

IMPACT OF COVID-19 PANDEMIC ON MATERNAL HEALTH SERVICES IN KHANEWAL (PAKISTAN)

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ABSTRACT

The COVID-19 pandemic has had a significant impact on Pakistan, as it has on many other countries. While efforts have been made to combat the disease, one major source of concern has been its potential impact on the delivery and utilization of maternal care services in the country. The study's goal was to look into how the COVID-19 pandemic and related lockdowns affected the provision of essential reproductive, maternal, services in health care facilities across Khanewal.

A cross-sectional survey was conducted, the questionnaire was distributed among the coordinators or representatives of public and private maternal and prenatal healthcare hospitals and RHC (Rural health center) located in Mukhdom pur pahron , Qatal pur and city Khanewal to obtain the data on issues relating to access and provision of maternal health services before, during and after COVID-19 lockdowns. A brief explanation of the study purpose and assurance of anonymity was outlined on the first page of the questionnaire. Informed consent was obtained from all respondents before data collection; the interpretation of data was done using quantitative analysis in SPSS.

The results revealed sample characteristics, outpatient routine visits, availability of staff and other medical stock, percentages of delivery services prior to the lockdown. There was a significant decrease in client utilization of services, stock-out of drugs, contraception, harassment by law enforcement agents and transportation difficulties during the lockdown.

This is one of the few studies that investigate the impact of the COVID19 pandemic on maternal healthcare facilities in Khanewal and emphasized the need to take the appropriate policy measures required to handle such a global health emergency.

Keywords: COVID-19; Healthcare services; maternal services; public health; women's health.

INTRODUCTION

(COVID-19) continues to impact the lives of the people in Pakistan. In addition to the risk imposed by the virus to human lives, there is an imminent risk to the health and well beings of Pakistanis.

During the outbreak, it is highly suspected that many other health service departments (especially gynecology and obstetrics) may have been overlooked which could lead to an increase in maternal and child mortality rates.

Evidence based knowledge for administrators and Policymakers for SDG-3 development framework .SDG-3 which aspire health and well being for all and access to Quality Maternal mortality also included in its targets.

In Pakistan, the maternal mortality rate is almost twice as high in rural areas as compared to urban areas. Higher maternal mortality has largely been attributed to a few remote maternal health centers and a lack of properly trained staff. During this outbreak, it became more challenging for the rural population to access maternal healthcare facilities due to consistent lockdowns, redeployment of physicians and other paramedics to quarantine centers and isolation wards and lack of public transportation in all over Pakistan. This study would shed light on the health care services with a special focus on Gender based health services i.e.

maternity health services which also included in SDG-3.

Research Questions

1. To investigate the impact of the COVID-19 pandemic on Maternal health services in Khanewal
2. To know the status of Gender health and well being in Khanewal
3. To know the impact of the COVID-19 pandemic on the Gender health sector focused on maternity health services in Khanewal .

Literature Review:

Issues faced by maternal and prenatal healthcare service provider due to pandemic in developing nation globally.

Issues faced by maternal and prenatal healthcare service centers and Hospitals in context of Pakistan.

Challenges for maternal and prenatal healthcare Hospitals and Community centers in Kanewal, local context.

According to the World Health Organization (WHO) maternal mortality estimation survey which is conducted every fifth year estimated The maternal mortality rate is highest for Asia and it is even higher for South Asian countries including Pakistan. As per most recent stats around 295,000 women die during and following childbirth worldwide in a year. South Asia alone accounts for almost 1/5th of all these deaths, about 94% of maternal deaths occur in underdeveloped countries. Pakistan ranks fifth in the world according to population around 64% of the Pakistani population lives in rural areas. Khanewal is the 36th largest city of Pakistan by population Villages: 641 Total Population: 3.46 m.



خانہوال is a city and the capital of Khanewal District in the Punjab province of Pakistan . It is the 36th largest city of Pakistan by population.

Khanewal is named after the earliest settlers here who belonged to the caste 'Daha' (A Sub-Caste of Panwar Rajput) and used 'Khan' in their names. That is how the city came to be known as 'khanewal'.

In Khanewal District Total RHC (rural health Centers) are 7 and one DHQ Hospital of Govt.

Concepts

- **Impact of covid-19** on healthcare departments worldwide and they have failed to treat increasing COVID-19 cases in many underdeveloped countries of the world .The health sector in Pakistan has suffered under-investment for decades. Where the Government of Pakistan has taken necessary and strict actions to overcome the COVID-19 outbreak no efforts have been seen to address maternal health issues within the country.
- **Maternal mortality refers** to any loss of a woman's life resulting from pregnancy complication or death within 42 days after childbirth, notwithstanding the period or site of the pregnancy, emanating from issues that are linked by the management of the pregnancy but not from accident or incidental factors.
- **Maternity Health Services:** the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being.

Methodology

- Quantitative in nature, cross-sectional research design. A questionnaire was developed to assess the impact of COVID19 in Khanewal from city maternal and prenatal health centers and their activities and service delivery from May to July 2020.
- Study population: The questionnaire was distributed among 300 representatives through random sampling technique, representatives of total 1 public and 9 private hospitals and 7 RHC of Khanewal from different areas were selected.
- A brief explanation of the study purpose and assurance of anonymity was outlined on the first page of the questionnaire. Informed consent was obtained from all respondents before data collection; the interpretation of

data was done using quantitative analysis in SPSS.

- The final version of the survey questionnaire included 60 general questions, 4 additional specific questions for antenatal services and 13 for postnatal services. The Questioner was approved by the Ethics Committee of Public Management Department of University Approval number: (NP4221 24.11.2019).

Data Collection & Data Analysis

- First: Sample Characteristics
- Secondly, Services, Visits and Examinations
- Thirdly, Transformation Into a Dedicated COVID Facility, Staff
- Fourthly: Financial Relief from Government, Relief from International Agencies, Protective Measures at Health Care centers

Key Findings:

- As for sample characteristics, results, unless otherwise specified, did not yield significant differences between private and public hospital- and community-based facilities, geographical areas, or antenatal and postnatal care.
- 76% of respondents strongly agree that the maternity health services are affected by COVID-19.
- 60% respondents strongly agree that health services provided for particular issue has decreased.
- only 28.4% of facilities continued to provide outpatient routine visits and examinations as usual, 19.4% provided visits but to a limited extent, while 52.2% ceased their activities. However, the majority of maternal and prenatal facilities were available for emergencies.
- 42% respondent believe that government did not provided sufficient relief to the health department specifically for maternity services .
- About a quarter of maternal or prenatal healthcare facilities (23.4%) were partially converted or transformed into COVID-19 units to provide care and support to the large number of patients).
- Our survey provides sobering insights into disruption to care and treatment for prenatal patients (i.e., pregnant women, new mothers and their fetus/neonate) in Khaewal. Data revealing that the pandemic has caused disruptions, with delays, reductions or

cancellations in both maternal and neonatal appointments.

- Regarding check-ups and examinations, although it is fully understandable that non-urgent services, such as many routine outpatient visits, were canceled in a well-intentioned effort to contain the spread of the new coronavirus.
- Overall, a minority of facilities reported that some or all of the staff members (13 and 3.9%, respectively) were transferred to COVID-19 wards. This occurred significantly more frequently in hospital-based facilities than in community-based facilities. Nevertheless, almost one-fourth (23.4%) of the facilities, both hospital- and community-based, became understaffed during the index period due to various reasons such as ward transfer and sick leave .About half of the facilities (46.0%) provided the entire staff with specific training on COVID-19 management, whereas a further 28.6% provided it only to select staff members. The remaining 25.4% did not provide any training.
- In terms of healthcare workers, obstacles to effective care appear to include understaffing and additional stress for prenatal healthcare workers, and this aligns with the previously demonstrated increase in stress during the pandemic, stemming from staff shortages, excessive workload and the use of personal protective equipment
- it is attempted to open for the provision of essential gender health services during the COVID-19 pandemic lockdown. However, there was a significant reduction in clients' utilization of services due to challenges experienced in service implementation such as stock-outs, and also to low demand for services by clients.
- This change in access to medical and health services adversely affected the standard of maternal and prenatal care, including the realm of maternal health care but particularly that of preventive, routine, and corrective medicine.
- Taken as a whole, the results of this study suggest that Khanewal was not entirely prepared to handle such a pandemic; indeed, specialist prenatal healthcare services have been (and still are) disrupted at many levels by this global health emergency. Our findings

deepen the understanding of how the pandemic has influenced healthcare facilities, and can be crucial in guiding the development and implementation of effective responses and, more broadly, in supporting and strengthening prenatal health systems.

Conclusion

- ▶ The response of the public healthcare delivery system to the Covid-19 Pandemic is negatively affecting both the provision and utilization of maternal and child healthcare services. It is deterrent to the progress achieved in maternal and child health parameters over the years. Better response strategies should be put in place to minimize lag in service delivery.
- ▶ It is time for Health Service providers to understand the risk of failure.
- ▶ Equip themselves with the resources which are necessary to absorb the shocks of uncertain natural disasters and maintain a well balanced approach to digital health facilities
- ▶ Evidence-based knowledge and literature to Health centers, policy makers and regulators to better understand the situation and problems faced by Maternity health service provider in Pakistan during COVID-19 and other emergencies

- ▶ Awareness programs such as Gender health should initiate at rural areas.
- ▶ The state back technical training programs should be initiated which have ability to make rural health service provider adaptive to digitalization, virtual services.
- ▶ Efforts should be made to address the identified challenges by governments, non-governmental agencies, the private sector, and donor agencies working in low resource settings

Health Centers Implications

1. Adjust to the Digital health strategies which are composed of common-sense precautions and modern operations.
2. Improve telemedicine techniques.
3. Redesign activities and resource so that maternity health services can be run during lockdown situations.
4. Improve relationship with patients and health service provider by improving communication.
5. Create awareness programs with provision of resilience and sustainability by incorporation digital technology.

Policy Maker Implications

- ▶ When drafting using pandemic containment strategies i.e. lockdowns, quarantines, travel restrictions, transportation systems keep into account the cost of these initiatives on Maternity health centers especially in rural Area.