her husband to take her to a dai but he refused, saying that she should not disturb him.

But her condition deteriorated and she went to the dai with her daughter. The dai was unable to handle the case and referred her to the hospital. As Jafria did not have any money to go to the hospital she sent her daughter to her employer who transported her to the hospital in her private car. She said, "She drove me to Jinnah Hospital".

Jafria gave birth to a dead baby in the hospital. After that she also had a sterilisation operation. "I am very grateful to my employer. I am alive only because of her," she said.

Box # 23

"I fear hospitals" — Asifa

Asifa lost her first baby 12 days after birth. Her second baby was born at home. Because it was a difficult breech delivery the baby died soon after birth. After the childbirth she was very unwell and also fainted. The dai wanted to take Asifa to the hospital but she refused to go because: "I fear hospitals. I remember how a relative screamed in the hospital when the doctor tried to stitch her wound. I will never go to the hospital," she said.

Box # 24

"If the doctor had admitted her on time she would have survived" — Hoor Bibi's family

Hoor Bibi was a heart patient, who started bleeding in the third month of the pregnancy. When taken to the hospital by the family members, the doctor gave her medicines and assured her that she would recover by evening. But as her condition was not improving she was taken to Chiniot Hospital in Karachi, where the doctors advised a D&C. For some reason he did not admit her in the hospital.

Hoor Bibi continued to bleed and every day the family members would take her to the hospital for admission, without success. Then they wanted to get her admitted to Jinnah Hospital in Karachi, but Hoor Bibi refused because it was too far away from their village.

Chiniot Hospital admitted her after 15 days. She remained unconscious for three days, after which she died. The doctor said that she had a severe heart attack. However, the family maintained that if the doctor had admitted her on time Hoor Bibi would have survived.
Forty-year-old Fareeha was very poor. Her husband was jobless and she worked as a labourer to make ends meet. Her first two children were born normally but due to weakness and extreme poverty she could not breastfeed the babies, who consequently died. Her mother-in-law would feed the babies with rice flour dissolved in water. After this she had three miscarriages. Later she gave birth normally to a baby girl who was alive at the time of the study.

After the birth of her baby daughter, Fareeha gave birth to another child who was fed only on formula milk yet the baby could not survive. Then she had three more miscarriages.

After the birth of her baby daughter, Fareeha gave birth to another child who was fed only on formula milk yet could not survive. Then she had three more miscarriages.
"I delivered the dead baby in a donkey cart" — Laila

Laila came from a poor family. Although she knew before her marriage that she had fibroids in the uterus, her family could not afford to have her treated. Her husband was very poor as well. Her first baby died of epilepsy at two months. In the second pregnancy when she had pains in the seventh month she could not consult a doctor as she could not afford it. This baby also died after birth.

In the seventh month of her third pregnancy she stopped feeling movements of the baby, and started having abdominal pain, together with foul smelling discharge. She pleaded with her family members to take her to a hospital, but they did not do so. When in the ninth month she began labour pains, a dai was called in. She said that the baby had died and they should see a doctor. But again her husband did not have money for the treatment. When the baby was half delivered and was stuck in the birth passage, her pains ceased. Her family then put her in a donkey cart to take her to a hospital but on the way because of the jumps and jerks she delivered in the cart! The dead baby was rotten and smelling badly.

Later Laila gave birth to five children, had one abortion and was pregnant again. Repeated pregnancies had made her very weak over the years. The doctor advised her to have drips, but they never had enough money to follow the doctor's instructions. She said that her husband never allowed her to have intervals between pregnancies.

"The dai asked me to go to the doctor as my life was in danger" — Firdous

Firdous's history was related by her friend: "The dai said that Allah will have mercy, there is still a lot of time left."

Thirty five-year-old Firdous belonged to a poor family. She had five pregnancies. In the third month of her fifth pregnancy she had severe abdominal pain and vomiting for which she consulted the dai. The dai did not take her condition seriously saying that there was enough time for the delivery. However as Firdous did not feel better she went to Jinnah Hospital in Karachi where she had an ultrasound scan. The doctor told her that she had twins and advised her bed rest.

Her hectic home routine did not allow her to rest and in the sixth month she again felt pain and started having bleeding. When she requested her husband to take her to the hospital he refused. "You are unnecessarily panicking, as if it's your first pregnancy," he said.
The next day her brother-in-law accompanied her to the hospital where she was informed that she had triplets and two of the babies were already dead. The doctor sent her home with medication and advice for rest again with the hope that the third baby would survive. Unfortunately Firdous again started bleeding heavily and another dai advised her to consult a doctor immediately. "The dai asked me to go to the doctor as my life was in danger," she said.

Firdous was not taken to any doctor or to the hospital. She went into advanced labour the next day. Eventually, she was taken to the hospital by a neighbour, where the first baby was delivered dead. After a week-long stay at the hospital, the other two babies were delivered by caesarian operation. One baby was born alive but very weak and the other was dead. Firdous was also sterilised.

"My only child is surviving because she was born in a hospital"  
—— Farida

Farida's family was very poor and she had 10 pregnancies. Because of limited resources her diet was poor. Due to her weakness she could not breastfeed her babies. Some of them died due to lack of nutrition and weakness. Some of her other pregnancies ended in abortions. Only one of her offsprings survived as she had hospital treatment during the pregnancy.

"Six months have passed since the operation to remove fibroids from my uterus and I still have pain and bleeding"  
—— Durdana

Durdana was married at age 18 and her husband was much older than her. She had five pregnancies out of which two children were living. Her first delivery was done by a dai at home and ended in stillbirth. For her second delivery her family took her to a hospital where she had a normal delivery. The third pregnancy was very painful throughout. When her labour pains started her family took her to a female gynaecologist who, as Durdana said, "Gave me a tablet to insert in the mouth of the uterus. It was meant to increase my labour pains but instead it reduced them. She sent me home and asked me to come back after three days".

When Durdana returned to the hospital, the doctor informed her that the baby's position was not correct and delivered her of a dead baby.

In her next pregnancy she gave birth to a healthy child as the delivery was conducted by an experienced dai at home. Unfortunately her last and fifth pregnancy ended in miscarriage after four months.
Later on she was diagnosed as having fibroids in her uterus which had to be removed by an operation. She stated that although six months had passed since the surgery, she continued to have abdominal pain and bleeding.

**Box #30**

“I started medication after the death of my last baby but am unable to conceive” — Nighat

Nighat was married as young as 13 or 14. She became pregnant seven months after marriage. A baby girl was delivered at home assisted by a dai. But Nighat's daughter died when she was 10 month old of epilepsy and heart problem.

Nighat conceived soon afterwards but had continuous pain in her lower abdomen and back, accompanied by discharge. She was treated by a lady doctor whose medicine did not help her. Her labour pains started at home in the tenth month. Her mother called in a dai. As the labour progressed Nighat started bleeding heavily and the dai referred her to a doctor in the city.

The doctor at the hospital delivered the baby with great difficulty because it had got stuck in Nighat's pelvis due to its small size. Although the baby was born alive its brain was damaged. The baby started having fits, and died after seven days.

Nighat had started medication after the death of her baby but was unable to conceive.

She is mostly confined to her home. She can leave only with her husband’s permission. She also mentioned that her husband does the household shopping.

**Box #31**

“My mother-in-law's negligence led to my miscarriage” — Parveen

Parveen was 30 years old and was married at the age of 18. She conceived her first baby two months after marriage. The baby was delivered normally at home. The second time she had a miscarriage at four months. This was followed by two more deliveries.

In the fifth month of the fifth pregnancy she had labour pains about which she informed her mother-in-law, whose response was rather startling. She said, “The childbirth will take place anyhow if fate had ordained it so". Her negligence led to Parveen miscarrying.

Later, Parveen gave birth normally to two sons. But for her next pregnancy she consulted a doctor as she felt very weak. Parveen said that the doctor's medicine instead of curing her made her weaker.

When she told her husband about it he did not pay any attention to her health.

In the seventh month she stopped feeling the movements of the baby and informed her
mother-in-law of her condition, and by this time women in the neighbourhood had noticed that the mother-in-law and husband were deliberately ignoring Parveen's predicament, and they later pressurised her husband to attend to her needs.

On her husband's insistence, his mother took Parveen to the doctor. By this time the eighth month of her pregnancy had started and her condition had worsened.

The doctor at the Civil Hospital in Shahdadkot examined her and asked the family to take Parveen to her private clinic for treatment where the fees would be Rs. 2000. Instead her mother-in-law took her home.

After four more days, again on her husband's insistence, the mother-in-law took her back to the hospital, where she gave birth to a dead baby.

**Box # 32**

"I feel powerless among my in-laws" — Naveeda

Naveeda was married at a very young age and was unhappy in her marriage as her in-laws made her work all day. Her first two children were born at home and when she was pregnant the third time the local dai referred her to a doctor who delivered her by operation. After some time, Naveeda became pregnant again and went into labour in the ninth month. The dai who was called in referred Naveeda to a doctor. But the doctor was unable to save the baby. Naveeda does not have a son and was worried that her husband would remarry. "I feel powerless amongst my in-laws," she said.

**Box # 33**

"I've given up on my health" — Zareena

Zareena was 45 years old. She was given in marriage at the age of 18 by her parents in exchange for money.

Zareena had five children born at home. In her sixth pregnancy she used to keep unwell. When the process of childbirth started at home her mother-in-law called in a dai. The dai passed the whole day trying to deliver her, but without success. Then her husband, mother-in-law and father transported her to a hospital in Larkana where the doctors delivered her by caesarian operation.

Zareena remained unconscious for two days after the operation. She stayed at the hospital for nine days. Before discharge from the hospital the doctor re assured her that she was fully treated. However, shortly afterwards she started having pain in her womb followed by bleeding.

After the lapse of many years her illness has not been cured. In the meantime her husband became mentally ill and disappeared without a trace. She has given up on her health.
Thirty-year-old Mukhtaran, was a poor woman, and had been married for 13 years. At the time of her first childbirth the labour was delayed and a dai was called in. The dai was unsuccessful in delivering her baby. Mukhtaran said that although the fault lay with the dai her husband and father-in-law blamed her for not informing them that her labour pains had started. They maintained that if they had known on time they would have taken her to a hospital. "My husband called me mad," said Mukhtaran.

Her mother-in-law who was sympathetic towards her, died a year after the stillbirth.

Later Mukhtaran had one son and two daughters, all born at home. However her husband often beat her up and continued to call her mad. His attitude towards his wife made her father very ill. Her husband married again but later regretted his second marriage, and apologized to Mukhtaran.

"The doctor saved my life" — Yasmin

Yasmin who was 30 years old had been pregnant nine times and had five daughters. She had heavy bleeding and abdominal pain in the fifth month of her last pregnancy and was rushed to the hospital by her mother-in-law. The bleeding was so profuse that the doctor became worried and wanted to perform a D&C immediately. But Yasmin and her family were hoping that the unborn child was a boy as all her children were girls. Therefore they were not in favour of a D&C.

The family pleaded with the doctor not to perform the operation. The doctor tried her best to avoid it, but finally had to do it to save Yasmin’s life. "The doctor saved my life by treating me appropriately," she said.

"Due to repeated pregnancies I developed prolapsed uterus" — Nagina

Nagina's mother related: "When she went to the bathroom to pass water, she felt and saw that her womb had come out".

Nagina had at least five pregnancies and due to the repeated deliveries she had developed complete prolapse of the uterus.
Box # 37

"My case was mishandled by dais" — Munzooran

Munzooran belonged to a poor family and at the time of this study she was pregnant for the eighth time. Her first pregnancy ended in the death of the baby one hour after delivery due to delays and mishandling of the case by two dais, the fourth pregnancy ended in miscarriage because of negligence by her family members, and when she conceived for the seventh time she had a miscarriage again.

When she started bleeding and was not feeling well in the fifth month she was treated by the local dispenser (called by the dai) but to no avail. When her condition further deteriorated she was taken to the hospital where she had a drip followed by D&C. The poor family incurred an expenditure of Rs.6000 for the hospital treatment.

Box # 38

"I miscarried due to negligence by my family members" — Salma

Salma was very poor. Her husband was a labourer and she earned her own living by making quilts. She related a sad history of her pregnancies saying that she had only one child and the rest of her pregnancies (three) had ended in miscarriages - "Mainly due to negligence by my family members," she said.

Whenever she would have pain during the pregnancy she would inform her husband and sister-in-law and request them to take her to a hospital which they always declined. Consequently she would lose the baby. She had finally seen a doctor who after taking an ultrasound scan had advised her to have treatment from him. But due to their poverty she could not afford the treatment. Over the years she had become very weak, and had menstrual problems. Her husband had also married again.

Box # 39

"No one consulted me before taking me to the hospital" — Safina

Safina's story was told by her neighbour. She recalled that in Safina's fifth pregnancy while she was working in the fields with her mother she suddenly felt severe pain and started bleeding. Her mother informed Safina's husband about her condition but he refused to help saying: "I do not have any money, what can I do".

Then her mother consulted a doctor who treated Safina by giving her two or three injections. Still the baby could not be saved.

After four months when she was pregnant again she became very ill. Once more she requested her husband for help. He gave her Rs.100 and told her to use the money to
either buy medicines or feed the family. Her mother called a dai who referred her to the hospital.

Since they had no money, her husband was not at home and her sister-in-law refused to help, her mother borrowed an amount from neighbours and took her to the hospital. Safina said, "No one consulted me before taking me to the hospital".

By this time she had lost a lot of blood so the doctor arranged for blood transfusion and delivered a dead baby.

**Box # 40**

"I want to get myself treated but can't afford it" — Waheeda

Waheeda was married for 12 years and had conceived six times. Her first five children were born normally at home aided by dais, except one which was delivered by a doctor.

Over the years her health had declined. So much so that by her sixth pregnancy she was very weak and frequently felt pain in her abdomen - yet she did not see a doctor. Her family ignored her condition.

By the eighth month of her pregnancy, she had difficulty in breathing and there was swelling in her whole body. She went into labour with light pains at home. Her husband called in the dai. The dai waited the whole day for the baby to be born and in the evening asked the family to take her to a hospital.

At the hospital the doctor examined her and informed them that the baby had died. She delivered the dead baby at 3 a.m.

Ever since this mishap she has not been in good health. She wanted to get herself treated and to have some spacing between her pregnancies but could not afford the high costs of treatment.

Waheeda works in the fields all day long.
Jhugian Sayalan

Box # 41

"For my future pregnancies I'll go to the hospital for treatment"
— Saima

Saima had a twin pregnancy and had an excess of fluid in her womb. One day in the seventh month of the pregnancy she felt very weak and collapsed in the bathroom. The dai was called in and she referred Saima to the hospital where she was taken in a car by her husband and mother-in-law. She related that in the hospital, "As soon as I got up from the chair I started having heavy watery discharge and my clothes got soaked with the fluid".

The nurses and inexperienced junior doctors in the labour room were rough with her and did not handle the case properly, pulling her first baby out by force. A senior doctor operated upon her and delivered the second baby alive.

Saima said that for her future pregnancies she will go to the hospital for treatment.

Box # 42

"The doctors attend to patients at their own time and convenience" — Khateja

Khateja was 40 years old and her husband's monthly income was around Rs.3000. She was married when she was 14 and gave birth to 7 children. Five of her children survived and two died.

In the seventh month of her seventh pregnancy she developed spotting of blood, but had no pain. The dai was called, she checked her and told her that the baby had stopped moving and referred her to the hospital immediately. They went to Bajwa Hospital in Shahdara, where an ultrasound scan report showed that the baby was dead.

The family took her to Ganga Ram Hospital in Lahore. Khateja said, "I am scared of hospitals so I escaped from there. My family members scolded me and took me to Lady Willingdon Hospital in Lahore. There the nurses gave me medicines after every six hours but there was no change in my situation. My husband went to a 'faqir' who gave him dry dates and said the baby would be born at 12:00 o'clock. It happened just as he had said. I was alone at the time and called the nurses for help."

Khateja admitted that she was really stressed out and had no appetite because of problems on her parental side. She said, "Nobody consulted me before taking me to the hospital. I was so unwell that I could have gone anywhere to get treatment."

She later commented: "The doctors do not care as to how much pain one is in. They only listen and attend to the patient in their own time and convenience."
"I found the nurses to be extremely negligent" — Akhtar

Akhtar belonged to a low middle class family. Her story illustrates how the interplay of multiple factors resulted in loss of her babies. She was married for 10 years and had been pregnant 10 times but had only four surviving children.

In the seventh month of her fifth pregnancy she had labour pains and was referred by the dai to a private hospital. An ultrasound scan revealed that she was pregnant with twins, and was sent home with the assurance that she would have a safe home delivery. However after reaching home the pains became severe and the dai again sent her to hospital. She was taken in a 'pick-up van' to Lady Willingdon Hospital where she reached at 2:30 pm. By this time, the waters had broken and the umbilical cord was hanging out of her body.

She was grossly neglected by the hospital staff especially the nurses. Akhtar recalled that they were repeatedly checking her and were pushing the cord back into her body which caused her severe pain. Although her sister-in-law was crying and pleading with the doctors to do something, they ignored her pleas. She was delivered at 6 pm. the next evening and had twin girls who died soon after birth.

Akhtar complained that although there had been no delay at home and by the dai in referring her to hospital, her case had been mishandled and neglected at the hospital (third delay). She particularly complained about the nurses' attitude saying that they were negligent and rude with the patients.

"Hospital treatment is expensive" — Bilqees

Bilqees belonged to a low middle class family. She had her first baby by caesarian operation at Lady Willingdon Hospital in Lahore where her husband had to pay a fee of Rs.1500 before the operation. Talking about hospitals, she said that hospital treatment is expensive and beyond the means of poor people. For example, to have a delivery at Bajwa Hospital in Shahdara a fee of Rs.7000 is charged prior to childbirth. People coming with reference of an influential person are given priority.
Box # 45

"Never again will I opt for home delivery. I'll visit the hospital for regular check-ups" — Tehseen

Tehseen belonged to a poor illiterate family. She was married for six years and had been pregnant four times. Her first child was born by caesarian operation, the second one by forceps delivery during which she had stitches, and the third childbirth ended in complications.

Eight to ten days before her third delivery, Tehseen became very weak and started having heavy watery discharge. The last three days were extremely painful. She asked her husband to take her to the hospital, but he refused to do so saying, "It's raining outside. You can go to the hospital in the morning with your sister". He gave her boiled eggs to eat and she had to pass the night at home.

The following morning was Sunday and when she again started having pains the dai was called in. She gave Tehseen a drip and a dead baby boy was delivered. Her placenta though was not delivered.

After waiting for half an hour the dai gave her an injection to deliver the placenta.

While pushing to deliver the placenta, Tehseen tore her birth passage, which had to be stitched at the hospital ten days after the delivery.

Tehseen was initially afraid to go to the hospital for treatment but her painful experience of home delivery made her pledge that, "Never again will I opt for home delivery, in fact I will visit the hospital for regular checkups."

Her husband also regretted that if he had taken her to hospital on time she would not have suffered so much and the baby boy would not have died.

Box # 46

"It was my mother-in-law's decision that we should go by bus" — Shahnaz

Shahnaz of Jhugian Sayalan had her delivery in a hospital. Before this she felt very unwell at home as her blood pressure had risen. She was brought to the hospital by bus on the insistence of her mother-in-law, as she said, "It was my mother-in-law's decision that we should go by bus". In her family the mother-in-law made all the decisions.

Later when Shahnaz continued to have high blood pressure and felt ill her mother-in-law refused to take her to the hospital.
Unnar Goth

Box # 47

"The doctor said that we had taken too long to reach the hospital"
— Humaira

Humaira belonged to a poor family of Unnar Goth. Her neighbour informed that when she went into labour the fourth time, “Her mother-in-law called in the dai”. The dai examined Humaira internally and informed the family that the delivery would take place smoothly. But then she started having excessive watery discharge and the dai said she could not help her anymore.

It took the family one hour to arrange a vehicle to take Humaira to a hospital. She was accompanied by her husband, mother, mother-in-law, two brothers-in-law and one uncle. At the hospital the doctor told them that they had taken too long to bring her to the hospital. He asked them to arrange for blood as an operation was immediately required.

Humaira’s pains became severe during the night. “Her family was struggling to arrange the blood required for her surgery”, stated the neighbour.

As the family could not afford to buy even a pint of blood which cost Rs.800, they managed to arrange it from amongst themselves. When she had her operation at 7 a.m. the next morning the baby was already dead and the blood was no longer required.

Later Humaira had a sterilisation operation with the permission of her husband who had to bear an expenditure of Rs.11,000.

It may be noted that her husband is a labourer and he managed with difficulty to pay for his wife’s operation and hospital admission charges.

Box # 48

"We will not have another baby. My wife is too weak"
— Johara’s husband

This story of a poor woman called Johara was related by her neighbour who said: “Johara fainted after the birth of the baby girl. She was bleeding heavily and became very weak. Her condition persisted, so much so that she would be slightly conscious during the day time, but would faint at night”.

Johara had nine children. When she was pregnant for the ninth time she developed jaundice, which was treated by a doctor. Later in the eighth month she had a home delivery by a dai and gave birth to a dead baby girl. After the childbirth she had profuse bleeding and weakness. Her husband borrowed money from his brothers and first
transported her by donkey cart to Mirzapur and from there by train to a maternity hospital in Shikarpur. The doctor placed a cotton wool pad to control the bleeding but the pad went into her uterus! He told her husband that the case was beyond his control and he should take her to another hospital.

She was taken to Chandka Hospital in Larkana where she was first treated for jaundice and was X-rayed. The X-ray according to the doctor showed that she had a small ‘knot’ (probably the cotton wool pad) in the uterus which the doctor recommended must be removed by surgery. But one morning when Johara went to the bathroom to perform ablution the knot fell out of her womb!

Johara's neighbour said, "The neighbours and her brothers and sisters looked after her children and sent her food at the hospital".

Later Johara had a coil (Cu-T) kept in her womb with her husband's consent. She had become very weak. Her husband said: "We will not have another baby. My wife is too weak. I have already spent Rs.50 to 60 thousand on her treatment".

"My husband is poor. He can't afford to take me to a hospital"
— Hamida

It was the fourth month of Hamida's seventh pregnancy and she had been bleeding for three days. She was much worried, as she had already been through the experience of losing four babies due to heavy bleeding. The dai advised her to consult the local 'doctor' who was actually a dispenser. Hamida acted upon the dai's advice and with the dispenser's treatment the bleeding almost stopped, but she still had some spotting. She said that she wanted to go to a lady doctor at Mirzapur which was the nearest town from her village. Her husband was poor and could not afford to take her there.

"The dai was helpless. God wanted to end it this way"
— Jahan Ara

Forty-year-old Jahan Ara was the mother of ten children -- seven sons and three daughters. She has had five miscarriages and two stillbirths. In total she had been pregnant 17 times!

When she was pregnant with her eleventh child, she would often feel pain in her legs and back, and her abdomen was unusually large.

Jahan Ara had labour pains in the tenth month of pregnancy, and she felt pains every three hours for three days. The dai told her that her pains were not severe but assured her that the delivery would not take long. She stayed with Jahan Ara for the whole night
and the following day.

In despair, the dai called in a dispenser who gave Jahan Ara a glucose drip and an injection. However, there was little progress in the labour. The dai spent one hour desperately trying to deliver the baby, but to no avail. She finally gave up and advised the family to take Jahan Ara to a hospital. The baby in the meanwhile died. "The dai was helpless. God wanted to end it this way," said Jahan Ara.

The doctor at the hospital was unable to deliver the dead baby as well. The family arranged for transporting Jahan Ara to a private hospital in Shikarpur where the doctor tried to deliver the baby normally. Failing this, the doctor severed the baby's head, pushed the body back into the womb and then performed surgery to take it out.

Jahan Ara stayed in the hospital for 11 days. She was unconscious the first two days. Her mother-in-law, brother-in-law, sister-in-law and husband remained by her bedside.

According to Jahan Ara, the treatment cost about Rs. 25,000 out of which Rs. 20,000 was the surgeon's fee. The cost of medicines was also high. "My family members helped in arranging for the money," she stated.

Box # 51

"Dai massaged my back vigorously to make the delivery easier"

— Misbah

Twenty-eight-year-old Misbah had been married for eight years. She gave birth to five children; only three survived.

Her first baby girl was born two years after her marriage, with the help of a dai. Seven days after birth the baby developed fever. Due to financial constraints the family took a long time to take her to a hospital in Mirzapur. The baby died on the way to the hospital.

Two and a half years later Misbah gave birth to another girl who died three days after birth. The dai told Misbah that the baby died because it had been strangled by the umbilical cord.

In her third pregnancy, her mother-in-law insisted that they should have her examined by a gynecologist. Misbah received a month-long treatment from a doctor in Mirzapur but had the delivery done by a dai at home. She gave birth to a baby girl.

Two years after the third pregnancy, when Misbah again got pregnant the dai told her there was nothing to worry about except for some weakness. This time Misbah delivered a baby boy. After delivery, Misbah developed backache, "Because the dai had massaged my back vigorously to make the delivery easier," she said, adding "The pain is persistent, however I get temporary relief with the herbal powder the dai gets for me". The powder costs between Rs. 5 and 10.

After two years Misbah had another baby girl. Since then her periods have been painful, her abdomen protrudes and she is very weak. "I don't have money for treatment," she said. "My husband wants more children but I cannot conceive," mentioned Misbah.
"My baby died because children born in the eighth month of pregnancy do not survive" — Hanifan

Thirty-five-year-old Hanifan was poor and uneducated. She was married when she was 17. It was an arranged marriage because "Girls in our family do not choose their husbands," she said.

Hanifan has had seven pregnancies but only four children survived. She had two stillbirths and one miscarriage.

Hanifan first got pregnant three months after her marriage. When her labour started at term a dai was called in by her mother-in-law. After she had been in labour for three days, the dai was called in again.

"After conducting an internal examination, the dai said that the baby would be born when God pleased," said Hanifan. The baby was born on the fifth day but it was dead.

To prevent infection, the dai gave Hanifan some herbal powder.

After two months Hanifan was pregnant again. This time round she felt labour pains in the eighth month. "I was alone at home and did not know what to do. So I held the Quran tightly against my tummy, hoping the labour would stop. But my pains kept increasing," she said.

In desperation, Hanifan went to her aunt who lived nearby. The aunt went to get the dai but before they could arrive, the child was already born.

The baby was fed cow's milk for three days because, "A mother cannot breastfeed a child usually for the first four days as there is no milk," she explained. The baby died in the morning of the fourth day.

According to Hanifan, "My baby died because children born in the eighth month of pregnancy do not survive."

Her third child too was delivered by a dai. Hanifan had a fit on the second day of the labour, because of which, "My child is sick. The doctors say his brain is weak," she lamented.

During her fourth pregnancy, Hanifan started bleeding in the fourth month and had a miscarriage.

Two of Hanifan's children are mentally weak, and cannot be treated because of monetary constraints.
"I have no problems" — Zeba

Zeba was 25 years old. She had four children. She gave birth to twin daughters two years after marriage. One of the girls did not keep well after birth. She was taken to the government hospital in Shikarpur where the doctor said she suffered from epilepsy. The baby survived for only 20 days.

After a year and a half, Zeba became pregnant again and gave birth to a healthy daughter. The third pregnancy and childbirth were uneventful.

When Zeba conceived her fourth child after a break of a year and a half, she developed complications: six months into her pregnancy her abdomen was not increasing in size. The dai recommended that she should consult a doctor.

She felt better after four months of regular treatment. But Zeba did not feel the baby's movements. The doctor advised her to have an ultrasound scan, the results of which showed that the baby's position was not normal. Later, Zeba had a normal delivery in the government hospital.

Zeba had no health problems except occasional backaches due to exhaustion.

"My husband allowed me to take contraceptive injections to avoid more pregnancies" — Shaheen

Shaheen was 35 years old and uneducated. Her first two babies were delivered by a dai at home.

In the fourth month of her third pregnancy she started bleeding with clots. The dai who was called in gave her an injection to prevent the miscarriage. Yet, Shaheen lost the baby. "There was nothing anyone could do about it," she lamented.

A year later, she once again became pregnant. The baby was delivered at home by the dai, but Shaheen felt much more pain this time round than in the past. For relief her mother-in-law gave her water given by a 'peer' (religious healer).

Shaheen conceived three more times that resulted in one miscarriage and two normal home deliveries. Her husband then allowed her to take contraceptive injections to avoid more pregnancies.
Thirty eight-year-old Parwaz Bibi had nine sons and four daughters. She was married at the age of 12. Her's was an exchange marriage.

All her 13 children were born at home. In the fourth month of her first pregnancy she started bleeding. She told her mother-in-law about it who did nothing to help her. The bleeding increased on the second day but gradually subsided and stopping altogether by the fifth day. Parwaz Bibi had a normal delivery at home performed by a dai.

When Parwaz Bibi became pregnant the third time, her abdomen did not increase in size till the seventh month. "The baby was neither developing nor could I feel recalled.

In the seventh month she started bleeding and had pain in her abdomen which lasted for 15 days. She informed her mother-in-law who took her to a lady doctor in a nearby town. The doctor gave her some medicine to stop the bleeding. After she took the medicine, Parwaz Bibi aborted the foetus. Twelve days later she went to the doctor to have a D&C.

Afterwards Parwaz Bibi got a coil (Cu-T) inserted without her husband's consent by a doctor in Larkana to avoid further pregnancies. Her husband was a drug addict and forbade her to have intervals between the pregnancies.