

Sad but true

Why women choose to procure the services of unsafe providers?

By Sarah Rahman

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Good health refers not only to the absence of disease or infirmity, but also involves a state of complete physical, mental and social well-being. According to the World Health Organisation (WHO), good health is a resource imperative for leading a normal life. It is no surprise then that Pakistan aspires to achieve the social goal of providing equal and adequate health services to all its citizens. However, disparities between socioeconomic and physical capacities of different segments of the population pose a serious challenge to the achievement of this goal.

Pakistan's public health sector remains entangled in a web of corruption and unprofessional practices, which has made the common people weary of heading in the direction of government institutions, despite the fact that they provide treatment free of cost. Similarly, the private sector is infested with its own set of problems. Therefore, most of the country's population cannot afford to procure the services of qualified professionals.



Shahida (names have been changed to maintain privacy) resides in a small community on the outskirts of Karachi. She gave birth to a baby boy recently. Relating her experience, Shahida tells The News on Sunday that she made a conscious choice to give birth at home with the assistance of a midwife, because private hospitals cannot be afforded by those belonging to a humble background. The expenditure on delivery at a public hospital usually amounts to the same as that at a private hospital, if one takes into account expenses incurred on currying favour with the hospital staff.

Shahida stresses that she is not in favour of public hospitals, because the staff is intolerant. Moreover, it seems to pay no heed to the privacy of the patient; several women are crammed together in the same room, with two women lying on each bed and just a scrap of cloth covering the lower part of their bodies. Shahida acknowledges that she is fortunate to have had a good experience during her delivery, because there have been many instances in her neighbourhood where the life of the mother or baby was jeopardised due to the incompetence of the provider. Dilemmas of health-seeking behaviour are exacerbated when individuals are willing to pay beyond their means for quality treatment, but they do not possess the ability to identify safe health providers from the surge of quacks that have plagued our private health sector. Every year, thousands of women fall prey to unsafe providers without realising the potential risk posed to their lives by the unhygienic and unprofessional practices of these self-proclaimed doctors. The Sindh government proposed in 2004 to give licenses to all qualified professionals and institutions, to ensure that citizens are protected from fake health providers, but no concrete measures have so far been adopted in this regard.

The intimacy of emotions and the often uncomfortable and private nature of information shared between a patient and provider necessitates a relationship based on respect and trust. Within the context of Pakistan, where familial ties play an important role in conditioning social actions, a good rapport with a provider goes a long way and acts as the major impetus for women that continue to flock to such unsafe providers regardless of their qualification.

For example, Shahida says she has great faith in her provider because since the last two generations women in her family have had their deliveries performed at home by the same midwife. She is also satisfied with the quality of the midwife's services. But her story is in stark contrast to that of thousands of women who are unaware of the dangers that lurk behind the unsafe practices of unqualified providers and who jeopardise their lives rather than questioning the credibility of those treating them.

One such woman lives in another impoverished area of the city. Rukhsana, a mother of two, recounts the tale of her last pregnancy that traumatically ended in a stillbirth. She consulted a doctor who was renowned in her community for successfully dealing with complicated pregnancy cases. However, only a few residents knew that she was actually a con and had received no formal training. She had been posing as a qualified professional since many years, though her only skills comprised of what she had learnt while observing a doctor at a clinic, where she herself performed only menial duties, such as cleaning. She had a strong support base in the community, despite the fact that many women and children had lost their lives due to her incompetence.

While performing the delivery, the 'doctor' injected Rukhsana three times and used her hands to try to pull the baby out of the birth canal, in order to hasten the delivery process. No qualified professional would have adopted such measures to force the baby to come out; therefore, it is extremely unfortunate that Rukhsana lost a healthy baby due to the ignorance of her 'doctor'.

Rukhsana was overcome with grief when she found out, but the doctor was prompt to clear her conscience by claiming that she had known that the baby would not survive the minute she examined her. The 'doctor' said she deliberately kept quiet to stop Rukhsana from rushing to a hospital in panic. She asserted that Rukhsana should be thankful that she saved her from an unnecessary burden, because, in her opinion, hospitals are only interested in making money and the staff there would definitely have performed a csection to expropriate large sums of money from her.

Rukhsana still believes this bizarre story and says she will always remain indebted to the doctor for saving her life, not realising that the actual reasons for her baby's death were lack of professionalism and use of unsafe practices. Rukhsana's story resonates with the plight of many women who are unaware of the perils of consulting unsafe providers. Trying to reconcile with the unfortunate circumstances that engulfed her, Rukhsana says: "The doctor did whatever was in my best interest. What happened to my baby was due to fate and I am grateful that I am still alive to take care of the rest of my family." (*The writer works with the Collective for Social Science Research, Karachi.*)