

**RESEARCH PAPER****Maternal and Child Health Care Malpractices in Pakistan: A Qualitative Study of Mothers' Experiences****¹Dr. Anam Afzal, ²Dr. Farhana Nosheen and ³Qura-tul-ain**

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In Pakistan, despite several interventions and strategies, the rate of maternal and neonatal mortality remains high. Unfortunately, in Pakistan, there are few studies on maternal and child health care. Thus, this study aimed to investigate the mother and child health care social and cultural malpractices in Faisalabad, Pakistan. A qualitative research was conducted with four focus group discussions (FGD) with 40 mothers was conducted purposively. Data were analyzed deductively by using the thematic analysis. This study results shows that child-mother healthcare malpractices were common in Pakistan. This study suggested that there is an immediate need to attention to traditional childbirth and newborn care practices like breastfeeding and nutrition, poor health seeking behaviors of families, and poor access to health care during pregnancy.

Keywords: Malpractices, Child, Mother, Healthcare, Social and Cultural, Pakistan**Introduction**

Cultural malpractices are harmful social norms that negatively impact on behaviors experienced in a certain society (Melesse et al., 2021). Cultural malpractices, has long term destructive effects with continents in the world level degree and prevalence may vary (Zenebe et al.,2016). Pakistan is a lower middle-income country with an estimated population of 204.6 million, which faces considerable challenges particularly child and mother health. Globally, reducing maternal mortality is a determinant of developmental strategies (Riley et al., 2019). In every two minutes a pregnant woman dies, either due to childbirth or complications during pregnancy all over the world (United Nations Population Fund, 2016). In Pakistan, the neonatal mortality rate of 31 per 1000 stillbirths and 42 per 1,000 live births remain the second highest in the world (United Nations Children's Fund, 2023; Pakistan Demographic and Health Survey 2017-18).

The Millennium Development Goals (MDGs) 4 and 5 were developed, particularly by reducing the maternal and neonatal mortality rate all over the world by 2015. Unfortunately, Pakistan failed to meet the target set out by MDGs (Pakistan Demographic and Health Survey 2017-18). The United Nations established recent Sustainable Development Goals (SDGs) 2015-2030, The Pakistani government as a contributor designed a monitoring and assessment framework of the National Health Vision 2016-2025. To guarantee an inclusive reach, the resultant structure works together with the Pakistani Planning Commission and various stakeholders. The continuum of healthcare in pregnancy, childbirth, and the postnatal period is critical for Sustainable Development Goals (SDGs), especially Goal 3 (Good Health and Well-Being) and Goal 5 (Gender Equality), including the global Neonatal Mortality Rate (NMR) and Maternal Mortality Rate (MMR) which should be reduced to less than 12 deaths per 1000 live births and less than 70 deaths per 100,000 live births, respectively, in 2030 (Aziz et al., 2020; UNICEF, 2028). The maternal and child health are expected fail to reached the set out targets by Sustainable Development Goals till 2030

(World Health Organization, 2023). the different health care practices have been undertaken during the postnatal period and childbirth in different regions of Pakistan.

Even though few studies have been conducted regarding cultural malpractices during pregnancy and child health care factors likes social, family, and facility factors, but yet no study was conducted with qualitative research. There fore, this study assess social and cultural malpractices during maternal and child health care in Punjab, Pakistan.

Literature Review

A qualitative study was conducted by Marabele et al. (2020) showed that unsanitary environment and inadequate care during labor and delivery, many mothers experience difficulties from home birth, such as infection of the reproductive system and neonatal sepsis. The main causes of sepsis and death are newborns delivered incorrectly by inexperienced birth attendants and cultural malpractices during delivery. Although the precise number of maternal deaths in poor nations attributable to cultural malpractices is unknown, it ranges between 5 to 15% (Marabele et al., 2020).

Hailu et al. (2023) reveal that the cultural malpractice throughout pregnancy, labor, and postpartum period was present in 74.6% of cases overall. Compared to women aged 15–24 and 25–34, women over 35 were twice as likely to engage in cultural malpractice. Cultural malpractice was nearly twice as likely to occur among those who did not receive antenatal care (ANC) follow-up, three times as likely to occur among those who did not receive health education, and nearly twice as likely to occur among women whose culture permits harmful traditional practices (Hailu et al., 2023).

A study was conducted in Ethiopia by Melesse et al. (2021) stated that most of the women experienced nutritional taboo, some other faced the abdominal massage and majority of the mothers delivered baby birth at home. Majority of the mother was belonged to alliterate educational status, low living standards with pregnancy complications. The respondents antenatal care follow up was very low and found statistically significant influenced toward cultural malpractices during labor and delivery (Melesse et al., 2021).

Tanaya and Putri (2025) investigate that the hospitals' civil culpability in situations where medical malpractice results in a baby being switched at delivery. Even with explicit legal safeguards, victims frequently struggle to get just compensation. As the main healthcare providers, hospitals have an obligation to maintain professional standards in order to guard against malpractice and guarantee patient safety. Under Indonesian civil law, noncompliance with these requirements is considered an unlawful act (PMH), which requires hospitals to pay for both material and immaterial losses. However, the accomplishment of justice is hampered by inconsistent application of patient protection regulations. This study emphasizes the need to improve legal certainty, enforce accountability procedures, and support non-litigation dispute settlement techniques in order to preserve justice for impacted patients using a normative-empirical legal analysis.

Chen et al. (2025) indicated the noneconomic impact caps significantly lower the chance of a caesarean delivery by a standard of 5%, with an impact size that approaches 7% within five years after the policy is put into place. By using medical prenatal care, doctors can keep control over the timing of births while still avoiding additional invasive procedures like vacuum and forceps deliveries (Chen et al., 2025).

This research by Victora et al. (2023) examine that the causes of impaired growth are common in In middle-income nations. The frequency of low body mass index has decreased by half among women of reproductive age; nevertheless, there are fewer noticeable trends in the prevalence of short stature. While information on gestational

weight growth is limited, both conditions are linked to negative outcomes for mothers and their offspring (Victora et al., (2021).

Research indicates that maternal under nutrition may have an impact on the nutritional status of the child later on. We found consistent evidence of the impact of maternal under nutrition, as indicated by low body mass index (BMI), mid-upper arm circumference (MUAC), and stature, but not of individual micro nutrient status, on intrauterine growth retardation, preterm birth, low birth weight, and small for gestational age. Research on micronutrient supplementation revealed that calcium may have an impact on preterm birth reduction, while iron, vitamin D, and several micronutrients may have positive impacts on birthweight and/or a decrease in small for gestational age. A study in Pakistan by Rana (2024) indicated that the pregnant women that have a link to healthcare services tend to give birth of healthier babies. The health of mothers is given priority in nations with strong healthcare systems and increased awareness, allowing women to get high-quality care throughout their pregnancies and deliveries. An observational study was carried out examining strategies for lowering death rates, and the results showed that the use of evidence-based care packages offered by accessible healthcare providers could result in notable improvements. Almost two-thirds of maternal and infant deaths could be prevented by implementing basic and secondary care treatments (Rana, 2024).

A systematic study was conducted by Gelaw et al. (2023) stated that the purpose of research was to determine the incidence of cultural malpractice during pregnancy in Ethiopia as well as its contributing factors. PubMed/Medline, Scopus, Web of Science, Google Scholar, African Journals Online, and the Cochrane Library were searched for data. Ethiopia had combined rates of 34.95%, 31.18%, and 45.83% for cultural malpractice throughout pregnancy, labor, and the postpartum period. Furthermore, the prenatal period is statistically linked to the following factors: maternal education, ANC follow-up and residence throughout childbirth; ANC follow-up, maternal age, and maternal education during childbirth; and residence, ANC follow-up, and maternal education during the postpartum period (Gelaw et al., 2023).

Materials and methods

Study design and population and sample

This is a qualitative study. The data were collected from district Faisalabad to access the maternal and child health care malpractices. The source population was mothers having at least one child between 0-24 months of age living in Division Faisalabad, Pakistan. However, four focus group discussions (FGD) with 10 mothers in each group were selected.

Data collection and analysis

The qualitative research was conducted with FGDs. The voluntary written consent was taken from each participant group. The participants were chosen through investigator principal of discussion. The one assistant recorded all discussions and two assistants (data collector) took notes. All discussion audios were firstly transcribed into local language, Punjabi, so it was translated in English. The thematic analysis approach was used and analysis was conducted by Open Code software. Each transcript gingerly screened and coded.

Ethical considerations

Ethical permission was obtained by Research and Ethics Committee, from the Institutional Review Board of Government Collage University Faisalabad, Pakistan. Approval to collect data was obtained by Government Health Bureau. The current study fulfills the moral principles of person's respect, beneficence, avoidance of harm and justice.

The written consent was also received from respondents before their participation. The respondents were informed about the study objective to obtain their consent before administering questioner.

Results and Discussion

The FGDs were conducted to dig out all socio-economic and cultural malpractices among mothers and children. This study found the following four themes from FGDs.

Theme 1: Poor access to care during pregnancy and birth

There are some highlighted reasons for lack of access to maternal health care during pregnancy and delivery. Some of them are inadequate transportation, and financial constraints prevent many women from attending prenatal care or giving birth in health centers, according to the discussion. Long wait periods and a lack of qualified healthcare professionals.

A 33 years old FGD mother revealed that

"I had no antenatal care visits during pregnancy. And I was delivered at home with the help of traditional birth assistant TBA (Dai). After delivery the attendants gave me milk with dasi ghee earlier to breastfeeding, mothers think that breast milk is not good for newborn. After that nurse advised to avoid a little for breastfeed of newborn baby".

A 25 years old women said that

"I delivered birth at home by TBA (Dai). I want to go hospital so till the delivery time I requested to my mother in law to go to the hospital but all in vain, as a result, I delivered my baby with the assistance of Dai, and due to my high blood pressure, I fall in complications".

Theme 2: Bbreastfeeding and Nutrition malpractice

According to all of the FGDs, most women believe that prenatal meals "kept the baby's stomach full," "strengthened the baby's immune system," and "easy digestion." According to traditional terminology, pre-lacteal nourishment, or "ghutti," was typically given as animal milk, water, honey, and jaggery. Parents and relatives

Mothers are advised to offer pre-lacteal feeding by family, friends, and neighbors. Few women acknowledged that they just administered formula milk and animal milk to their newborn instead of starting nursing with colostrum.

Most of the mother stated that

"Yellow and golden first mother's milk has been harmful to new-born baby so that its strong and thick. Therefore, mother decide for goat, camel milk or plain water for comfort gastrointestinal tract of new-born baby, until mother's white milk comes out. This is the cause to avoid mother's breastfeeds for 1-2 days after delivery".

Another mother revealed that

"Ghutti is best for the newborn baby, so its a good for baby stomach and may protects newborn from loose motions. If the baby consume ghutti, they can digests milk well and baby can sleep peacefully".

Colostrum is very important to child health because it has all essential nutrients and it is recommended by WHO that colostrum must be given to the child as pre-lacteal feed.

The common practice in Pakistan especially in rural areas were that parents give pre-lacteal feed as honey, and mostly mother's initiate breastfeeding after 1-2 days of delivery. During this time the child is given cow/camel/goat milk, infant formula milk and warm plane water.

Theme 3: Poor health seeking behaviour of families

Some mothers used health facilities for children during their illness. Majority of the mothers go to the BHUs and few mothers go to peers and hakim.

Majority of mothers mother said that,

"I avoid to visit to the doctor without the consent of husband and in-laws. The prenatal care to mother, and child was just out of question in such communities with lack of health facilities, poor socio-economic conditions, and infrastructure in district Faisalabad rural areas.

Another mother revealed that

"I only visit to the health care when the child go through the severe co-morbidities otherwise traditional healer, Hakeem or peer was the first health care provider which approached of child treatment. The various types of herbs are used for treating illness".

While few mothers were attended by TAB (dais) at home at the delivery time. It's also viewed that obstructed labor causes to child's death. Some mothers mentioned they take the child to spiritual healing when they ill.

A 34 years old mother reported that

"I gave birth a baby five months ago, as soon as placenta was escape, my mother bath to my child and me with cold water. Likewise, this is what all mothers practiced in society" a participant revealed that, "both me and my baby is contaminated with dirty blood. That is why we take washing (showering)".

Theme 4: Hygiene and Home Care malpractice

The focus group discussion revealed that many mothers engage in unhygienic home care practices after childbirth, often due to limited resources or traditional influences. Some mothers stated that they rarely practiced regular hand washing before breastfeeding or preparing the baby's food because clean water and soap were not always available.

Some mothers stated that

"They do not always wash their hands before breastfeeding or preparing the baby's food, mainly due to lack of clean water or the belief that such practices are unnecessary".

Few mothers revealed that

"The household chores and care-giving demands make it difficult to maintain proper cleanliness around the baby, especially in overcrowded living conditions".

The discussion revealed that many mothers have limited knowledge and inconsistent practices regarding hygiene and home care after childbirth. A few admitted to delaying the baby's first bath for several days because of cultural advice that early bathing may bring bad luck or illness.

Malpractices in hygiene and home care include neglect, such as not giving proper dental or bathing care, as well as different types of abuse, such as beating or shoving,

emotional abuse, such as isolation or humiliation, and financial abuse. These techniques can cause physical and psychological harm to the person getting care, and they frequently take place in institutional settings like nursing homes as well as homes.

Discussion

The qualitative study aimed to assess prevalence of mother and child health care malpractices at individual and household level and related causes of child birth and the postpartum period of mothers that have baby in District Faisalabad, Pakistan. The health care malpractices was very high. Thus, results can help to the physique applicable channel resources for teaching what is needed rather than the important messages that are already known. The low levels in these findings might be attributed due to the difference in social and demographic characteristics, methods and study settings of the participants, and accessibility and availability of health service infrastructures.

Attending ANC visit was significantly associated factor of malpractices. Mothers with ANC visits found in good health rather than others mothers. These results were taken from Chench districts of Ethiopia (Efa et al., 2020). The possible reason could be those mothers who follow up ANC visits counseling regarding healthcare promotion and prevention, which increased good health care practices among mothers (Tegene et al., 2015).

Mothers may not fully perceive the bad effect of harmful traditional practices on their newborn health, so it's the leading cause of malpractices (Tanaya & Putri, 2025; Zhang et al., 2025).

In addition, some other studies on ANC visits results were found 17% in "Punjab" province of "Pakistan" (Majrooh 2014), Nepal (Heredia et al., 2016) and Nigeria (Adewale et al., 2023). another study found 12.8% of child pre-lacteal feeding practice. This might be due to misconception of the mothers and cultural malpractices of early breastfeeding. The prevalence of initiated breastfeeding within the first hour was found high. Moreover, Pakistan have experienced decline in early initiation of breastfeeding, globally Pakistan is ranked among the top three countries for neonatal mortality (UNICEF, 2018). The biggest obstacles to receiving treatment during pregnancy and delivery were the expense of birth care services, the maternity care providers' delays, and the women's inability to make timely decisions to seek professional care surrounding delivery (Ahmed et al., 2020).

The cultural malpractices among mothers and child found high. Cultural beliefs during child birth and pregnancy remain a significant influence on mothers health seeking behaviors (Sadik et al., 2025).

Conclusion

This study results shows that child-mother healthcare malpractices were common in Pakistan. There is an immediate need to attention to traditional childbirth and newborn care practices like breastfeeding and nutrition, poor health seeking behaviors of families, and poor access to health care during pregnancy.

Recommendations

Thus study recommended the comprehensive strategy to access the quality of child and mother health care services. There is a need to access a integrated network, local health facilities and linkage with communities for effective malpractices prevention. In future researches, its needed to investigate the long term studies on traditional malpractices during postpartum and childbirth.

References

- Adewale, A. L., Oluwaseyi, A. A., Ifeoluwa, A. D., Babaginda, I. M., Adeola, A. A., & Alao, I. D. (2023). Perceived Outcome and Knowledge of Quality Antenatal Care Among Nursing Mothers Attending Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria. *American Journal of Pediatric Medicine and Health Sciences*, 1(4), 25-41.
- Ahmed, J., Alam, A., Khokhar, S., Khowaja, S., Kumar, R., & Greenow, C. R. (2020). Exploring women's experience of healthcare use during pregnancy and childbirth to understand factors contributing to perinatal deaths in Pakistan: A qualitative study. *PloS one*, 15(5), e0232823.
- Aziz, A., Saleem, S., Nolen, T. L., Pradhan, N. A., McClure, E. M., Jessani, S., ... & Goldenberg, R. L. (2020). Why are the Pakistani maternal, fetal and newborn outcomes so poor compared to other low and middle-income countries?. *Reproductive Health*, 17, 1-12..
- Chen, A. J., Richards, M. R., & Shriver, R. (2025). Regulating malpractice risk and medical decision-making: Evidence from births. *Journal of Policy Analysis and Management*, 44(4), 1194-1210.
- Efa, B. W., Berhanie, E., Desta, K. W., Hinkosa, L., Fetensa, G., Etafa, W., & Tsegaye, R. (2020). Essential new-born care practices and associated factors among post natal mothers in Nekemte City, Western Ethiopia. *PloS one*, 15(4), e0231354.
- Gelaw, K. A., Atalay, Y. A., Walle, B. G., Gesese, M. M., Assfaw, B. B., & Gebeyehu, N. A. (2024). Prevalence and associated factors of cultural malpractice during the perinatal period in Ethiopia: a systematic review and meta-analysis. *Reproductive Sciences*, 31(3), 661-674.
- Hailu, M., Mohammed, A., Sintayehu, Y., Tadesse, D., Abera, L., Abdurashid, N., ... & Girma, M. (2023). Cultural malpractice during pregnancy, childbirth, and the postnatal period and its associated factors among women who gave birth once in Dire Dawa city administration, Eastern Ethiopia, in 2021. *Frontiers in Global Women's Health*, 2023(4), 1131626.
- Heredia-Pi, I., Servan-Mori, E., Darney, B. G., Reyes-Morales, H., & Lozano, R. (2016). Measuring the adequacy of antenatal health care: a national cross-sectional study in Mexico. *Bulletin of the World Health Organization*, 94(6), 452.
- Majrooh, M. A., Hasnain, S., Akram, J., Siddiqui, A., & Memon, Z. A. (2014). Coverage and quality of antenatal care provided at primary health care facilities in the 'Punjab' province of 'Pakistan'. *PloS one*, 9(11), e113390.
- Marabele, P. M., Maputle, M. S., Ramathuba, D. U., & Netshikweta, L. (2020). Cultural factors contributing to maternal mortality rate in rural villages of Limpopo Province, South Africa. *International Journal of Women's Health*, 2020(2), 691-699.
- Melesse, M. F., Bitewa, Y. B., Dessie, K. N., Wondim, D. B., & Bereka, T. M. (2021). Cultural malpractices during labor/delivery and associated factors among women who had at least one history of delivery in selected Zones of Amhara region, North West Ethiopia: community based cross-sectional study. *BMC Pregnancy and Childbirth*, 21(1), 504.
- Melesse, M. F., Bitewa, Y. B., Dessie, K. N., Wondim, D. B., & Bereka, T. M. (2021). Cultural malpractices during labor/delivery and associated factors among women who had at least one history of delivery in selected Zones of Amhara region, North West Ethiopia: community based cross-sectional study. *BMC Pregnancy and Childbirth*, 21(1), 504.

- National Institute of Population Studies (NIPS)[Pakistan]. (2019). Pakistan demographic and health survey 2017–18. National Institute of Population Studies Pakistan and ICF.
- Rana, S. M. (2024). Prioritizing Health: The Need for Comprehensive Maternal and Child Care in Pakistan. *Pakistan Journal of Health Sciences*, 5(10), 1-3.
- Riley, I. D., Hazard, R. H., Joshi, R., Chowdhury, H. R., & Lopez, A. D. (2019). Monitoring progress in reducing maternal mortality using verbal autopsy methods in vital registration systems: what can we conclude about specific causes of maternal death?. *BMC medicine*, 17, 1-4.
- Sadik, J., Abdurahman, D., Debella, A., Yadeta, E., Yasin Abraham, R., Belema, N., ... & Balcha, T. (2025). Cultural Malpractices and Associated Factors Among Mothers Attending Postnatal Care Within Six Weeks After Delivery at Gelemso General Hospital, Eastern Ethiopia. *Health Services Insights*, 18, 11786329251349921.
- Tanaya, V., & Putri, I. I. (2025). The Civil Liability of Hospitals for Malpractice Committed by Healthcare Personnel Resulting in Baby Switched at Birth Incidents. *Jurnal IUS Kajian Hukum dan Keadilan*, 13(1), 1-19.
- Tanaya, V., & Putri, I. I. (2025). The Civil Liability of Hospitals for Malpractice Committed by Healthcare Personnel Resulting in Baby Switched at Birth Incidents. *Jurnal IUS Kajian Hukum dan Keadilan*, 13(1), 1-19.
- Tegene, T., Andargie, G., Nega, A., & Yimam, K. (2015). Newborn care practice and associated factors among mothers who gave birth within one year in Mandura District, Northwest Ethiopia. *Clinics in Mother and Child Health*, 12(1), 1-7. <https://doi.org/10.4172/2090-7214.1000172>.
- United Nations Children's Fund, & World Health Organization. (2023). UNICEF/WHO Low Birthweight Estimates: levels and trends 2000-2020. World Health Organization.
- United Nations Population Fund (2017). *Maternal Health Report 2016*. New York: United Nations Population Fund.
- United Nations Population Fund (2018b). *Every Child Alive. The Urgent Need to End Newborn Deaths*. New York: UNICEF.
- Victora, C. G., Christian, P., Vdaletti, L. P., Gatica-Domínguez, G., Menon, P., & Black, R. E. (2021). Revisiting maternal and child undernutrition in low-income and middle-income countries: variable progress towards an unfinished agenda. *The Lancet*, 397(10282), 1388-1399.
- World Health Organization. (2023). *Every newborn progress report 2019*. World Health Organization.
- Zenebe, K., & Alem, H. (2015). Prevalence of cultural malpractice and associated factors among women attending MCH Clinic at debretabor governmental health institutions South Gondar, Amhara Region, North West Ethiopia, 2015. *Gynecology & Obstetrics*, 6(04), 71-74.
- Zhang, S., Li, L., Wang, F., Wang, H., Wang, K., Zhang, X., ... & Zhu, L. (2025). Characteristics and risk factors for medical malpractice among obstetric and gynecologic physicians in China. *BMC Health Services Research*, 25(1), 1066-69.