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The Perceptions of Health Practitioners about Maternal Health Challenges in District Killa Saifullah, Balochistan.

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Abstract

Maternal health is a serious global concern, with maternal mortality and morbidity remaining major challenges in various countries. It includes the health and well-being of women for the duration of pregnancy, childbirth, and the post-delivery period. In spite of global struggles, countries with less healthcare resources continue to experience disproportionately great risks to maternal health. In Pakistan, the condition and situation is predominantly concerning, as many regions, particularly Balochistan, are cope with inadequate healthcare infrastructure, cultural barricades, and socioeconomic issues. This study examines the perceptions of health practitioners regarding maternal health challenges in the District of Killa Saifullah, Balochistan. A purposive sampling technique was used to recruit 12 healthcare professionals from the District. The results elaborate numerous serious barricades to maternal health, including an absence of antenatal care services, inadequate medical workforce, nutrient deficiencies, and a deficiency of awareness among the people. In addition, cultural perception such as fleeing from ultrasound in fear of its application under Islamic culture and the prohibition of seeking medical treatment due to similar reasons exacerbates the situation. The study found lack of access to important clinical equipment like laboratories and ultrasound machines, as well as shortage of drugs. The consequences of maternal health are significantly impeded by low levels of education, socio-economic disparities and low accessibility to healthcare facilitation. This paper provides insights to improve maternal health in the District Killa Saifullah, Balochistan by eliminating these barriers that appear to have required quality in education, greater accessibility to the healthcare structure and culturally tailored counseling.

Keywords: Maternal Health; Balochistan; Health Practitioners; Killa Saifullah.

Introduction

Maternal well-being encompasses the physical, psychological, and emotional wellbeing of women throughout pregnancy, childbirth, and the postpartum phase, with a focus on the impact that inclusive care can have on reducing morbidity and mortality associated with these periods (Ojong et al., 2023; Pawar et al., 2022). Worldwide, pregnancy and childbirth complications account for about 211 deaths per 100,000 live births, with substantial variation according to socioeconomic status, underscoring the urgent demand

for an increased supply of quality maternal health services (Mangiatterra et al., 2023). Improved protected and safe motherhood and protection of universal health coverage, including access to skilled birth attendance (Mangiatterra et al., 2023) will address these inequities, as also outlined in the Sustainable Development Goals (SDGs). Additionally, advances in science and machine learning data are used to estimate risks for maternal outcomes, improving the ability to identify and prevent complications and offering us an incentive for an efficient diagnosis (Jamel et al., 2024; Pawar et al., 2022). Maternal health is a multidimensional issue that necessitates a multifaceted approach comprised of healthcare accessibility, rights of women being gender based, and analytical methods used to generate information for maternal and children's outcomes (Deshpande & Ragha, 2022; Ojong et al., 2023). Based on the previous studies, it had an urgent public health problem worldwide, also the upper and lower socioeconomic countries, due to complicated interaction of systemic, socioeconomic, cultural and healthcare features. Paradigms of lack of access to good maternal care attention prevailed chiefly because of inadequacies in healthcare departments like lack of staff as well as lack of resources available as well as unavailability of resources (Hassan et al., 2024; Idama et al., 2024). Challenges that encompass social and economic factors such as poverty and illiteracy erode these challenges further, giving rise to restricted access to the appropriate medical care for women (Hassan et al., 2024; Makhado & Makhado, 2023). It is not only a cultural norm that does not encourage seeking professional healthcare facilities but also such a professional that religion imposes conditioned gender-based norms that results in nonconsultation from professionals and dependence on conventional practices (Makhado & Makhado, 2023). Moreover, the procrastination in both decision making and access to care is a serious determinant of maternal health since many deaths occur from preventable obstetric conditions like hemorrhage and sepsis (Khan et al., 2024; Idama et al., 2024). To reduce the global maternal mortality ratio, these multi-faceted causes must be addressed through quality healthcare systems, community involvement and engagement, and key interventions (Ariati et al., 2024; Khan et al., 2024). Pakistan is grappling with critical maternal health issues such as a high-maternal mortality ratio, low access to care, social and economic inequities. Despite this, the maternal mortality ratio (MMR) is troublingly high at 186 per 100,000 in vivo births; the top causes being post-birth hemorrhage and hypertensive diseases (Midhet et al., 2025; Wasim et al., 2025). The rural women have 21% higher MMR against urban women showing that disparities in education and geography matter (Lashari, 2024). Deferrals to seek health care, especially in the post-delivery period, have an important contribution to mortality (Wasim et al., 2025). Managing these problems and challenges require a multi-faceted approach to scale-up health systems, improve GDP allocation to health facilities, and implement community based interventions (Lashari, 2024; Ranabhat, 2024). Additionally, integrating perinatal mental health services into mother health care encompassing affective frameworks (Hameed & Rahman, 2025). Education and poverty focus measures are invaluable for maternal health social sustainable developments (Lashari, 2024). Maternal health is an important but often neglected aspect of women health care, especially in jam packed regions where health care facilities and amenities are hard to come by. Moreover, maternal mortality was a global public health concern but the specific challenges faced by women in remote provinces like Balochistan remained largely unexplored. In Balochistan, maternal health is one of the main issues, with many Districts, notably Killa Saifullah, experiencing high levels of maternal mortality, due to lack of health facilities, cultural barriers and lack of knowledge and awareness. Geographical inaccessibility and nonexistence of poorly-trained human resources for health in this particular area contribute to multiplicative problems and challenges. The current study aims to explore the views of clinicians, practitioners on maternal health problems and bottlenecks in District Killa Saifullah, Balochistan. The study explored the perspectives of healthcare practitioners working in this district and highlighted the key determinants that lead to maternal health challenges, such as access to healthcare facilities, community awareness programmes, and health system arrangements and infrastructure. This study helps to add valuable understandings that enlightens policies and interventions focused at developing and supporting maternal health results in District Killa Saifullah, Balochistan.

Material and Methods

This study adopted qualitative research design looking into the philosophical nature of this study. The study employed purposive sampling technique to recruit 12 potential participants in District Killa Saifullah, Balochistan. The participants, including Mid-wives and medical professionals, were selected grounded on their direct practice and participation in maternal well-being health care. Data was collected through in-depth semi-structured qualitative interviews, which permitted for an in-depth investigation of the participants' insights regarding the challenges experienced in maternal health care in District Killa Saifullah. Thematic analysis approach was applied to categorize important patterns and themes developing from the data, insisting on maternal healthcare infrastructure, cultural ideologies and beliefs, nutritional deficiencies and insufficiencies, and social and economic aspects manipulating maternal health effects.

Data Analysis and Discussions

Socioeconomic Factors and Maternal Health Awareness

The results of this research study, grounded on the opinions of health practitioners and professionals in the District of Killa Saifullah, Balochistan, disclose that social and economic dynamics carry out an essential role in determining maternal health care outcomes in the District. The participants painted the terrible living environments in the district, where a considerable majority of the people survives in extreme poverty. The sad economic condition, the absence of pure drinking water, and the inefficient and insufficient social infrastructure exacerbate the experience of women during and after pregnancy and create deteriorating maternal health hazards. Another significant recurring concern shared by participants was economic inadequacies in Killa Saifullah. The most prevalent conditions are below the poverty line, little or no access to basic necessities and amenities. Most households cannot afford to pay the cost of quality medical care — and that has an impact on maternal health. Hence, waste reproductive female people in the area cannot be concerned about having the spot fundamental medical treatment such as for example pre marriage consultations, proper nourishment or healthcare for problems in the pregnancy phase. Health practitioners and professionals described that various females delay in search of medical care or only look after so when the circumstances become serious, often due to financial restrictions. This delay in accessing health care significantly adds to the ludicrous maternal mortality and morbidity figures in the district. In addition, participants identified the negative impact of a lack of social environments in the district due to the weak economy. Principles like social segregation, lack of community support, and access to education, were highlighted as contributing factors to feeble maternal healthcare. Many of the women in Killa Saifullah live in extreme financial deprivation who live in social isolation, most of the women living in rural and remote areas. The problem and suffering of pregnant women are magnified by the lack of social connections and community care, which keep them with limited options for help or advice. Moreover, limited access to education, especially for women, means many do not realize the importance of maternal health care and support. Such lack of education maintains chains of disadvantaged health outcomes, being women unaware of basic health measures and preventive care and support during pregnancy. Killa Saifullah survey participants also identified the limited availability of clean drinking water as a significant factor influencing maternal health. Clean water is a scarce commodity in parts of the district, and a lot of them use dirty water sources that are unsafe. It not only exposes to waterborne diseases but also increases chances of complications in the time of pregnancy like infections that can adversely affect both maternal-fetal health. Poor sanitation and hygiene only worsen the situation, resulting in even higher risk of complications through maternal health care, which could be prevented with better infrastructure and resources. The participants outlined a number of important findings, including the low degree of public awareness about maternal health in Killa Saifullah. In this order, except for women who have some knowledge there is radical information that may not reach the women in rural areas, a consequence of the delivery, said participant, a district level health official. This

lack of awareness comes from a combination of factors including low educational statuses, cultural norms and values, and lack of tailored public health campaigns and services in the district. Some women had early home births without qualified medical professionals or practitioners present, one of the key points made by participants was that women often do not go for pre-birth care unless complications arise. It has dire consequences, including avoidable deaths of mothers and newborns. The participants were shared that many of the women of Killa Saifullah do not have the basic knowledge or awareness regarding nutrition in the period of pregnancy which leads to the deficient nutrients which would then predispose the risk of both maternal and child health. Inadequate dietary patterns along with limited access to healthy food products exacerbate the health hazards associated with pregnancy. The participants emphasized that maternal health education trainings that include proper nutrition, regular check-ups, and safe and secure birth practices, are essential for enhancing outcomes in the district. The cultural aspects contributed in the shortage of maternal health awareness and understanding as revealed by health professionals and practitioners. In some remote areas, disturbing traditions and misconceived norms prevent people from using modern medical facilities such as ultrasound and contraceptives. For example, ultrasound practice is sometimes viewed suspiciously by some members of a community as potentially dangerous or even "haram" (forbidden) in Islam. Similarly, there are traditional and religious rules that condemn the use of contraceptives even though it has tangible importance in raising mothers' health status through provision for ideal child spacing and family planning and development. The outcomes of this research disclose that social and economic aspects, including poverty, poor living standards, absence of education, and little access to clean drinking water, meaningfully contribute to the issues in maternal health in Killa Saifullah. Furthermore, the nonexistence of awareness about maternal health is a main barrier to improving maternal health effects in the district. To solve these issues and problems, it is important to implement specific interventions that insist on improving the social factors of health, providing education on maternal health, and increasing access to valued healthcare services and facilities. Only through an all-inclusive approach the district expects to decrease maternal mortality rates and strengthen the general health care of women and children in Killa Saifullah.

Healthcare Infrastructure and Access

The healthcare infrastructure in Killa Saifullah, Balochistan, is severely missing, and this research, grounded on the experiences and perceptions of health professionals and practitioners, describes the serious gaps that hinder access to crucial maternal health care services in the district. The participants elaborated that the healthcare service system in Killa Saifullah is insufficient to meet the requirements of the local people, predominantly in rural and far-flung areas. The lack of appropriate healthcare service and facilities, medical apparatus, and proficient medical practitioners expressively impacts the delivery of high quality maternal health care and support in the district. One of the most important issues highlighted by the participants is the absence of antenatal care services in Killa Saifullah. Several women in the district do not have easy access to healthcare centers offering wide-ranging maternal care services and facilities, including frequently check-ups, prenatal education, and the capability to monitor and accomplish pregnancy-related difficulties. The healthcare services existing in the district are often understaffed and shortage the important medical resources required to deliver high-quality support and care. As a result, women with complications or those at high risk in pregnancy are often forced to travel hundreds of kilometers to larger cities for management, with delays in intervention associated with increased risk of maternal and neonatal morbidity and mortality. The lack of availability of medical staff, obstetricians, gynecologists and midwives were emphasized as another barrier to offer acceptable care and service in the pregnant women. Due to the unavailability of adequate qualified health care practitioners and professionals at Killa Saifullah, different women do not get the necessary specialized care and service required during pregnancy, labour and delivery. Community health workers or midwives with only some training and knowledge are often the first providers available for maternal care, resulting in misdiagnoses,

poor management of complications, and inadequate post-delivery care. This shortage of trained medical personnel limits access to critical services such as ultrasound scans that are essential for tracking fetal growth and identifying problems early. Besides the unavailability of medical professionals and practitioners, deficiency of medical equipment and apparatuses contributes to inadequate maternal healthcare and service. The district is short of key medical equipment and apparatus, including ultrasound machines, laboratory services to conduct blood experiments, and other diagnostic equipment needed to assess the well-being of pregnant women and their children, they said. The lack of infrastructure leads to many females not receiving the required examinations or screenings, increasing the probability of undetected health problems. Pregnant women lined up for service into the clinic, every patient was abandoned in serious condition if the doctor could not perform the appropriate diagnostic tests, thus making it impossible for the healthcare professionals and practitioners to make informed decisions regarding the service, treatments and care of pregnant women. Participant explained that the availability of the essential medicine was required to improve maternal health care and services in the district. Important medicine and related medicines such as iron supplements, antibiotics, and pregnancy-related medications are not being supplied at Killa Saifullah in several healthcare centers. The shortage of these medications leave healthcare historians and providers no other but to refuse patients or prescribe substitutions that may not be as beneficial which leads to unfavorable health outcomes for both mothers and infants. In addition, geographic and logistical barriers inhibit access to health care. Killa Saifullah is a rural district with few areas that are hard to understand due to the poor conditions of the roads and the nonexistence of transport. This geographic remoteness also implies that women from distant villages are regularly unable to visit or access healthcare services centers, whether as a end result of physical distance or because of the financial charges related to traveling to larger towns or cities. Consequently, many women avoid medical care and service seeking until they end up in serious complications which can be too late to prevent. Participants demonstrated that the lack of healthcare facilities and access to care may further be bottom-lined with cultural traditions, beliefs, and social constraints. Culturally, the majority of the women in this district prefer traditional or home care, or they have no confidence in the formal health care service. This inclination for traditional practices, coupled with a lack of awareness on the advantages of modern medical care service, further contribute to the low utilization of healthcare services for maternal care. Also, it is the indecent feeling that women do not want to search for medical care service in particular and have to show consult with male doctor and staff. These findings highlight the tenuous gaps in healthcare infrastructure and access in Killa Saifullah, Balochistan — with implications for maternal health outcomes. Poor maternal health care in the district can also be attributed to absence of antenatal care services and facilities, nonexistence of practicing and trained medical practitioners, lack of medical equipment, and unavailability of essential medicines in some areas. Similarly, geographic isolation, poor transport and other cultural barriers obstruct women access to much-needed health services. Even your plan and a method that includes the jump in health supply, performance in competent health work, maintenance in the availability of medical provisions, and parts in the culture where move towards health are applied. District can be seed of maternal health service through such types of activities to enhance maternal health service and reduce maternal mortality and morbidity.

Cultural and Religious Beliefs

Doubts on utilizing health services resulting in dire complications are more related to cultural and religious beliefs that largely influence health practices and decision-making, as is true for maternal health care in Killa Saifullah, Balochistan. The results of this study provide more insight, based on interviews with health practitioners and other professionals, that cultural as well as religious factors strongly influence women's decisions on their pregnancy care, their health practices and their use of modern medical services. These beliefs frequently create obstacles to accessing appropriate healthcare and contribute to

suboptimal maternal health consequences in the district. One of the prominent cultural barriers discovered by the participants is the general belief in traditional remedial practices. Many women in Killa Saifullah desire to depend on local, non-medical care providers, such as traditional birth attendees, traditional healers, midwives, or family members, specifically during pregnancy and childbirth. These traditional practices frequently do not obey to contemporary medical standards, and the care provided can be partial in scope, leading to undiagnosed complexities or inadequate management of pregnancy-related problems. Meanwhile, in the case of trained professionals not being available, although midwives are dynamic, they often have no medical knowledge or training, principally in relation to emergency situations or high-risk pregnancies. As a result, the right and the sufficient intervention required to maintain a safe pregnancy outcome remain inaccessible for many women. Cultural beliefs are also significant in other areas, such as the acceptance of modern medical practices, like ultrasound scans and contraception. Most participants of Killa Saifullah argued against the use of ultrasound technology, with some stating that the ultrasound rays are harmful and hence “haram” (forbidden) in Islam. This results in underuse of the same and misses early fetal abnormalities, fetal well-being, and complications like ectopic or multiple pregnancies. What’s more, many women also are being denied critical screenings that could save them and their children.

The use of methods of contraception is also culturally and religiously incorrect, according to parts of the people. Too many, the respondents in Killa Saifullah had made clear, people do not seek help because most importantly birth control is deemed un-Islamic in the region. Consequently, fertility rates are high, and pregnancies are closely spaced, raising maternal health risk factors. A lack of proper family planning widens these problems, resulting in multiple pregnancies with limited posture and recovery between deliveries. This not only results in poor maternal health outcomes, but also raises the chances of complications including postpartum hemorrhage, preeclampsia, and anemia insufficient iron reserves increase the risk of developing postpartum anemia. Religious beliefs may also affect maternal health behaviors. In the case of some women in Killa Saifullah, their health decisions are largely dictated by the religious leaders or family elders, who often have very little knowledge of the technical aspects of modern health systems, some respondents explained. In some respect, religious leaders have the final say regarding health, and their guidelines can hold greater weight than advice given by a physician. This makes it that much harder for health-care providers to educate pregnant women about antenatal care, proper nutrition and safe delivery techniques. When a woman’s pregnancy is considered high-risk, or complications arise, religious leaders’ counsel can lead women to seek spiritual or traditional healing, instead of or in combination with medical care, sometimes at the expense of timely intervention. Furthermore, cultural taboos and stigmas relating to openly discussing pregnancy and childbirth contribute to the knowledge deficit of maternal health. Women who need help with pregnancy related issues fear they will be judged or there will be a bad societal impact. As some women's care-seeking behaviors are influenced by fear of social stigma or shame, shunning care-seeking for sensitive themes such as postpartum depression, stillbirth or miscarriage. This culture of silence around maternal health issues keeps women from getting the support and care they require while pregnant and postpartum.

In addition, participants reported that in Killa Saifullah, many women do not have the agency to decide on their healthcare, as husbands or other male relatives often make these decisions. In some cases even, women cannot seek medical attention unless granted permission by a male family member. This male-dominant regulation of women’s healthcare choices restrict their capacity to obtain timely and appropriate medical treatments and aggravates the hazards linked to conception and delivery. Traditional healers were preferred, modern medical technologies such as ultrasound were distrusted, and religious beliefs about contraceptives were generally avoided, problems in maternal health in the region were a major barrier to improving maternal health. Religious leaders and men, particularly family members, are powerful stakeholders who shape healthcare decisions, accompanied by deeply rooted cultural stigmas regarding pregnancy-related issues that limit access to maternal health services. Overcoming these barriers will require the implementation of culturally appropriate healthcare practices, with a focus on educating and

involving the community and working with local religious and community leaders to legitimize modern pregnancy and delivery care. Thus, there is no chance of improving maternal health or reducing maternal mortality and morbidity rate in the region without taking this approach.

Nutritional Deficiencies and Health Outcomes

This has a direct link with widespread nutritional deficiencies in Killa Saifullah, Balochistan as it is the leading factor contributing to maternal health issue in the region. Thus, the results of this study based on the perceptions of health practitioners reveal that a significant number of pregnant women in this district are not well nourished, which has negative consequences for both their own health and the health of their unborn children. Some of the pregnancy complications due to nutritional deficiencies include anemia, low birth weight, preterm births and developmental delays in the newborns. This high prevalence of undernutrition has detrimental effects on health, as maternal morbidity and mortality have been significantly associated with inadequate nutrition during pregnancy, which undoubtedly adds to the adverse health outcomes seen in the region. Killa Saifullah has high rates of nutrient deficiencies, particularly in iron, calcium and folic acid, said participants. Iron deficiency anemia is among the most common nutrition-related problems observed among pregnant people, and it's linked with fatigue, weakness and higher rates of postpartum hemorrhage. Participants said many women in the district did not get the necessary supplementation or dietary intake to supplement the deficiency. Poverty and limited access to available palatable iron-rich foods, such as lean meats, legumes and leafy greens, means many pregnant women still cannot achieve the recommended intake of the nutrients. In addition, local health institutions lack prenatal vitamins and supplements, further exposing women to anemia and its consequences. The health practitioners identified calcium and vitamin D deficiencies as major problems. Calcium is important for the strength of the mother and baby bones as well as teeth. While low calcium intake can contribute to maternal conditions such as preeclampsia, hypertension, and bone disorders and also increase the risks of preterm birth and low birth weight. Many women in Killa Saifullah do not eat a lot of dairy products or other foods with high calcium content, the participants noted, mainly because they cannot afford such foods and have limited access to them. Not only does poor sunlight exposure, especially in rural settings where women spend their entire day indoors, lead to vitamin D deficiencies, which affect calcium absorption and overall health as well. Folic acid deficiency is yet the other big problem because they are essential for neural tube defect prevention and fetal brain and spinal cord development. Participants noted that many women in Killa Saifullah just do not get adequate folic acid, either through their diet or supplements, which leads to increased risk for birth defects including spina bifida and anencephaly. One of the factors cited as to the warning was the lack of knowledge regarding the importance of folic acid in early pregnancy, as many women do not seek prenatal care until after that crucial time when folic acid should be taken in high doses. Many women in Killa Saifullah failed to do this important act. Besides the deficiencies in micronutrients, the participants provided a snapshot of the overall dietary challenges in Killa Saifullah. Most women in the district depend on staple foods, like bread, rice and tea — but they cannot get enough fruits and vegetables or protein-rich foods, or they cannot afford them. Because of the scarcity of fresh produce and the financial limitations of many families, pregnant women are now eating a less diverse diet that does not even provide for their nutritional needs. Consequently, women suffer from malnutrition, a condition that compromises their immunity, makes them more vulnerable to infections, and undermines their ability to meet the physical demands of pregnancy. The lack of knowledge of proper nutrition and maternal health only makes the situation worse. “We care for the mothers and kids, but many women do not know the significance of a balanced diet during pregnancy and they are ignorant of consequences of nutritional deficiencies,” said a doctor in Killa Saifullah. Limited maternal health literacy is aggravated by an overall low education level and low access to maternal health information. Despite being the best-educational efforts of healthcare providers, cultural

beliefs and lack of comprehensive maternal health educational programs in the district hamper the impact of their efforts. Participants emphasized that financial constraints make it difficult for women to implement some of the dietary recommendations, even in situations where nutritional information is offered. Families living on low incomes simply cannot afford to buy a wide variety of healthy foods, while the lack of local markets and other food distribution outlets restrict the availability of fresh and affordable food. The participants pointed out that nutritional deficiency is a socio-economic issue, and only education, and awareness cannot help them, but they also need structural changes to access to nutritious food and supplements. As a result, nutritional deficiencies are a major contributor to the maternal health challenges in Killa Saifullah, Balochistan. Mineral and vitamin deficiencies, such as those related to iron, calcium, folic acid, and vitamin D, along with poor eating habits, can be harmful for pregnant women and their babies. These deficiencies lead to a range of complications like anemia, preeclampsia, low birth weight and birth defects and are maladaptive; some of the risk factors for high maternal morbidity and mortality. These issues are complex and require divested investment (not more rightly hypocritical on their increased access to good food sources); colloquially known as lumps of coal (in an advanced state of forfeiture) or prenatal supplements and campaign efforts to better inform them about really heating up prenatal nutrition. Only with such efforts will the region be able to address the underlying nutritional drivers of poor maternal health and well-being.

Conclusions

This study reveals serious challenges with maternal health for women in District Killa Saifullah, Balochistan with the influence of social and economic, healthcare service, cultural and nutritional factors. The scorings show that redirection is related with high maternal death and morbidly to extreme neediness, poor living conditions, poor social insurance framework and inaccessibility of basic well-being administrations in the area. The lack of doctors and practitioners in the field, poor medical infrastructure, and lack of the required facilities impede proficient maternal care, causing many women to resort to traditional practices or late-night hospitals. In addition, cultural background and ideology, as well as spiritual beliefs also prohibit the use of ultrasound and prevent the use of contraceptives, which remains a critical obstacle to maternal health development. Additionally, inadequate nutrition, especially of iron, calcium and folic acid, compound the underlying risks associated with pregnancy, such as anemia, low birth weight and birth defects. The risk for such complications can only be compounded by ignorance of which diet is appropriate, or lack of maternal care entirely. A multi-faceted strategy is needed to prevent these issues. It needs to strengthen health systems, increase healthcare and educational resources, raise awareness of maternal health, and tackle cultural barriers. This indicates the demand of supportive healthcare systems with better nutritional and culturally relevant healthcare barriers to improve maternal health among women of District Killa Saifullah, Balochistan.

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