

**An Ethnographic Study on Maternal, Neonatal and Child
Health Facilities for 2022 Flood Migrants in Swat**



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Kainat Arif

DEDICATION

This study is wholeheartedly dedicated to my beloved husband Ali Hussain, who has been my source of inspiration and gave me strength when I thought of giving up, who continually provide his moral, spiritual, emotional, and financial support. To my parents and sisters, who shared their words of advice and encouragement to finish this study.

And lastly, I dedicated this book to the Almighty God, thank you for the guidance, strength, power of mind, protection and skills and for giving us a healthy life. All of these, we offer to you.

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Abstract

The reoccurring phenomenon of flood has become a major issue in the northern area of Pakistan. Floods have become a cultural trend in Swat, which has taken a lot of lives, leaving people homeless and penniless. Additionally, women and children are suffering more, and deaths ratio is greater in women and children. The major factors are unavailability of maternal, neonatal, and lack of health facilities for children. The major argument of this study is how MNCHs are being treated during such emergencies. This qualitative research was conducted through in-depth interviews using interview guides from the targeted populations, maternal women, and medical officials, using purposive, convenient, and snowball sampling. The findings show that there are not many resources and facilities for women available in the health sectors provided by the Government due to which women are not satisfied with the medical camps organized by the government with no facility for any lady doctors in an emergency. They show lack of interest in Government efforts and blame them for everything. However, the other medical and relief camps organized by private organizations and foundations working for women's empowerment had gained the trust of the people of Swat.

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CHAPTER NO 1

INTRODUCTION

1.1 Background

Disasters have been perceived differently in different religions, some considered them bad omen, others took them as wrath from God (Sadia et al., 2016). Moreover, after a lot of scientific research, it has been considered whether the disasters are natural or man-made that caused such hazards (Sadia et al., 2016). Natural disasters like earthquakes, floods, and landslides have some associated with human beings. Moreover, these disasters are not only the reason for destruction, but they also leave psychological impact on human (Chen et al., 2020). Also, it has been observed that these natural disasters are threat to humanity and the world (Shokri et al., 2020). Besides this, many types of disasters have destroyed the world.

Flooding has been considered to be the most destructive disaster not only in the infrastructure but also have spirally impacts on sensitive population (Goudet et al., 2010). And, developing countries are the most disaster-prone countries and are at high risk during climatic changes (Giudice et al., 2021). It have been noticed from the past years till present, these continuous disasters have made a place for themselves especially in developing countries which are still struggling developing countries with high poverty levels, with the lack of facilities, and management to handle climate disasters (Sanjrani et al., 2022). It's not just the infrastructure that has been destroyed by flood but the vulnerable populations like neonates, children, and pregnant women have been severely disturbed by flood in all developing countries (Mallett PhD & Etzel MD, 2018)

Pakistan as a country is facing constant climatic crisis , both in the past and present, this country is affected by a major global climate crisis (Bhutta et al., 2022). Women and children especially the newly born have been seen to be more sensitive to such disasters than men in Pakistan (Maheen & Hoban, 2017). So far no proper measurements have been taken to improve the conditions of children and women (Shabir, 2013).

Furthermore, the study documents that the floods of 1950, 1955, 1956, 1957, 1959, 1973, 1975, 1976, 1977, 1978, 1981, 1983, 1984, 1988, 1992, 1994, 1995, and 2010 were way more disastrous in flooding history of Pakistan (Atta-ur-Rahman & Khan, 2013). Not

only, did these floods damage a large area of land, but the national economy of the country was disturbed, with many individuals lost their lives. Several factors are involved in causing flood (Shokri et al., 2020). Human involvement like deforestation, poor drainage management, urbanization, melting of glaciers, and rivers, and heavy monsoon rains can be the main reasons for flooding in Pakistan (Sajid & Bevis, 2021) .

For instance, flood of 2010 had terribly and seriously affected Khyber Pakhtunkhwa due to monsoon rains (Atta-ur-Rahman & Khan, 2013), which have damaged a large area of land, and infrastructure along with a direct effect on the national economy and deaths of humans as well. The surprising factor is Pakistan still lacks preparedness for this emergency (Sanjrani et al., 2022). Moreover, it lacks climate management facilities, coordination, communication, and cooperation. Lack of preparedness before the time at national, district, and community levels after going through this reoccurring phenomenon is the major issue (Bhutta et al., 2022). Going through the same situation still Pakistan lacks health facilities to deal with maternal, neonates, and children during floods and still needs improvement to tackle sensitive populations during emergencies (Atta-ur-Rahman & Khan, 2013).

Even though the disaster that occurred in 2022 was predicted in 2021, the risks of floods due to expected monsoon rain were highlighted. Government didn't pay attention to the matter and Pakistan historically responded slowly to these disasters in general and floods in particular (Pradhan et al., 2022). Health authorities and departments are generally able to deal with emergencies by providing basic health necessities during any emergency but still in history and 2022 lack of attention towards dealing with MNCH facilities (Ochani et al., 2022).

Historically it has been found that women especially in the gestational phase are more prone to unsanitary environments after flooding which leads to emotional and mental disturbances and poor growth of the fetus leading to the death of the child and mothers (Giudice et al., 2021). Seeing specifically through the context of Pakistan, mostly the lives of neonates, young children, pregnant women, or those in the postpartum phase are lost because of poor food supply, no medical and health care and it's a tentative idea that they are being a little ignored in flood-prone areas.

Human and natural habitat are the prime factors of a flood, but in a male-dominated society, women are more vulnerable to the disasters of flood. This study focuses on

MNCH which was badly disturbed during the flood because hypothetically it is a preposition that health departments lack data about maternal, neonatal, and children who are evacuated and relocated, and no communication is done to provide data to the lady health workers, midwives, and other health camps so that the sensitive population can get all health and medical care facilities in time. It is the tentative idea that other emergency medical care is more focused rather than MNCH.

Northern areas of Pakistan are famous all over the world as they are hall mark of beauty. But mismanagement during flooding has destroyed its beautiful sites. The valley of Swat has always been at a risk of flood during tremendous changes in climate and preparation beforehand to handle any situation, is the thing that needs attention in KPK.

The objective of this research is to accumulate data from all ends about public opinion on MNCH and from the administration on what types of preparedness are made. What facilities are being provided to the MNCH and what are the missing facilities during this emergency? Additionally, how satisfied the public is regarding the facilities. And what are the particular miseries faced by the people during this time?

1.2 Rationale of the Locale

My research specifically selected Swat district in KPK the northern area of Pakistan and highly prominent. The northern area of Pakistan is highly famous for its beauty but it becomes dangerous spot from July till September due to land sliding, melting of glaciers, earthquakes, and heavy monsoon rains. Different areas of KPK especially the highly northern site are the target areas for research to identify issues connected with natural disasters and human life. My research is limited to Swat district to work on my variables. Swat gets damaged whenever floods occur. I wanted to explore the lives of women and children who were the victims of flood and somehow migrated to this area to learn about their lives and health and what kind of consequences they faced.

1.3 Contextual Gap

Previous studies indicate research regarding natural disaster and its impacts on women, infants and children. Research show the data specifically on infants and children

regarding their health and nutrition (Goudet et al., 2010). Moreover, children were given priorities regarding treatment during any disaster. Research (Sajid & Bevis, 2021) shows flooding and its impacts on child health and infrastructure. Analysis regarding floods' nature and magnitude was found in research in KPK (Atta-ur-Rahman & Khan, 2013). Risk management during floods and its impacts in Pakistan were also included in the research (Sanjrani et al., 2022). Particular research has also shown work on health systems and healthcare services during floods (Pradhan et al., 2022). Research on women's health has not been sufficiently addressed. Somehow light on topics like climate change and its impacts on the health of women along with the role of Gynecologists has been made (Giudice et al., 2021). Considering this research gap, this research focuses on women who remained unattended during emergency situation. Might possible the culture was a barrier or some religious restrictions that unable the researchers from working on the life of women and their journey of maternity during floods. Considering such gaps this research is specifically designed to address MNCH issues during floods. Women are a very important part of our society no matter where they are living from which culture, race, or ethnicity they belong, their issues and their appeals need to be raised and my research has worked on this specific domain.

1.4 Methodological Gap

Research methods provide the researcher with varieties and kinds, which can facilitate the research objective. It can be qualitative or quantitative based on the demand of the subject and objective. It has come under notice that previously certain research was made that had a lot of methodological gaps. A qualitative study demands in-depth research with keen observation of the participants and interviews. But many researches have been made which included both so no particular ethnography can be found. So, my research is specifically ethnographical, qualitative research which intends to explore issues more keenly than ever. Ethnography provides a chance to learn about life, culture, behaviors, and conservations that women and children face in floods.

1.5 Problem

Floods are natural disasters and they do occur due to certain climatic changes, but MNCH facilities by the relevant authorities are always neglected and considered the least priority to be handled during such emergencies. Emergency care as well facilities are provided to the flood victims but not these MNCH facilities. Women in the maternity phase, neonates,

and children are a very special and sensitive population that needs special care and cannot be ignored during any natural disaster. Therefore, after analyzing the problems during this situation, this research will be applied in its nature that give solutions to these problems.

1.6 Problem Statement

Pakistan as under developed country continues to face issues. The country is still lacking so much that whenever it is hit by a natural disaster it takes years to overcome that crisis. Looking at the practical situation of victims of the flood, most people during this emergency cannot find any help and are left helpless. Pregnant women are highly disturbed during this time due to unavailability of food, which affected the growth of the fetus. In a few cases mature birth does not take place due to complications in the baby's growth and development. Somehow if the birth of the baby took place through traditional means, it is pre assumed that the requirements for the care of the baby are absent and no medical facilities like vaccines are not there for emergencies.

Women being important members of the society need more health facilities due to birth and pregnancy process. Considering some remote and backward areas where women are not oppressed anymore still they face many hinderance and religious and cultural restrains makes women situation worse. Sometimes the culture becomes the barrier to achieving the basic necessity which is health freely without any shame and hesitation. And at the time of natural disasters, things get more complicated. It is important to explore this area, culture, and life during and after natural disasters like floods to understand the lives of women, newborns, and children.

Floods or any other natural disasters are such issues that should be addressed properly. The meteorological department should keep a check on climatic changes and must warn in case of heavy rain which can cause a flood. The areas, bridges, roads also house that are more likely to be affected by floods should be well maintained before times. The people living in those areas highlighting Swat should have an alternate option for their living and must have other resources to manage during the time of emergency. The health department should communicate with the relevant MNCH workers for example community health workers, lady health workers, lady health visitors, and midwives to share data regarding the sensitive population so that proper facilities for health and nutrition are being prepared before time. It is the responsibility of the Government and health institutions to play a vital role in providing proper MNCH and medical facilities.

1.7 Research Questions

1. How does a health institution play a role in providing MNCH facilities during a flood?
2. The community adopted what survival strategies to facilitate MNCH?
3. What were the challenges faced by Women and Children during this emergency?

1.8 Research Objectives

1. To document government efforts to provide MNCH facilities during floods.
2. To identify the role of community members in facilitating women for MNCH.
3. To analyze and explore the challenges faced by women and children during the situation of flood.

1.9 Significance of the Study

This is an ethnographic study, in which it will be observing and exploring people in their environment, culture, and situation to get in-depth insights into their lives during and after the flood crisis. This will not just help us to understand how the disasters have disturbed their lives but also to explore what kinds of challenges they have been facing and how they cope with them with the comparison of past and present flooding situations. Moreover, the facilities being provided to MNCH during this emergency. This study will help to shed light on the efforts made by the Government as well as the community to facilitate MNCH and what precautions they are planning to take in the future to secure lives and preparations beforehand. The vital purpose of this study is to highlight the sensitive population of our community and their health issues, which are always the least priority to handle during such an emergency.

CHAPTER NO. 2

REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK

The current study explores various health facilities provided to women and children during the crisis of floods. Moreover, the cultural barriers women face in seeking health care facilities. This study focuses on the health condition of maternal, neonates and children in Swat among poor and marginalized groups. The role of community members, and the Government of Pakistan for the people of is also kept under consideration.

This chapter is divided in two parts. Part one is the review of literature relevant to this study. Moreover, discussion would be there on various important topics including women and health, cultural barriers, crisis of pregnant women and children during flood situations, climate change, social status of women, environmental injustice, politics. And the second part discusses theory of social capital, cultural capital and political economy of health. This part also elaborates operationalization of theoretical framework.

2.1 Literature Review

2.1.1 Health and Climate Change

Humanity has been facing the biggest health threat that is interconnected with Climate change, and health professionals all over the world are already working on it and responding to the crisis and health harms caused by this (Riaz et al., 2022). Not just climate change but other natural and man-made disasters and health stressors influence human health in different ways (Giudice et al., 2021). And becomes a reason for emerging new health threats.

Climate change doesn't directly affect health but it affects the social and environmental determinants of health. In a small conclusion, it can be said that everybody is at risk and no one is safe from these climate crisis which destroys the health of humans (US EPA, 2022). Moreover, it mostly affects those who are living in low-income countries, disadvantaged countries, and communities. People living in these areas are unable to protect themselves and their families.

We can assert that our health and the environment in which we are living are interlinked with each other (Minkler et al., 1994). A change in the world's weather system that occurs after a decade is climate change. It has been observed that recent changes brought in the environment are due to interference of human activities (Riaz et al., 2022). The northern part of Pakistan is more prone to climatic changes.

All over the world, it has been noted that due to disturbances in physical, biological, and ecological systems, public health is affected (Di Napoli et al., 2022). Such disruptions in health affect the increase in cardiovascular and respiratory diseases, premature deaths and injuries due to related weather events, unavailability of food due to geographical changes, and water-borne illnesses and infectious diseases also risk and high threats to mental health (Riaz et al., 2022). Moreover, according to research many people are under the effect of diseases due to water contamination.

Deaths and illnesses due to frequent and increase in weather events such as storms, floods, heat waves, disruption in food, water, and vector-borne diseases. Climate-sensitive health risks are felt by climate-sensitive and vulnerable populations which include women, children, poor communities, displaced or migrants, ethnic minorities, and populations which are underlying health conditions (Grasso et al., 2012).

The global climate crisis is the most deadly hazard of all time not just damaging the population but having deadly effects on global health (Giudice et al., 2021). Research has shown that Pakistan is a developing country and suffers a lot when it comes to climate change and its deadly effects on health (Grasso et al., 2012). Moreover, report from research have revealed that children's and women's health are found to be at high risk during such circumstances. Stunted growth, malnutrition, premature deaths, and because of low immunity more prone to water and vector-borne diseases (Riaz et al., 2022). And similar situation in Swat has been discovered, months after the flood still the circumstances have not been improved.

World Health Organization (WHO) also reported the similar health hazards in Pakistan and reveals that the country is at risk of flooding and due to rising sea levels in the upcoming year more than 1 million people may be affected if this issue of the climate crisis is not resolved (Di Napoli et al., 2022). Vulnerable populations including the elderly, children, women, and chronically ill populations are highly at risk, and due to changes in climatic conditions like heat waves causing melting of glaciers, and extreme

rainfall, lead to flooding which not only causes physical health issues but disturbs mental health as well (US EPA, 2022). People worked hard to stable themselves after 2010 flood but after the 2022 flood, findings have revealed that the residents are mentally unstable after the disaster.

Along with other disasters, climate change also disturbs the food supply which ultimately shortens the food, and not only these burdens are found on healthcare providers and organizations, but also a shortage of required staff and medicine is observed (Riaz et al., 2022). Similar findings have been discovered in Swat that still people are struggling for basic needs, such as food.

Year by year consequences of climate change have been observed in all developing countries including Pakistan, but no practical action has been taken so far and because of this people suffer deaths, which ultimately causes loss to the country.

2.1.2 Social Status, Environmental Injustice and Health

The ambition to achieve targets to improve healthcare facilities and services for maternal, neonates, and children in developing countries and high-burden regions of Asia is just like a dream to come true one day (Mengesha et al., 2021). It has been observed that maternal and child health services are both connected and interlinked with each other just like services provided during pregnancy, childbirth, and postpartum care (Lim et al., 2023). However, research has shown that maternal care and child care are difficult to achieve in low and middle-income countries, developing countries, and countries facing poverty (Bank, 2013). Findings in Swat have revealed that Khyber Pakhtun Khawa (KPK), one of the states of Pakistan is facing a crisis in providing adequate health facilities to sensitive populations.

Social inequality, financial inequality, and social status are certain domains that determine how an individual should be treated in a particular society (Moss, 1995). Developing countries are self-struggling and they consider these domains to run their countries (Bank, 2013). Research shows that social status provides individual access to the resources, facilities, and support from the community networks which may also include favors, health care, and social support (Mengesha et al., 2021). Social status is one of the essential domains to get access to health resources in the northern part of Pakistan.

Women majorly suffer a lot in developing countries and because of the second sex, religious, and cultural barriers there are certain restrictions and inequalities while getting access to facilities and resources (Shim, 2010). In addition, the restricted culture in KPK is also a barrier for women and girls to raise their voices for their basic rights. Moreover, the good status of women is required in society. The study has shown that women and children have faced mistreatment during many emergencies, where their health was compromised, and on many occasion status and background profile was paid attention to before giving any health facilities (Sudhinaraset et al., 2016). However, women and girls of Swat compromise their health because they dependence on male members of the family, most of the time in many situations, women remain silent.

Certain environmental injustices have been discovered in communities of color, race, and ethnicity resulting in poor and inequality and inequity in providing health facilities (Giudice et al., 2021). So, climate change has not only brought injustice to the environment but to the people as well including poor and low-income individuals. Also in research, it has been found that poor people are living in those areas and regions that are more prone to climate change and disasters (Sanjrani et al., 2022). Cultural health capital has played a role in providing unequal treatment to the vulnerable population not just in society but in patient-provider interaction as well (Abel, 2007). Through findings it has been discovered that culture barriers have restricted women to seek health facilities freely, which of course, reveals inequality and marginalization of women.

2.1.3 Politics, and Flooding

In natural crisis people intend to serve humanity regardless of ethnicity, race and gender and same treatment is expected from the Government (Agencies, 2022). However a report regarding the previous floods especially the last 2010 flood revealed that there was just a uniform package classified according to people's needs given to the victims, also no assistance was provided to the victims to build their houses again (Bhutta et al., 2022). Furthermore, this report reveals that people ended up building low and poor-quality houses which were obviously in a bad situation (*Kachi halat*), and of course, those houses were more prone to upcoming floods.

Going through the same phenomena year after year, Pakistan lacks proper and quick action toward the victims, and the marginalized are just fooled by the strategies with zero

implementation (Sanjrani et al., 2022). Reports and surveys of previous flooding have revealed that Disaster Risk Management gave an approach of three principles which were;

- To ensure that proper recovery and reconstruction efforts are taken which also includes approaches like participatory, inclusive, and green recovery for the long term.
- To be in someone else shoes and become pro-poor, pro-sensitive, no gender biases and gender-sensitive, targeting and dealing most affected.
- Also surety of coordination and proper management among Government officials with a proper centralized policy, planning, and action strategies to deal with sensitive scenarios (McCartney et al., 2019).

Due to continuous natural disasters; it can be assumed that decision-makers and policymakers show discrimination while treating the victims depending on the social status of a person or family, depending upon the cast and religion (Bhutta et al., 2022). Furthermore, it has been observed that the current ruling parties and higher authorities do not focus on compensation packages instead the one who is deserving and is of low status receive less aid than those who are less affected, not much deserving, and have little status in society receives better aid.

Higher authorities show partiality and do not differentiate between deserving and less deserving people. (Sanjrani et al., 2022). Similar scenario has been observed in Swat, that social status has great value, money, income source, caste and tribal background has great value there and people treat each other on the basis of social status.

Research has shown that the Government always focuses on the term Compassion to treat flood victims which is a wrong term to treat them because it means giving an award to a person for the loss at work. The government has organized a compensation package for the flood victims, previously which was Rs100,000 for severe and critical injuries and Rs40,000 for some minor injuries also special packages were available depending on the injuries and awards individuals got from the unexpected natural disaster which is an inhumane act (Pradhan et al., 2022). Therefore, it is easy to conclude that only the poor, more sensitive, and marginalized people are more affected and keep on facing the consequences of disaster in the future, whereas the richer, elite easily make their way out of the situation.

2.1.4 Cultural Taboos and Barriers

When considering equal opportunities for women, Pakistan and many other Asian countries are in the line of worst performers for such acts (Ali et al., 2011). Sustainable Goals (2015-30) regarding gender and women empowerment are not fully implemented (Ortigara et al., 2018). Study reveals that the empowerment of women brings about positive changes and support in the socio-economic aspects of the family and also improves their status (Naz & Chaudhry, 2012). Whereas, in some backward tribes it is still not considered appropriate for the females to be encouraged for higher education. Many tribal families in Swat have set their minds to keep their females behind the wall of their house, to look after the family and house chores.

Many aspects are involved behind the mindset; such as patriarchy, cultural conditions, religious barriers, and other gender restrictions in Pakistani society have always kept girls and women marginalized and have restricted them from participating along with men in different fields and activities (Sudhinaraset et al., 2016). A study conducted in Khyber Pakhtunkhwa reveals that women are marginalized there because it is a culturally sensitive area, and people strictly follow their cultural norms and traditions without any hesitation (Uddin et al., 2021). Furthermore, this study has explored and revealed that the growth of women's status was restricted by cultural sensitivity and gender inequality.

Considering number of women who are almost half of the population in KPK, their role cannot be disregarded in development; community services, and other fields (Mahmood & Ahmad, 2020). In addition, the status of women cannot be subsidized but it will improve and also contribute to socio-economic and political development.

Women are always perceived from stereotypical perspective where they are always seen as caretakers of homes, without realizing that they also have their own lives. (Sudhinaraset et al., 2016). Research has also revealed that the women who rejected these traditions and followed their dreams, studies, and careers were reboked in the society. In addition, strict rules and religious beliefs in backward areas of KPK have derailed all wishes of girls and women (Maheen & Hoban, 2017). Additionally, they are always unfairly treated, with no equality, no freedom of choice, and zero access to rights of their life. And these religious barriers are always considered hurdles in women's empowerment.

Moreover, research reveals that the involvement of women in politics is considered an act of disrespect according to the culture and society of KPK, and involvement of other authorities in politics is itself a hurdle in improving women's status and their empowerment (Sudhinaraset et al., 2016). It is believed that there is not only inequality of gender but also a class system among the same gender. The research explored and revealed that women from higher-status families connected with politics receive higher status and seats than women from mediocre families with no political or strong background (Uddin et al., 2021). But somehow the involvement of women in politics from KPK is encouraged to raise voices for girls and women in KPK.

2.1.5 MNCH and Social Capital Response

After exploring the culture of Swat, it has been discovered that there is some kind of Public Stigma found in the culture of KPK which is a barrier for women seeking health care. Stigma is a social determinant of various things including health but sometimes this stigma uses its power to discrete individuals, interpersonal relationships, and social identity of a person (Ochani et al., 2022). People have public stigma indicating that women have beliefs and agreement in their minds that they are unable to raise their voices for their needs. Disrespect and disgrace associated with any situation or circumstance sometimes bring a question of why certain individuals or sensitive population is ignored and not accepted in miserable conditions (Moss, 1995). Similar findings have been discovered in Swat, that women are afraid to raise their voice, they are totally dependent on the male members of the family, and sometimes for the sake of their privacy, honor and self-respect, they compromise their health. Talking about maternal, neonates, and children and the cultural history of KPK there were some boundaries, some cultural restrictions that only the children and be treated at hospitals otherwise more focused on homemade remedies to treat illness or some religious Duas can heal children, the concept of taking women to the medical care centers was unacceptable. It was only a belief that women do not need any care or assistance.

Going through the existing literature about the role of social capital and their response on the subject of MNCH services and facilities in culturally restricted areas, social capital response played a dual role by favoring MNCH facilities (Mengesha et al., 2021). Social capital in the context of women and children has contributed a lot to the uptake and improvement of services for Maternal, Neonatal, and Children (MNCs) (Uddin et al.,

2021). Moreover, family members also support their females to experience safe pregnancy and birth at the well-established medical center.

Through research, it has been found that the support of members of the community, representatives, and male members in social capital for women also improved the uptake of services and facilities for MNCH. In contrast, it encouraged the male partners to raise their voices (Souza et al., 2011). Research shows that in some situations socio-cultural factors might be an issue in improving facilities for women and newborns because traditionally and culturally women are not allowed to go outdoors within 40 days post-partum, so it is difficult for them to see any medical care and therefore many women die because of such restriction (Sudhinaraset et al., 2016). The rate of deaths in Swat is higher among women during the flood 2022, and it has been noted that the main reason was, unable to get access to any lady health care provider and lack of resources in the medical camps.

Countries like Pakistan are aiming at improving maternal and child health services which can benefit from adapting existing context-specific social networks in the community. This review identified limited available evidence examining the role of social capital and its response to maternal and child health services uptake. After exploring Swat, it is easy to state that women of certain families and tribes have restrictions and cultural boundaries that enable them to seek assistance and help especially during floods or any other emergency. Males are dominant in KPK and it depends on the resources of certain families and education whether they let their women die or provide them best and proper medical facilitation.

2.2 Theoretical Framework

2.2.1 Social and Cultural Capital

Research shows health challenges in case of women. Some of these challenges are old and some are new (Abel, 2007). There is a need for improvement in the field of health especially for low-income society, those living in socially deprived conditions, and marginalized populations with the least priority (Shim, 2010). There are certain factors socioeconomic factors and sociocultural factors that disturb health and its promotion in a particular society (Abel, 2007). However, research shows that it is difficult to operationalize, conceptualize, and institutionalize the concept of health (Dubbin et al.,

2013). To understand the concept of cultural health the work of Pierre Bourdieu is kept under focus.

According to Bourdieu's theory, certain cultural processes of social differentiation lead to unequal distribution of health among the population (Bourdieu, 1985). Moreover, Bourdieu's work also contributes to understanding the social gaps in health and what kinds of socio-cultural processes and patterns lead to health inequalities. While discussing health promotion and considering public health, social and cultural conditions are the basic issues which are in need to be understood first to understand the social inequality in health (Bourdieu et al., 2011).

But today the focus is more on resolving the issues that how to invest, improve, and consumption of healthcare services, facilities, and health promotion (Bourdieu, 200 C.E.). Whenever there is a discussion regarding unequal distribution of health then income, living and household conditions, and there is obvious involvement of power. However cultural and social resources in more or less promotion of health are not considered (Dubbin et al., 2013).

Cultural health capital can be defined as a stock of cultural skills, competencies, behaviors, attitudes, interaction styles, and patient-provider relationships. It is the basic and main framework for understanding patient-clinician relationships (Michael Winkelman, 2008).

Certain issues in society have been observed that cause mistreatment to the health of children and women including negligence, verbal and physical abuse, disrespect, and deficiencies in available health resources and environment which affects health outcomes and patient satisfaction (Sudhinaraset et al., 2016). A cultural health capital framework is adopted to understand how women are socially and culturally affected. Bourdieu's concept of cultural capital suggests that health-related practices can be developed through repeated actions (Bourdieu, 1993). However different research has shown that the patient-provider relationship is a habitual relationship that is developed through past experiences and learning, that how to treat a particular population. For example, the way women respond to their providers or vice versa is developed through past experiences and learning behaviors and adaptations and till now the trends and traditions of obeying male members of the family has not been changed in certain areas of the world (Bourdieu, 1993).

Cultural health capital is conceptualized and is similar to the conceptualization of Bourdieu's cultural and social capital in that every experience in health care setting leads to gaining opportunities in health care setting through skills, social competencies, and decision-making techniques (Bourdieu et al., 2011). Moreover, cultural health capital (Bourdieu, 1993) completely focuses on the manifestation of fundamental social inequalities in clinical interactions and healthcare centers and also it enables patients, providers, healthcare organizations, and institutions to consider such inequalities that disturb patient-centered care.

However, Bourdieu's theory of cultural capital largely focuses on how an individual's routine practices are influenced by the external social world and how these practices contribute to the maintenance of the structure of health (Bourdieu, 1993). Bourdieu also links incorporated cultural capital to health and biological systems and it plays a crucial role in understanding health patterns for specific populations (Bourdieu, 1985).

2.2.2 Political Economy of Health

The main concern of the political economy of health is how political and economic domains in a country or a particular society interact, and shape individual and population's health outcomes (Harvey, 2021). According to research it has observed that political economy influences health and its outcomes due to several reasons like differences or changes in law, rules, policies, economic conditions, institutions or social structures, political power, or conflicts (Marx, 1848). On the other hand, political economy is also a broad theoretical framework that enables health educators to learn and understand socio-historical forces, and economic and social domains which not only shape the health problems but also our approaches towards them (Minkler et al., 1994). Many types of research have shown and given the view of Marxism theory that countries spending less on public health and have income inequalities result in more public health issues (Mechanic, 1990). Health policymakers in certain countries pay less attention to spending on public health services and neglect social demographic welfare settings (McCartney et al., 2019).

It has been rightly said that a society needs a system in which every single person can get proper healthcare services without facing any financial or political hardships (Lim et al., 2023). Moreover, the WHO has conceptualized Universal Health Coverage (UHC) and was challenged to achieve three important goals i.e. a) using the cost of health services to

provide financial protection, b) Maintaining the quality of health services and c) ensuring equality and equity in the use of health services.

Research made in Asian countries in the domain of health and political economy reveals certain epidemiological transition challenges in Global Asia and transformation of mortality structure and morbidity is found in the struggling countries of this region (Jakovljevic et al., 2021). Exploring these region research show that the government pays a minimum percentage of healthcare expenditure which becomes a barrier for the public to get healthcare facilities, also chronic underfunding leads to a shift in the costs of providers (Lim et al., 2023).

The study has shown that the government is found to be in a dominant role in making policies related to healthcare services (Baten et al., 2020). Due to this many countries lack an absence of legal framework which contributes failure to achieve proper health care setup and universal health coverage (Minkler et al., 1994). Research in developing countries reveals that emergency hospital admissions, primary and basic medical care and facilities, and access to essentials are mostly provided to ordinary citizens. Whereas higher facilities, advanced surgeries, including cardiovascular surgeries, body organs implantation, brain and spine surgeries, advanced body tests, and dealing with chronic illness, use of advanced medicines is hardly accessible to ordinary citizens and can only be afforded by the elite class (Jakovljevic et al., 2021).

In developing countries, Governments are found to be less involved in providing basic health care to citizens and the situation gets worse if the country and poor are hit by any natural disaster (Harvey, 2021). However a little bit of improvement has been found in the health sector in certain developing countries paying attention to saving the lives of the sensitive population (women and children) providing benefits and access to basic healthcare needs (McCartney et al., 2019).

2.2.3 Social Inequality in Health

Health is an important domain, which is triggered by various factors. Certain physiological pathways like class, status, and gender do affect health. Moreover, researchers making an endeavor how culture plays its role, social networking, society, social position, and status affect health and diseases (Moss, 1995). Globally it has been noticed that, and it has become a prominent question that why poor people triggered by illness, diseases, and other chronic issues? Research in struggling countries of Asia

reveals that poor people encounter illness and death and are more sensitive to chronic diseases (McCartney et al., 2019).

Developing countries in Asia are still struggling to improve health facilities as well as serve equality among all citizens no matter from which class, race, or status they belong (Souza et al., 2011). Furthermore, to tackle inequality and inequity in a country there is a need for investments in social security of the citizens. Moreover, nations should include some schemes including old age, disability, child, maternity, and unemployment benefits which should be provided by the Government.

A survey made in the last decade reveals that Asia has made tremendous progress but despite this remarkable economic progress still, inequality is marked as a major problem in the field of health (Bank, 2013). However, there is a need to understand the concept of which measures of health inequality are distributed among people. Health inequalities not only refer to differences in the status of people's health but also refer to the differences in which people receive care and have opportunities to live a better and healthy life (Lim et al., 2023)

Some major factors are observed as the main reason for social inequality in health such as socio-economic factors, geography, ethnicity, gender, disability, and socially excluded groups e.g., homeless people (Uddin et al., 2021). This means people who are prone to a combination of these factors are likely at risk of facing the consequences of societal and health inequalities.

2.2.4 Operationalization of Theoretical Framework

As mentioned critically about the Critical theory and its perspectives; the main goal of healthcare systems is to provide and achieve proper healthcare for patients (D.Princeton, 2015). Critical theory's basic aim is to get to know the oppressive beliefs and practices emerging in society (admin, 2016). According to this research, the correct definition of critical theory is a social and political philosophy that concentrates on recognizing and getting control of the social constructs that only privilege some people and marginalize others (D.Princeton, 2015). The goal of this theory was to shed light on general public issues and to resolve them which causes unfair and unequal distribution of opportunities among people. The theory which was introduced by Karl Marx emphasis that people to find and recognize the oppressive system around them and get themselves free from them.

This research relates to the same theory to study the oppressive systems of health departments during, before, and after floods which do not take much action to get themselves prepared before an emergency. Also, here MNCH is the population that during floods or any emergency considered as the least priority to be handled.

Critical theory claims that critical theoretical perspectives do influence the healthcare systems through professional practitioners, institutional strategies, and research methodology to meet the complete and required needs of the patients and guarantee healthcare services of quality and safety (Waitzkin & Britt, 1989). Healthcare systems has dual responsibility; on the one hand they are bound to provide care through medicines, and on the other hand they need to pay attention towards mental health of the patients as well which includes emotional, psychological, and social healings.

To strengthen the research I have also added another theory which is the Maternal Role Attainment theory by Ramona Mercer (admin, 2016). The purpose of this theory is to spread awareness among non-traditional women from remote areas who have some cultural barriers regarding mother and infant relationship prenatal care and nursing and taking care of themselves and their child during any emergency.

This theory consists of four stages of acquisition i.e. anticipatory, formal, informal, and personal (Unger et al., 2011). Moreover, these stages not only help in building the maternal role but guide the mothers through social networks to develop methods of mothering, nursing their children, and understanding their issues the primary objective of this theory was to teach mothers their roles and duties, their caretaking tasks which could be helpful in any emergency, because whether the days are tough or smooth only a mother understands a child's need.

Chapter No. 3

RESEARCH METHODOLOGY AND AREA PROFILE

This chapter is divided into two parts; the first gives details of applied research methods including data collection tools and techniques and the second portrays the area profile of District SWAT. The first part of this chapter presents a justification of applied data collection tools and techniques. The area profile portion comprises qualitative and quantitative data that helps the reader understand Swat's socioeconomic and political structure along with its infrastructure and the living patterns of its residents. The determinants discussed in the section of the area profile have a close link with the status of MNCH.

3.1 Research Methods

During this study, research ethics were given prior value before the application of every data collection tool and technique. The respondents verbally communicated the objectives of the study and utilization of their provided information. Verbal consent of respondents was ensured at every step of the research. Data collection methods, tools, and techniques used during this study to collect data from local women and medical officials are below.

3.1.1 Rapport Establishment

Rapport establishment is one of the important anthropological research techniques that helped the research to get closer to the target population of this study to develop trust with the community and its inhabitants. This method helped the researcher to accumulate more reliable and valid data. Throughout this study, the researcher established rapport with the staff of existing hospitals and clinics in Swat and with women who had given birth during flood or in the maternal phase. Permission was taken prior to any formal or informal discussion for the study. While seeking authorization, the researcher had to face a lot of hurdles as many locals refused to talk and support this research and many members of the staff of clinics, hospitals, and health departments didn't pay much attention to sharing information and supporting this research. The research proved to be difficult one due to the gender of the researcher- who faced a lot of disrespect and hurdles. It took many weeks to gain the confidence and trust of locals and get their consent to participate. During this time, the researcher developed good terms with the key informant, many women and

children, and also with many midwife ladies, which helped a lot during this period. The researcher also developed reasonable terms with the local health unit's Medical Officer (MO), who helped and revealed information. At the start of the research, the researcher developed rapport by taking part in extended sittings with local women, and pregnant women, sharing food with them, and gaining their trust. Besides this, those who had gone through the phenomena of flood many local midwives' women and old age women helped a lot.

3.1.2 Participant and Non-participant Observation

Participant observation is an attribute that makes anthropology a specialized field distinct from other social sciences. Both participant and non-participant observation research methods helped to get a closer association with local women, local midwives, healthcare providers, and victims of the flood for the development of a feeling of trust. Participant observation was done by sharing the household with local women, helping with cooking, or asking them to teach the researcher.

Non-participant observation in clinics, hospitals, and health centers of Swat was held technically. The researcher observed the behavior of locals, women, doctors, and all other staff of health facility centers at different levels during the visit of patients in the Out Patient Department (OPD) as well as participant observation through participating in various activities. The use of this anthropological research method at the hospital helped to develop rapport not only with flood victims and service providers of healthcare centers of Swat but also with locals, who later on warmly welcomed the researcher to spend time with them in their residential areas. The consent letter used in this study for the target sample, victims, and medical officials is attached in Annexures 1 & and 2.

3.1.3 Key Informants Interviews

Key informants (KIs) are considered to be the backbone of anthropological research. The key informants helped to establish an affiliation in the initial stage of the research and also supported in exploring the topical domain and the local vocabulary related to the targeted domain. During this study, the researcher selected two key informants by assuring their willingness and availability. The local teacher from Swat Girls Model School and College, and a Lady Health Worker working as a local helper affiliated with Luqman Hospital. Both the key informants helped in gaining access to interview many women affected by to flood and also to interview many staff members doctors and

management. The selected key informants supported the researcher in interacting with people and helped translate language with real content. In addition, they aided the researcher in exploring and interpreting local words for research even though the researcher had been living in Punjab since birth and had no idea about the Pashto language. The consent letter used in this study for key informants is attached in Annexures 4 & 5.

3.1.4 Informal Discussion

Several informal discussions were held during this research with all sorts of respondents. The audio recorder was used to record these discussions. During informal discussions, the respondents gave very valuable information. These informal discussions were initially helpful to establish rapport and during that phase of research casual topics were part of discussions. Later on, the most important issues related to the objectives of this research were considered for informal discussions. By that time, a close link was established with the respondents including maternal women and new mothers. They provided all of the confidential information regarding the health of women in the house and way of lifestyle and different coping strategies.

3.1.5 Purposive, and Convenient Sampling

The sample is defined as the smallest representative of the larger whole. The sampling techniques are supported by the generalization of field data. Purposive, Convenient, and Snowball Sampling techniques were selected to conduct this study. The researcher selected Purposive sampling at first to save time and deal with the exact required sample and it was conducted in the field where women who were victims of flood were selected and focused. A total of 7 respondents participated with consent

Afterward, Convenient sampling was used to access the sample who were easy to access, local women were also selected using this sampling. At that time, verbal consent of the selected sample was taken and these 15 respondents agreed to participate. Many staff members were selected from the Gynae health department using this sampling technique.

The second phase of the study is comprised of in-depth qualitative field research and a total of 22 respondents were selected through Purposive, and Convenient sampling. Convenient sampling was applied to conduct interviews with general local women and

local health providers (midwives). There was no such age restriction but mainly maternal women were focused.

3.1.6 Semi-structured Interview Guides

A data collection tool of a semi-structured interview guide was used to conduct this study through in-depth interviews. Two different types of Semi-structured Interview Guides were developed to conduct in-depth interviews with participants (public), and medical officials. An open-ended question technique was used to develop these interview guides. The interview guides that were used are attached in Annexures 1 & 2.

3.1.7 In-depth Interviews

To conduct qualitative study in-depth interviews are most fruitful method in qualitative research. During this whole time many background histories, and in-depth interviews with caretakers of the respondents, even from respondents, local and assigned health providers, administrative staff, and management were also conducted. Comfortable environment was taken into consideration for in-depth interviews. This qualitative method of data collection allowed respondents could speak freely and share their understanding and perspective on the questions.

3.1.8 Audio, Visual Methods

While audio and visual methods are useful tools for collecting data in the field. The researcher mainly focused on audio methods for recording purposes with the consent of participants and did not focus on visuals to maintain the privacy of the participants and obey their trends.

3.1.9 Data Analysis

Ethnographical research employs thematic analysis and narrative analysis. In this particular research, the researcher focused on narrative analysis to analyze the data thoroughly by making the reader understand in the form of a story in the context of the telling. This method was highly preferred to make the data more meaningful.

3.1.10 Ethical Considerations

Following the norms, traditions, and behavior of a certain population or community, ethical considerations must be kept in mind. The researcher focused on five main ethical considerations which were

1. Informed consent, participants were informed before participating and they were allowed to withdraw whenever they wanted. Their consent was taken before any kind of interview or their involvement.
2. Confidentiality/ Privacy, was highly maintained and the participants were assured that their privacy was secured.
3. Respect for participants, their needs, values, and beliefs were the priority. The researcher treated them with dignity and respect.
4. Data collection and analysis are also important components in ethical consideration, the researcher sufficiently used the data without altering, manipulating, or misusing it, and kept it the way it was.
5. The researchers made use of the findings to make sure it does not harm or stigmatize the participants.

3.2 Area Profile

This part of the chapter deals with area profile, with a particular focus on, the locale of research. This information helps the reader to understand various physical features, environmental conditions, geography, modern amenities, and other information relevant to the topic of the research, which determines the status of health among women, neonates, and children and their sufferings during the flood of Swat. There is a close connection between human beings and the environment i.e., ecology which has been defined as the science of interrelations between living organisms and their environment including physical and biotic environments. This part emphasizes interspecies and intraspecies relationships. It can be asserted that this is the most useful way to look at ecology and circumstances including natural disasters and at the range of society.

3.2.1 Swat District

Swat District, was declared by Queen Elizabeth as ‘Switzerland of the East’ because of its mesmerizing landscape, it is the heaven in Northern Areas of Pakistan. It is a relatively developed district of Malakand Division, with facilities such as better transport and

infrastructure and educational opportunities. Swat's economy relies on tourism, while the sectors of agriculture, forestry, handicrafts, mining, and gemstone make the rest of the contribution. The marble and limestone mines have the potential to become one of the main suppliers of construction materials in the region with the advent of CPEC. Trout and other fishes, apples, apricots, and honey of Swat can become quality exportable products, along with local Handicrafts, rugs, and shawls. The Swat River and its other connecting rivers can be utilized and turned out as a source of power production as well as irrigation and by addressing this untapped resource it can address power issues on regional and national levels.

3.2.2 Climate and Weather

Swat, at the height of 7500 ft, is considered a cold area. But it can get pretty warm in July. In the colder months such as January, temperatures usually fall to an average minimum - 26°C. Snowfall is expected from November to February. Whereas April to May are pleasant months to see the mountains and greenery. Also, can be expected heavy rainfall in the monsoon season.

3.2.3 Population Size and Growth

According to the data of the Pakistan Bureau of Statistics, the total population of Swat was documented at 2430669 in Khyber Pakhtun Khawa Bureau of Statistics 2019 (BOS, 2019). And population has jumped to 3.30% according to Population Survey 2022 Swat.

3.2.4 Scenic Beauty and Swat Valley

The topography of the Swat district consists of a rich variety of high mountains, forests, plateaus, valleys, rivers, streams, and plains. With Natural scenery and stunning environment of Swat is known for its snow-capped mountains, lush valleys, glaciers, waterfalls, and rivers. Because of its stunning natural scenery and reputation for ideal outdoor activities like skiing, hiking, and camping, the area is sometimes compared to Switzerland. It also caters animals like wild bears, tigers, markhor, and snow leopards can be observed in the mountains of Swat, in addition, many birds of different species white wagtail, and blue whistling thrush are found in swat valley. The increase in population and expansion of the tourism industry in Swat has affected the presence of these animals in the forests and mountains of Swat. The hotels for the tourists had not been limited to Swat City only, as the investors had constructed villas all over the district, especially in busier regions.

3.2.5 Infrastructure Damages

Infrastructure and many residences have been devastated. In Khyber Pakhtunkhwa's northern hilly region of Swat Valley, flash floods destroyed bridges, roads, and other infrastructure. According to Pakistan's Post-Disaster Needs Assessment (Floods, 2022), which was funded by the Asian Development Bank (ADB), European Union (EU), United Nations Development Program (UNDP), and World Bank (WB), the country will need at least USD 16.3 billion for rehabilitation. In Khyber Pakhtunkhwa, where major higher sections of Swat and Dir districts were shut off from the rest of the country by the devastating floods, communication facilities, including roads and bridges, have been severely damaged.

3.2.6 Local Government and Organization

The Pakistani Constitution of 1973 (COP, 1973) governs how the government of Khyber Pakhtunkhwa operates. The National Assembly has selected 50 members from Khyber Pakhtun Khawa three seats Federal and 9 reserved seats for women (NAP, 2021). The Khyber Pakhtunkhwa Assembly, which has 145 elected members and is made up of 115 regular seats, 26 seats designated for women, and 4 seats for non-Muslims, is located in the province. The Chief Minister of the Province is chosen by the Provincial Assembly, and he or she assembles a Cabinet of Ministers to oversee various Departments. The Chief Minister serves as the province's chief executive. A governor is chosen by the federal government to lead the provincial government.

The Chief Secretary of Khyber Pakhtunkhwa oversees and directs the activities of the numerous departments, each of which is led by a departmental secretary. The Prime Minister of Pakistan appoints the Chief Secretary. Additional Secretaries, Deputy Secretaries, Section Officers, and other staff members support all of the Secretaries. There are 24 districts in the province. A District Coordination Officer works with the Zila Nazim, or district mayor, to lead the districts. The Tehsil, Town, and Union Council Governments now have additional responsibility for the tasks. There are elected Zilla Councils, Tehsil, Town, and Union Councils in each District, and they oversee various activities at their respective.

A District Police Officer oversees Law and Order at the district level and answers to the Zila Nazim. There is a Population Safety Commission in each district that hears criticism

of the police from the general population. At the provincial level, the police force is overseen by a Provincial Police Officer.

3.2.7 Education

Particularly in terms of resource allocation and utilization, education has not yet made it onto the list of national priorities. In the Swat Valley, the ground reality is bleak in both the rural and urban areas. The majority of kids in the valley's isolated rural communities struggle due to limited resources, which causes substantially higher dropout rates in high school and college. Additionally, rural schools with fewer trained teachers in disciplines like mathematics and physics and are under-resourced in terms of facilities like computers and scientific labs. According to the Pakistan Bureau of Statistics, a literacy rate is 50.27% noted by the year 2019 in which 781,873 are literate for both males and females above age 10 (BOS, 2019).

According to a report on government schools published by the Khyber-Pakhtunkhwa Elementary & Secondary Education Department, enrollment has steadily increased and is edging closer to gender parity at the primary level, but there has been a significant dropout rate at the middle and secondary levels. According to study made in Swat, many primary, middle, and high schools are found functional.

In policy circles, concerns about accessibility trump concerns about the value and feasibility of education. Students at the secondary and intermediate levels find it difficult to completely express themselves in Urdu or English, the language of instruction, which emphasizes the necessity for a curriculum that is taught in the student's native language. The majority of secondary and intermediate-level students who participated in the study's interviews lacked direction and were completely undecided about their careers, showing a lack of faith in the efficacy of the educational system.

Political meddling in education departments also undermines quality and accountability. Politics frequently plays a role in the posting and transfer of academic and management staff; merit and geographical preference are infrequently factors in these decisions. Such methods discourage initiative and motivation on the side of both cadres. Local legislators' neglects supervision such as visiting schools, due to their own personal issues such as posting and transfer issues.

3.2.8 House Structure

Construction of a house in Swat was very costly as most of the terrain was hilly and the expense of foundation of new construction was very high. The foundation of the house had to be made solid and of a high standard to protect it from damage from excessive rain and small-scale land sliding. Foundations of a house were always built with stones. There were three types of house constructions in Swat. One was brick-walled and the other was where stones were used for the construction of a house. The third was a combination of these two. For the construction of the first type of brick house, cement, iron, crush, and other required materials were used. The roof of such a house was mostly constructed with reinforced iron and cement and very few were made from wood. The other type of construction was done with stone and mortar. The roof was made of wood and on the top, either a flattened sheet or mortar was pasted. The third type of house construction was a mixture of these two methods. Either the roof was made of wood with flattened sheets with a combination of bricked walls or stone construction with a wooden roof and mortar on the top. These three types of constructions could not protect their residents from the cold because the use of modern methods of construction to protect a house from cold during winter was missing. Owing to extreme cold and snow during winter the rooms got humid. Long humid months had affected the health of the residents of these houses.

3.2.9 Living Standards and Criteria

In addition to evaluating the degree of poverty and deprivation, household circumstances were useful in determining the health of the women and children living there. It featured sub-indicators such as the primary source of light, the type of fuel used for cooking and heating, the principal source of drinking and non-drinking water, and the distance from the house to the water source. Other sub-indicators were house flooring and sanitary facilities and their sharing. The state of one's health was directly related to household circumstances.

3.2.10 Media and Communication

Mobile phone technology was the most popular form of communication system because of which people find it more convenient to communicate with others. Many participants selected for research were from very poor families and did not have much budget to own a smartphone. But have simple cell phone just to contact family.

This study along with field observation concluded that very few among the selected households of Swat were using the internet on their mobiles. According to respondents, there were more educated people in their villages than past. Now, it was very easy for the respondents to find a person to read mobile text messages. This not only result in the revival of social cohesion but also helped people to use the technology of mobile phones for communication of health-related knowledge and information.

According to the Pakistan Bureau of Statistics Khyber Khawa in 2019; 266,032 of the population in the Swat district used sources of information like radio, television, newspaper, telephone, mobile, and internet/ computer (BOS, 2019).

CHAPTER NO. 4

HEALTH CARE FACILITIES

This chapter begins with an interesting story that will help the reader understand the existing structure and situation of community health centers in Swat concerning women, neonates, and children. The health care structure of Swat is observed with 3 Community health centers, 2 Basic Health Units (BHU), Rural Health Centers, District and Tehsil Headquarters in Barikot, Civil hospital Maglawar, other health care centers including Hassan Medical Complex Hospital, Hassan Medical Complex Kabal Swat. Hospital, Jalil International Hospital, Life Care Hospital, Reliance Hospital, Luqman International Hospital, Khyber Medical Center, Ahmad Dental & Maxillofacial Surgery Clinic, and majority of the mentioned health centers are private. Current healthcare structure and community health centers are important and key issues to resolve in Swat. This has made an endeavor to highlight the healthcare centers in the Swat district and their concern and facilities for the sensitive population. This chapter also attempts to answer the research question regarding the role of local and private health centers towards women, neonates, and children during emergencies.

4.1 Government Hospitals/Units

4.1.1 Community Health Centers

Community Health Centers are 3 in number and are located at various locations all over the Swat district. It offers medicine at a discount and OPD on a low fee scale like all other civil medical units. Community health centers are usually more in number to provide urgent medical facilities to the specific community and are easily accessible at various locations in Swat. But with the comparison of community health centers, we are still lacking behind. Pakistan is still in a race for development and KPK is the last on the priority list of Pakistan and mostly it is ignored by the higher authorities.

Community health centers are built in Swat, but are not utilized fully. The management is also helpless because they are not receiving any aid or resources from the higher authorities of help. So, community health centers are just doing their duty and residents are suffering

4.1.2 Gynae and Newborn Facilitation in Community Health Center

It was February 26, 2023, and the whole Swat was covered in snow, icy winds slowed down the activity of residents, and people in this weather liked to stay at their warm houses. But still, I planned to visit a nearby Community Health Center to observe. This center has been functional since 2002, but after observing its building and structure I came to know that higher authorities have hardly paid attention. Walls had not been painted for a long time, and old furniture and old-fashioned equipment were still in use. The whole building was in dilapidated condition. I was more concerned for the health of women and children and I was completely astonished when I came to know from Naseer who was handling the dispensary and was also in administration that we don't have such a facility for women and newborns, according to him

“We are here to examine fever and cough and any kind of pain, not for handling pregnant women and birth, they can be examined at home”

It was a little rude statement but still, I didn't lose hope for the sensitive population. I requested Naseer to arrange an appointment with the Doctor or Medical Officer here and he asked me to leave my contact number that he will surely contact for which I am still waiting.

4.1.3 Local and Basic Health Unit

It has been observed that Basic Health Units (BHU) are built at the Council level to provide basic and primary health care services and facilities, these BHUs are a bit more advanced than local or any other community health centers which include Maternal women and child health facilities, Family planning, Annual Vaccinations for newborn, involvement and well affiliated Lady Health Workers (LHW). Generally, a BHU is to handle basic and general issues and can refer patients to higher and tertiary health units.

After a disappointed visit to a Community Health center and didn't get desired information, still I didn't lose hope and wanted to explore more of it. As weather leaves positive or negative influence on people's behavior and conduct, I waited for the sun to shine its rays and bring warmth as this was all recommended by my key informant that pleasant weather completely changes the behavior of the people in this area.

I visited BHU Langand, which was one of the BHUs of Swat. It was quite a distance from the community health center and also from the main Swat, but it was easily accessible in

times of emergency. It was situated at some height from the rest of the main Swat, and accessible for people as it was situated at walking distance. There was a fine scenery around the BHU which was quite mesmerizing for the eyes and also a soothing remedy for the patients. I thought that this was open 24/7 until I saw a small paper on the gate mentioned with a notification that BHU opens at 9 am in winter.

I by chance along with one of the key informants went there at 10 am and before interacting with any person there I managed a little stroll inside to monitor the infrastructure and environment. There were many banners and charts few were in printed form and a few in handwritten mentioning some instructions and some were showing awareness regarding specific diseases. One of the charts that got my attention was regarding pregnant women and children and this is what I was looking for finally a sigh of relief that this health unit do offer facilities to mother and children. I wanted to explore any labor room or nursery for newborns but before this I met a Lady Health worker named Hayat Bibi she was affiliated with this unit for the past 15 years and was quite expert and professional in her work. She was appointed to examine women and children at their houses. Hayat Bibi gave me a little tour of the health unit. This Basic Health Unit comprised of one labor room and a ward for women, one emergency ward with a single bed that can be attended by one patient at a time, a proper waiting area, a small pharmacy or medical store, a Vaccination room, Medical Officer room and small which was under progress of opening soon for some blood tests and a few staff. Comparatively, I can say it was better than the Community Health Center and offered many emergency facilities to women and children.

It was around noon and Hayat Bibi; the midwife, wanted her to leave the building, she invited me to her house for any further information or data and I thanked her that I would see her soon. She mentioned her availability so that I could visit her. I just sat in the waiting area and was just discussing with my key informant that I had to meet the management staff, and MO as well, a woman asked me;

“Tum kon ho? Idhar ka nhi ho? Who are you? You are not from here?”

I introduced myself and asked politely about herself too. She was here to be examined by the MO as she was 18 weeks pregnant and I asked her to let me see her file. By talking politely, I managed to ask her about her health and her satisfaction with the services at BHU. She was not very satisfied and wanted to talk more but her turn for examination by

the MO came. My key informant told me that she lives nearby, and we can visit her later for further details.

It was a sunny day but still icy air was around, I wanted to go back because it was busy hours in BHU and it was difficult to approach the management staff there. My key informant asked the man sitting at the reception counter if we needed an appointment to see the Female MO, he asked first if he had to get permission from the Madam and then otherwise, we could normally see her by getting a slip as a patient. But I introduced myself and my researcher told him how far I had come for the sake of my research and asked him if I wanted to see her for some time, he asked me to wait and said “*Apki Qismat*” “*Your Luck.*”

While I was waiting for his return my mind was just stuck that it's not that easy to access anyone here. And I was thinking about whether I would get time or not or whether I have to struggle. I was in my thoughts when the man came and said you can see her tomorrow by 9 am.

For me, it was a success, and came back home with excitement for the opportunity to talk to a medical officer and get to know everything I required. The next day it was 9 am with icy and cloudy weather I was standing at the gate of BHU and the guard there allowed me to enter, the man who was sitting at the reception counter was not there yet so I just sat in the waiting area so that I can be attended. 30 minutes passed and I was still waiting for both the receptionist and MO, I thought I was misguided yesterday, but the receptionist came and said please wait for another 10 minutes Madam is coming. I was alone my key informant told me yesterday that she would join me later on and waiting all alone made me more sensitive. Anyways just in minutes receptionist said *You can go inside*. As I entered the room, the room was warm, a boiler was there which had made the room cozy and warm, there was a simple table covered with a proper sheet and all kinds of accessories and equipment e.g., stethoscope, thermometer, BP apparatus, files, and sheets everything was there. MO was sitting on a nice moveable chair with a stool at her ride side to examine the patients. I made this observation she was on a call and by her hand gesture allowed me to sit. There were nice chairs for the attendants and also a side bed with a curtain to be covered and a sonographic machine. The room had proper lights.

Madam just finished her call; she was talking in Pashto and I was unable to understand. I said *Assalam O Alaikum Madam* she said *Walaikum Asalam*, Madam was quite of an age

and appeared to be quite professional. After all the greetings and formalities, I introduced myself and my research regarding MNC during an emergency, she completely understood my work and asked me a few questions regarding my education and background. Through her way of talking and interest in my research, I understood that she was happy to be interviewed. I took her consent to record her voice, and she gently allowed that too.

As we were having a chat which was the interview, I expressed the beauty of Swat which she replied

“Swat hai to mini-Switzerland lekin ye he Switzerland kabhi kabhi humare liye jahunum bun jata hai.”

“Swat is indeed a mini Switzerland but sometimes this Switzerland becomes hell for us”

I was astonished by this remark. It was almost 10.35 am and Madam asked me if I had to see the patients as well and if I allow her to examine them meanwhile giving me answers. I was happy with that. Just in a matter of few seconds, my key informant arrived, to be honest, I was more comfortable without her but on the other hand, I needed her so that she could translate Pashto for me. Anyways Madam was examining patients, due to the weather there was no such crowd hardly four patients were examined during my presence one was an old lady, children, and one woman. But somehow, I found MO a little aggressive while attending to the patients, for me it was quite rude and it was enough for me to determine what behavior they demonstrate to the citizens. I just had a few more questions and took my leave, Madam offered me some tea or kehwa but I said maybe another time and thanked her for giving me time.

4.2 District Health Office

The utmost duty of District Health authorities and all the management staff is to provide healthcare facilities at the Tehsil Level through THQ Hospitals, RHC, and BHUs. The basic purpose is to give basic and primary health care facilities. Pakistan has spread widely its district health systems networks in all regions to deliver essential and primary health care facilities to all nations with equality and equity. District health authorities emphasize the involvement of the community and the use of local resources and promoting healthcare facilities in accessible and affordable for all the local population. There are certain advantages that district health care offers over a centralized system due

to their huge setup of the business, they easily manage the cost-benefit ratio in hospitals. Also, they focus on participatory planning and organization. And because of wide management and network, they are easily able to keep the socioeconomic and demographic data of the population.

4.2.1 Administration/ Management

It was April 17, 2023, and my key informant managed to arrange a small visit to DHO Swat through some reference. Because of cultural barriers and restrictions, it is considered a little odd that female visits such an office which is totally under the control of male. Slowly the weather was getting pleasant but it was still a little colder than in the Punjab. The weather was quite suitable for wandering around the market and exploring the field as much as I could. I had my breakfast and wore the most suitable and reasonable dress so that I and others in the office were comfortable to interact with. I was just doing my preparation when I got a call from my key informant that she was not comfortable with today's visit, it was quite out of her limits, and this made me a little sad and hopeless. Just like her I also wanted to withdraw my plan but I thought this was now or never. So, I stuck to my plan and asked relatives to whom I was staying. It was 11 am when I reached the District Health office, located in the heart of Swat Valley at Saidu Sharif Road, Gulkada Mingora.

It took around about 15 minutes to reach there on foot. The building was not as big, but a medium one. It has a Parking area for the officers and visitors to park their vehicles. As I entered the main gate at the parking area, a big board was mentioned in the Urdu, District Office Swat. It was Friday so I wanted to manage things before Jumma Namaz. I asked for a clerk, named Tahir who arranged my visit. He was a nice man and worked as a Medical Technician there. He offered me and my aunt a cup of tea and gave us a nice place to sit. I thanked him for sparing his time and told him about my purpose of visit. While we were having tea, he called a person named Jamal Khan from the administration department, Jamal was not that old but the age between 45 to 50. He has been working here for the past 20 years. I greeted him and Tahir asked me if he would help in my work. I shared my research and had a little chat. He was nice and welcoming and mentioned everything that I needed.

4.2.2 Arrangements before/ after an emergency

Jamal briefed me about the emergency services and asserted that resources and facilities are limited. The administration department is forever responsible for the health care unit. No one points a finger at the higher authorities. The department is responsible for checking all the medical stores, pharmacies, hospitals, and clinics to ensure the quality of drugs and services they are giving.

He said that it has become a ritual of having floods in Swat which causes damage and destruction. People hardly try to listen until they see with their own eyes. According to the admin staff, it is not in their hands to control everything they are just puppets who receive instructions from higher authorities and manage accordingly.

Jamal said;

“Looking at the floods of 2022, we got notices and predictions from the weather forecast department and held several meetings with the heads of all health quarters. The officers visited all health facilities level Government or Private and alerted them to increase the supply of medicines and basic requirements. I had all the data from all over the swat and as the monsoon started, we were in a rush to settle things before any kind of emergency. But a lot of cooperation is required from the community as well.”

I asked Jamal why your community and your people do not cooperate. And he pleasantly replied;

“They never listen, even though I am from this society, and community, they never listen until they suffer the consequences.”

He also shared the after-flood scenario that changed everything. All higher authorities blame health offices for the losses and carelessness. He mentioned,

“Most people do not cooperate; health is the least priority here. Everybody is busy earning money and storing things for winter. After floods, we manage to record data about the victims which includes women, children, and men, records of alive and dead also. And through this data, we are enabled to trace victims and provide them with the support they need.”

I was able to gather enough data until it was Jumma Namaz's time. I got my interview and thanked Jamal and Tahir for their time and concern towards my research. It was a successful day and, in my heart, I thanked Allah and happily went back home. The interview was a success indeed.

4.3 Government Contributions and Natural Disasters

To analyze the Government's efforts and contributions towards the affected region and the victims, I chatted with many locals and migrated people, especially women to identify the contributions and help for the poor.

Many women shared that after the incident of flood 2022, the Government has initiated a broader response to the Benazir Bhutto Program, giving cash to the needy and vulnerable population. Many women shared that this help was not enough because they lost their houses and wealth, this help was only for the kitchen and food.

Many free medical camps were initiated and a rescue team was sent to rescue and recover the people stuck in floods. Along with this Government also initiated many free medical camps, and provided aid to all, but the drawback was it was just general aid not specifically designed for women or neonates, and because of this many lost their lives.

4.4 Private Hospitals

4.4.1 Luqman International Hospital

Luqman Hospital is one of the finest hospitals in Swat and is considered to be the best healthcare institute in the whole KPK. Not only it is offering services to the elites but also to the local community by managing free medical camps. Luqman Hospital is named after Dr. Luqman Khan and was founded in 1985 and was initiated with a small one-room clinic with a passion for serving the people of Swat and KPK. And now presently this hospital is updated and elevated and providing all advanced facilities and services to the patients.

I visited this hospital twice and my experience of observing and exploring was great. I have visited many high-profile hospitals in Islamabad and Lahore and honestly, I can say that one of the elite and high-profile hospitals it is. The compassionate and helpful staff and the way they treat patients is commendable.

4.4.2 Hospital Site and Infrastructure

The hospital is located in the central capital of Malakand division on Saidu Sharif Road Swat. The hospital is of not that much height and has 5 floors and 150-bed rooms available for patients except the beds in wards and ICU. As you enter the hospital there is a big board mentioning the names of all doctors who are presently working in Luqman Hospital and a short brief on their professional history and qualifications. Which is followed by an entrance that consists of a vast parking area which is of course for the patients and doctors or whoever comes to visit. The building is wide and seems to build a few years ago because of its neatness and appearance. Located on small hills and surrounded by trees and beauty is an eye-soothing view for patients and visitors. After the entrance from the main door into the hospital there is a large reception obviously for the information and appointments. There are two elevators on both sides right and left as well as the stairs. An indoor pharmacy in the basement and all labs, x-rays, scans, and a tea café were situated in the basement with their proper cabins. Each floor had proper waiting areas for the patients and attendants. Two different operation theatres are found in this hospital one was specifically for the women, situated on the gynae floor and one was for general surgeries and work. A proper ICU consisting of 12 beds was available.

4.4.3 Gynae Unit and Facilities

My main agenda for visiting this hospital was to explore the gynae and pediatric units and to know what kinds of facilities they are offering. Like other elite hospitals, I have found that this hospital also has its specific floor designed especially for gynae. As I mentioned above the floor has its operation theatre attached to the labor room. The unit is easily accessible for the patients it is situated on the 2nd floor and as a person enters the main door it is easy to move here and there as big arrows and boards mention all floors and units. Considering the culture and rules of KPK this hospital is giving personal space and privacy for the women by separating their department and floor. Which is somehow not found on the Punjab side. OPD for gynae patients is dealt with on this floor as well.

4.4.4 Pediatric Unit and Facilities

Gynae and Pediatric units side by side which provides convenient to the patients. The wide infrastructure of Luqman Hospital gives much space to place two units on one floor parallel to each other. According to my opinion, women and children dealing on the same floor was one of the best decisions. The placement of a nursery for the newborn and

neonatologist available 24/7 is the best service to be offered. While the OPD for children is carried out on the 1st floor. And other procedures e.g., to admit children for further treatment are handled on the 2nd floor. The nursery has specially designed beds and incubators and a proper well-trained staff to handle neonates with advanced equipment.

4.4.5 The Inside Story: Not for Poor

Hardly managed to have a little tour in a single day and it was not enough for the research I was doing, but the management allowed me to have a look freely and get whatever information or data I wanted and the people showed courtesy to me. In such harsh winters hospital was completely warm inside managing an appropriate temperature for the patients. For further exploration I wanted someone from the inside to help me out so I asked at the reception to make a slip for me I want to get my Blood pressure checked. They made a slip and asked me

“Do you want to be treated at the gynae ward or in a simple emergency ward?”

I asked them to make a slip for the **Gynae ward**. For me, it was an easy way to access the gynae ward and to get insights into it. A female staff named Beena attended me in a small ward in the gynae unit to assess my blood pressure meanwhile I managed to get a little friendly with her she asked about me from where I am because obviously from my appearance, I was an outsider so I told her the purpose of my visit. She was about to leave as her off time was near. She invited me to visit again and come straight to the ward as she would help me out with whatever information I needed. As I went back to the place where I was residing, I was still thinking about this hospital and the people inside and making up my mind for tomorrow’s exploration.

The next day, it was March 27, 2023, I went again to Luqman Hospital along with my key informant and went straight to the gynae ward as Beena guided me. I asked one of the female staff about Beena and she was attending to a woman in the labor room, she called her for me, and after 15 minutes she came finally. We had conversation over a cup of tea after her duty was off. She tried to brief me as much as she could. Beena has been working there for the past 5 to 6 years. She completed her nursing and maternity education at Peshawar Nursing College. Her way of talking and attending patients seems to be very professional and well-mannered.

But one dark insight she mentioned about Luqman International Hospital which she said was

“Ye Gareeb log kay liye nahi hy, na ye hospital Gareeb logo ko daikhta hy.”

“This is not for the poor, nor it facilitates poor”

I asked her what about free medical camps and she said it is all done once in a blue moon to be in the good books and be regarded at the national level.

4.5 Other Healthcare providers

4.5.1 Midwives, LHW (Lady Health Worker), LHV (Lady Health Visitor)

Along with the doctors, and female nurses, another staff is specially trained to treat children and women. Lady Health Workers Lady Health Visitors and Midwives are qualified and trained female nurses who get their government-certified diplomas through short courses. Few LHWs and LHV Midwives are government employees and few are private, and they are working in the field, affiliated with hospitals. However, considering the culture of Swat, KPK, LHWs, or LHVs and midwives are quite convenient for women to be treated and looked after at their houses instead of running to hospitals. Even women do visit them in their own clinics or more private places.

LHW's and LHV's had played a vital role during an emergency. My last visit to BHU led me to visit Hayat Bibi who is a renowned midwife in Swat and is known for her experience in this field. During previous visit she invited me to her house where she could help me out with all information. I asked my key informant to call her and request her for a meeting. The same evening key informant informed me that she went to Upper Kalam and would be back in two days, then she would call us by herself. For two days I wondered whether she would call us or not, or if I would have to struggle and find any other midwife, LHW, or LHV. But after two days she sent someone to my key informant's house and asked her if I wanted to meet, I can come.

The next day it was noon and I was enthusiastic to see Hayat Bibi, I discussed with my key informant that we should take something as a token of love or a kind of nice gesture. So, we took some fruits. Her house was just at 5 to 7 minutes of walking distance. Hayat Bibi was very welcoming and she was delighted to see that I cared so much. The House

was not that much well but it was reasonable and cozy. It was still a little colder so the house was kept warm but due to humidity, there was a little smell which may be comfortable for the habitants but not for the outsiders. They offered us Qehwa and asked about me and my family, a few random gossips about here and there. She offered me lunch and I tried to refuse but she said her daughter-in-law is already doing preparation and it is not in the culture of Pathans to send their guests back home without food, which is also a very nice gesture of people in Swat.

After some random gossip I asked Khala, (aunt) how you managed to settle things here in Swat, is it not difficult, the weather, floods she said;

“This is my home, my city you are an outsider, you think our lives here are difficult, but it is not like that we are so comfortable living this life, no matter the cold, snow, earthquakes, and floods. My heart and my soul are here.”

I was so delighted to hear this, that it made me miss my city and family. Anyway, after some chit-chat, I asked her about the women and children here, their lives, health, and treatment, especially at times of flood or any other disaster.

“Women especially those who are pregnant, in swat do not visit hospitals regularly, usually they stay home and waits for their time hospitals are only for emergency. I examine many women by visiting them at their houses or sometimes they visit me. I have an experience of many years and I can deliver a baby at home as well.”

Many women in upper Kalam who were stuck and homeless were treated through my hands. After this flood it was high alert by the government and health quarters to help all the people and all midwives were alert to see maternal women. Many newborns died due to unfavorable environment, diseases, and lack of nutrients. For so long there was nothing to eat and mothers were unable to feed their neonates which eventually led to many deaths. Women who were about to deliver the baby through a cesarian but due to the unavailability of any doctor or any immediate staff lost their lives, that depicts harsh realities of life there.

4.6 Free Medical Camps and Facilities

Along with the Government different medical institutes, and hospitals (public or private) arranged free medical camps for the people. According to the citizens, they faced health

hazards after the disaster. But the women in the maternal phase with their newborn and children were the most sensitive population and many lost their lives due to negligence.

Medical camps in the beginning mainly focused on general aid and provided basic and primary health to the victims, and because of a lack of facilities and resources women and neonates suffered a lot. In the beginning, when the disaster hit, the area got choked which also created scarcity resources and facilities. But later after a week, many free medical camps were settled even locals of Swat e.g. Luqman Hospital and other hospitals arranged free medical camps to provide aid to the victims.

A medical relief camp organized by HMC (Hayatabad Medical Complex) Peshawar. Along with the free examination, diagnosis, and treatment of the patients, free medicines provided 300 ultrasound machines, 150 ECGs, and 200 Blood and sugar test kits for the victims. People do mention that a blessed team from Peshawar came and examined patients all day long without caring for food.

4.7 Relief Camps and facilities

Relief camps were built to facilitate and help the awaiting eyes of the victims. Relief camps were organized by different NGOs, foundations, and institutes. With the help of the funds, these relief camps were established. Big banners and notices of these relief camps showing all the information regarding their location and timings are still can be seen in the market and on the roads of Swat.

People here in Swat are much more thankful to the relief camps rather than the aid given by the Government. Many relief camps are being remembered by the citizens of Swat, The Flood Relief camp by Masood Textiles in Faisalabad was organized and arranged this camp by the help of locals in Punjab. Through their banners and interest people showed that they not only initiated their relief camp in Swat but also in upper affected areas. They provided warm clothes, sanitary, and Rashaan to the victims. Many females mentioned that it was specifically arranged for females to attend and helped a lot in their time of need.

Another very famous Flood Relief camp which lasted for many days was organized and arranged by General Mushtaq Baig (Shaheed) Memorial Hospital in Chakwal. Along with the free medical treatment, they provided clothes and shelter in the form of tents, mats and sheets and water gallons, food supplies to the victims.

4.8 Analysis

The microanalysis of guidelines of neoliberal economic models can be utilized for finding the functioning of given guidelines and policies at the grassroots and linked to existing healthcare facilities with historical past. This analysis explores the functioning of the healthcare system and facilities in Swat. Ideally, the healthcare units regardless of their size or area they should be with the latest equipment, facilities, and staff. During any kind of emergency instead of waiting for help and relief from the government and other authorities, the health care department itself should be self-sufficient that they can easily provide medical care to their residents. With the availability of doctor at every health care unit to examine, and give required treatment to the patients, and the referrals should be sent to secondary or tertiary care hospitals.

BHU is the backbone in health care systems of Pakistan. BHU provided first level screening facility for referral of patients for further diagnosis and treatment. In Swat, BHUs were not playing their due part because of the lack of trust of the population and the reason for the lack of trust was the unavailability of staff, medicines, and equipment to deal with during disastrous situations. Trust does not develop overnight; rather there is always a historical past for the development of trust between individuals and institutions.

Private medical units have gained the trust of people because of their history and success stories of treating patients but everyone in Swat district cannot afford their prices. However free medical relief camps made people happy and attracted them with their quick action and treatment. The first reason for this lack of trust was linked to the historical health policies of Pakistan in the light of Structural Adjustment Policies under Neo-liberal reforms. Basic medicines were not being provided by authorities and a culture of prescription for private pharmacy had become very common in Government Hospitals of Swat. During flood different kinds of diseases were diagnosed which required better formula medicines which were not provided nor stored before time. Pregnant women were the prominent victims including neonates, toddlers, and children. The availability of midwives, LHWs, and lady doctors led to deaths and many women compromised their health and hygiene because no one was there to listen.

Neoliberalism has increased the trend of private hospitals instead of government hospitals. Floods have become a repeated phenomenon in Swat, but still, local healthcare departments lack resources and facilities. In overall Swat district, there is one DHQ, THQ,

RHQ, and BHU which is located at a distance. Every health unit lacks facilities, doctors, staff, and medicines and most importantly facilities for pregnant women are absent during emergencies. So, there is a war between government and private hospitals, private medical units win the hearts of people during a crisis whereas the government is blamed for lack of planning and preparation.

The Government of Pakistan and the District Health Office (DHO) had not taken any action nor any planning before the crisis was done. DHO waits for the orders of higher health ministers and no one pays that much attention. So, according to the locals, KPK is always neglected and ignored and people pay the price with their lives.

Health policies of Pakistan are based on the political economy of health had their deep-rooted history in economic policies of the 1990s. Poor health policies were the legacy of its past under which Pakistan had been getting conditional loans and following structural adjustment policies of International Financial Institutions (IFIs). This has developed compromising health behavior among poor segments of society, especially women and children. The debate of the political economy of health and its history had developed a concept of binary opposition in health care in public and private, where the elements of good, trustworthiness, care, etc. were linked to private and bad, untrustworthy, carelessness with the public. This cultural construction of binary opposition had developed cognitive barriers and people were hesitant in deciding to visit a government hospital, because of the neglecting behavior and lack of interest in KPK. The trust in a philanthropic NGO for healthcare had challenged the status of government for public welfare by providing quality healthcare.

Women in maternity faced a lot of crises, many lost their lives while seeking help. A community of Lady Health Workers and Lady Health Visitors played a vital role and volunteers helped many women. They were also attached to free medical and relief camps but they sought the women in need and helped them. During such a crisis people were not in a condition to move from one city to another and had no money either. Many women lost their lives for the sake of honor and respect for their male members of the family, while many men struggled to provide better medical care to their wives and children.

In the context of this finding, the argument generated based on this ethnography is that failure of government functioning is observed not only in the Swat district but in the upper northern area overall in the whole KPK. The people of Swat are not very satisfied with

the free aid supplied to them. They want a permanent solution and a backup plan. One can hope for this in the future.

Here Critical theory of Karl Marx relates to the findings about the oppressive systems and practices which are health care departments during emergency situation, which however have shown inequality during floods and provided all basic medical facilities to all, while ignored and neglected many pregnant women. This is not observed for the first time but findings have revealed that it is a repeated phenomenon. There is a need to recognize and get control over such social constructs so that health of women is not compromised in any situation.

CHAPTER NO.5

IMPACTS OF FLOOD ON MNCH

This chapter addresses one part of the statement of the problem and objective and also highlights a significant question about flood management. The chapter unfolds the crisis and challenges and their impact on sensitive populations and their impacts. This chapter has mentioned the words of victims and their emotions which enables the reader to imagine the situation more efficiently.

5.1 Loss of Houses

Houses are just a piece of place that is built with stone, cement, and wood, but they become home by living in it. Decorated with love and care. People who never owned a house will never understand the love for it and the ones who just have their houses built by their own hands is such a devastating thing for them. People living in northern areas have very simple houses usually of bricks or mud but of course, heaven for them. They never appoint any special architect to build their houses. But because of natural disasters like earthquakes and floods, they easily get destroyed. One of the major losses is the loss of a house. The records and data of the previous 2022 flood have shown that more than 2.1 billion homes were destroyed not just in Swat but in overall Pakistan. Mostly the population that has been impacted is the poor and vulnerable. Citizens of the affected areas remark that nothing makes them happier after the loss of their houses.

During my fieldwork in Swat, I met several families who after the flood migrated to different places and many settled in Swat. The reason for their migration was of course that they had no place to live as they lost their houses along with many other losses.

Case Study

Nazra from Chel Deepu village suffered the chaos of the flood. She is a young married lady with children two daughters and one six-month-old son. She was living peacefully before the chaos in the village near Kalam which is also a part of Swat Valley. She recalled that she witnessed such disaster back in her childhood. And according to her witness, she said this flood was more devastating than the previous ones.

After migration months after the flood Nazra along with her family hardly managed to settle in Swat, she is not properly settled and the loss of her house cannot be fulfilled by any other thing. She always felt emptiness and faced lack of food and other resources.

Nazra's house was filled with water and all the walls covering the house were broken because of the pressure of water. She said that it had been raining cats and dogs for the past three days and the people in the village were afraid, that might be possible that they would be hit by flood. People in Chel Deepu are simple and the way of living is simpler, they do not have that much technology especially the poor cannot afford much, so they have no such awareness regarding any weather predictions. The sight of destruction and loss of her house was miserable she said;

“It was a frightening view, our whole village was destroyed, and nothing was left, even not our house which was built by so much struggle and hard work. We had some goats and other animals all were ruined. Our house along with our relatives' house was in the lower region of the cliff, all were destroyed by the water. See my house and my animals being destroyed and the sorrow I feel can never be felt by anyone.”

Shumaila residents of Bahrain shifted after the destruction of Mingora Swat also mentioned;

“My life is in front of you, from living in a nice own house now we have rented this small place of living which can never be equal to the heaven we had”.

5.2 Loss of Lives

Climate changes and devastating flood in Pakistan has caused a great loss of lives, according to the data given by the Pakistan National Disaster Management Authority reported on 18th November 2022 is that over 1700 people have lost their lives in this chaos.

The meaning of life can only be understood by the importance of one's existence. Human being never appreciates life until he feels its loss. Every moment that is spent in happiness, sorrow, joy, victory, or defeat brings us closer to the end and we as humans, do not take time to realize the circle of life. Some humans die by age or disease, some die by sudden accident. Many of our brothers and sisters lost their lives in disastrous flood.

Laila, a resident of Swat who was also affected much by the flood mentioned;

“My Uncle had a heart attack and died on the spot, upon hearing that his land was destroyed because of the flood.”

Qurat-ul-Ain, a victim of the flood of 2022 and currently living in Swat lost her son during this crisis. With her eyes filled with tears, she mentioned that there was no land to bury her son. She spoke,

“My house was lost, and my family just managed to settle on a small piece of land, my son was having a high fever and with no medicine and treatment, he died. We were poor and helpless the time aid came it was too late. Even all the land was covered with water and there was no land to bury my son. For three days his body was just moving with us here and there. This is the pain; I should have died with my son.”

On hearing the sad and devastating life stories of the victims, I thanked Allah enough for bestowing me with health, and a peaceful place to live. Majority of the affectees were poor, who lost everything during the disaster. With the loss of their dear and near ones they still feeling the pain. The loss of life can never be replaced by any other good.

The sensitive population especially pregnant women and neonates faces a lot of problems during this situation. Many mothers lost their babies in the womb, some died right after birth, and few did not survive because of appropriate weather. Many women died giving birth and were unable to survive because of a lack of resources.

DarakhShah was living in Madyan before the flood and after the disaster, she migrated to Mingora to her mother’s place and later bought their place for living. Darakshah mother of 3 daughters and lost her fourth baby which was a boy during the disaster. She was full-term pregnant and her due date was nearby but when all of a sudden people were hit by a flood there was no safe place to settle, also there was no doctor nor any female health worker present at the moment to see her. She mentioned;

“For 48 hours without any assistance and help I was in devastating pain, ready we were in trauma because our house was completely damaged and it was impossible to stay there, we had no place to go and there was no help. However, my husband and my brother managed to shift us to a cliff so that we get some help and were rescued but for 2 days we didn’t get any help

and I was in pain. For me, I was dying with pain and because of any assistance was not able to deliver and my baby died inside but still, I was in pain.”

“As the rescue team came, we were shifted to a nearby camp where only general medicine was given, there was no lady doctor or nurse and my husband fought with them to arrange any doctor for me. I was having strong contractions and the same evening only a single lady doctor from Swat examined me and asked them to shift to a hospital otherwise I would die. Three days passed with no food, no shelter, no clothes just pain and sorrow. All roads were blocked we were unable to move so the lady doctor along with some assistance from other females of our community managed to deliver my dead child to someone’s house because in the tent it was impossible. She gave me some IVs and the contractions started again and after a few hours I was able to deliver my dead baby, I had severe bleeding and I thought that I wouldn’t survive this was my end. The pain of my dead child and my situation was a trauma but now I thank Allah who saved me.”

5.3 Loss of Health

Health is a blessing from Allah, and we realize its value when we suffer from any illness. Health can be defined as it is a state of having complete physical, mental, and social well-being, and it involves the absence of any disease or illness. It is a fundamental right of every human being on this Earth to enjoy health without any discrimination of religion, race, caste, social or political belief.

Likewise, the people of KPK especially children, neonates, and women should be health facilities. However, because of unfavorable climatic conditions and disasters the residents of northern areas have found it hard. However, they are so into their land and air despite all circumstances they still don’t leave their place.

Many citizens mentioned that their homeland in KPK has their heart and soul and with all such issues, climate conditions, and their effects we still don’t leave this place. For an outsider living in that place is difficult his place, sometimes the weather is harsh and sometimes we are affected by unexpected natural disasters, but for them, it is difficult to settle in different places other than KPK.

Many residents of Swat and nearby places mentioned that their health was never restored after the incident of the flood. Lack of nutrients, unhealthy environment, and lack of emotional peace, stress, and discomfort led to health issues and sickness.

Sifat Hayat married, mother of three kids was living peacefully in her village before the flood. She lost her house and after so many months still, the pain and sorrow can be witnessed from her eyes and voice. Her voice was shivering when she recalled the losses. With so much pain she mentioned regarding health that

“For her health is such a blessing in which an individual is pure and clean from all kinds of diseases, individual is strong, and is young, this indicates good health. And there are only a few who had perfect and complete health. And health only comes when a person doesn't lack anything in life. Health never comes with worries. In this era, only the rich have good health, poor like us only have worries.”

Shumaila resident of Bahrain but after the disaster she moved to Swat to start a new life and in search of peace and facilities. After losing her home and other financial means and resources she only has her family to survive and after the help and aid from the Government and other foundations, she managed to move from Bahrain to Swat Mingora. Shumaila says that after losing everything it was miserable to see her children sick and in bad health she says;

“The health of my kids never gets settled after the incident. I have a 9-year-old daughter, a 6 1/2-year-old son, and a 3-year-old son. My daughter stopped eating anything for many days, this disaster affected her, she was in deep trauma of losing our house, and this all disturbed her mentally. It was for the first time that they experienced a disaster like this. My children never thought such disaster and losing home. From a peaceful life, they faced a life of difficulties and struggle. My daughter had a fever for three days and we were treating her with local medicine some Panadol Calpol, and Brufen. Because there was no hospital and clinic at service everything was covered and filled with water. The air was very smelly because of the stagnant water and there was so much suffocation, it was difficult to breathe in such an environment. There were so many mosquitoes after the flood, it was like one disaster on another. My youngest son got sick with Malaria.

We took medicines and treatment from free medical camps. Just a relief for fever and vomiting. There was no such lab at that moment my son was not diagnosed by a lab test, it was just an exact guess by a doctor who came from Peshawar to help us. For two days my son was admitted to the medical camp, and he was just treated with some normal medicines. My daughter was given a common medicine just to temporarily stable her condition. My son was treated properly here in Swat after our migration before that my children's health never got settled."

The words and sorrows of women made me sad and realized that health is such a precious blessing of Allah and one should cherish every moment of a healthy life.

5.4 Poverty, Starvation, and Sanitation

It is a tentative idea that if a person can't even afford a meal, clothes, and basic human life needs he is poor. The remark mentioned below is a monetary approach towards poverty, but this remark cannot properly categorize and judge poverty. There is a need to be a proper phenomenon to understand it.

"An individual who doesn't have much resources and source to earn money and fulfil basic necessities of life is considered to be poor."

There are other statements mentioning the context of poverty by Michel de Montaigne, a French Philosopher is

"An individual who lacks access to basic needs and services like education, health, sanitation, clean drinking water, food, and electricity is considered to be poor."

"A person is deemed impoverished if they lack education and have poor health."

"If an individual lacks access to basic essentials including food, shelter, medical care, and safety. This person is referred to as impoverished."

However, poverty for the people of Swat is something else, as they narrate the stories of disaster. But the population is not rich. People have small businesses set up to make money for their living. Swat is a tourist place and many have built hotels, restaurants, café, small clothes, carpets, and dry fruit shops. The amount of money people make for

their living just helps them to run their basic needs, education, health, and storage for winter. They don't think much about saving and building castles, instead, they try to live in the moment.

After the in-depth interviews, many women mentioned that they are left with nothing after flood. As flood washed away their resources and source of income. With no money, their life becomes miserable and dependent on others.

Zubaida's mother of three children, a housewife was a resident of Dir, but after the flood, she moved to Mingora, Swat and now she was planning with her husband to move to Islamabad for better earnings. Zubaida says that they already suffer earning issues and live hand to mouth during winters and harsh weather, and along with this, they suffer climatic disasters.

“In winter we struggle to find wood to be used to burn our stoves, and to keep us warm for the whole summer season we spend day and night earning every single penny to buy wood. We are already living our lives daily earning and after the disaster, we have no means of earning, we are just equal to beggars asking and seeking help.”

And because of poverty people of Swat especially children who are in the stage of growth face malnutrition because of starvation. Lack of nutrients leads to lack of immunity which ultimately leads vulnerable to infections and diseases.

Sudden climatic disaster and its consequences can only be well explained by those who suffered and felt that situation. Which changes their whole life. For many days residents said that there was nothing to eat. Men, women, and children faced starvation for many days until they received any aid. Men hardly survived this but for children and maternal and lactating women, it was completely impossible. Many children died because of hunger, and many got ill and became weak. Lactating mothers said because of hunger they were unable to feed their young ones and it was a heart-killing situation. Pregnant women faced this same situation and lost their babies inside the womb.

Gul Afshah from a nearby village of upper Kalam not only lost her house, but many family members, she endured starvation in a situation when she had to feed her 8 months old daughter. Gul Afshah was not from a family who could not afford powdered milk. She was feeding her child with her milk and some homemade soft solids. Gul mentioned

that at the time of the flood for many days, they had nothing to eat and she was unable to produce milk to feed her child until they got some aid.

“I am a mother and I have given birth to 5 children for the first time in my life I wasn’t able to feed my daughter, there was no milk in my breast because I had not eaten for days, I don’t recall how many but you can guess because there was not even a single drop of milk for my baby. My breast got sore and I got a fever because of the pain and stiffness, but this was nothing my daughter who was dependent on my milk had nothing to survive, and my other kids were hungry. No one can feel this pain that we have felt.”

“As we got aid, we asked nothing but for food, and the medical camp arranged powder tin milk for my daughter. After eating and drinking I was not able to produce milk because of weakness but after so many months it is better now.”

Swat crisis becomes the crisis of whole humanity, it is a time of crisis. People are still trying to recover themselves from last year’s crisis. Living in their homes, running to save lives, facing climatic effects and conflicts, floods are catastrophic. People needed shelter, food, clean water, and health care. One problem after the other, and the major one was the lack of clean water and sanitation.

Many women mentioned that just for the sake of clean water they stood in queues for the whole day. After many days when flood water settled, issues like clean water, sanitation, and hygiene arose which left vulnerable communities more exposed to diseases. Women and young girls were seen to be more impacted by this. Women mentioned that they traveled up to 2km just to get a bucket of clean water, to wash themselves, drink, and wash clothes and utensils but it was not properly clean water to be drunk, it was still contaminated. Many children and women got sick with diarrhea and cholera causing vomiting and loose motions that led to severe dehydration.

Palwasha victim of flood and from a vulnerable community said;

“The privacy of women and girls here was compromised. There was no shelter nor place for our privacy, for this reason, I ate and drank less to avoid having to do so. We were unable to wash ourselves and used the same

piece of cloth during periods for more than 7 days which led to infection and abdominal pain.”

Many medical camps, foundations, and NGOs tried to provide sanitation kits as much as they could to the women and girls but still many were infected which caused serious issues. Also, the lack of healthcare facilities for women and girls created a delay in their treatment, which made their infections and issues worse than ever.

5.5 Prone to Catch Diseases

Days after the flood water was settled the still life of the residents, victims, and especially the vulnerable community was never settled. From the moment of destruction of houses, migrating from one place to another, losing family and children, facing starvation, poverty, contaminated water, hygiene and sanitation issues, and attack of different diseases.

The question arises as to why people were more prone to catch various diseases, especially women, neonates, and children. For so many days there was nothing to eat nor drink, just the trauma and suffering, which ultimately made neonates, children, and women weak from the inside, and with a lack of immunity their bodies were more prone to catch various diseases, instead of resisting and fighting against them. Many pregnant women mentioned that they slept for many nights on empty stomachs which affected the growth and development of the fetus during initial stages. And many women had miscarriages because of getting sick.

Marium from Swat Valley had her first pregnancy after 10 months of marriage but her baby didn't survive more than 12 weeks, she had severe food poisoning because of contaminated water which made her sick for many days and led to severe abdominal pain.

“There was no water supply yet, and we all were looking forward to the clean water tanks, the bottles we received earlier to drink water were not enough, so in search of water we walked more than a kilometer and filled a bucket to fulfill our thirst but unfortunately that water became a poison for me.”

Another reason that has been found to make women and children more vulnerable to diseases is the environment. After many days, weeks, and months things were not settled and people were facing many difficulties to recover themselves and their losses. After the

flood water settled in some places, there was stagnant water which gave rise to so many mosquitoes, also the bad smell of stagnant, dirty water mixed with drainage pipelines was like hell for the survivors living there, not only this a lot of trash and pollution on the lands, spread diseases like Dengue fever and malaria within several children and women.

People living in those places were more prone to diseases and infection because of unhealthy air and environment. Many children who visited medical camps had severe skin, eye, and throat infections.

Kashmala, working as a nurse in Luqman International Hospital Swat was also volunteering in the free medical camp organized by Luqman Hospital, shared that

“For so many months the air of Swat was not clean, I used to remember that time when doctors used to recommend people to change their habitat and move to the northern side as it is less polluted and clean, and its beauty soothes the body and soul. But now when I see Swat destroyed and polluted, I feel pity. And because of the pollution every other person is getting sick, the air is not healthy it is filled with poison.... The skin of children is delicate and sensitive; I have encountered many children with rashes and blisters on their skin just because of air and the use of contaminated water.”

All health care providers tried their best to help and cure people of Swat as much as they could, but as Kashmala mentioned months after the flood still were not able to recover their proper health.

5.6 Difficulties in Building New Life: Continuous Migration

Floods have passed and left people with many problems in Swat.

“Medication, food, and water can be compromised somehow but shelter and a place to cover heads is the basic necessity”, said Kashmira whose house was destroyed, roof and the walls were destroyed when the flood hit. Now she says it is very difficult for her to rebuilt her house and she has no money and no aid to cover those expenses.

The people of Swat were powerless they had no power or authority to stop the flood or its consequences, it fated. To save their lives, they fled to the safer sides and watched the flood bring their house down with their own eyes was also a devastating scene. Some completely loss their houses and some houses were destroyed which after spending much

can be recovered. Many people said that when they returned to their homelands their houses were damaged, and there was nothing left the water swept their belongings and supplies. Their houses need complete reconstruction and of course enough amount of money.

Financial support to cover the basic needs of life which includes food, water, shelter, medication and separate financial support to recover their houses and start a new life was necessary. Homeless people's eyes were looking for support and help from the Government.

People of Swat have lost emotional stamina to rebuilt their house. They are hopeless and demotivated with emotional and psychological issues, many women faced stress issues.

People migrated to safer lands, left their homelands, and continuously migrated until they found help and aid. Many people lived in tents for months or in relief camps, and few were admitted to hospitals. People survived through the aid and financial support given by foundations, NGOs, and higher authorities. It took months for the water to settle and then people were able to go back to their lands and property and the remaining flood, but it was difficult for them to recover their lands, crops, animals, and their houses. Many migrated in search of a better place to live and to stay away from any kind of natural disaster.

However, after talking with many women, things have revealed, that life after a flood is not like it was before and so after migration. People are unable to get themselves settled in new places, with no income sources, lack of job opportunities, and most importantly a better shelter or a house. Many women asserted they find it hard to run their kitchen needs, sometimes they don't have something to eat, still many families have not been able to send their children to school.

Many families moved to lower regions where there is less risk of flood or any other disaster, along with those who sold their lands and tried to build new life but it was not the same

“We will never be able to build it again as it was before.”

On a visit to Bakhtawar's house, her mother-in-law said the above with tears in her eyes. Because they rented a place in Swat to live their house was destroyed and they did have not enough money to rebuild their house and fill it with supplies. With the aid of the

Government and by selling their land in less price they migrated to Swat from Dir to avoid further disaster. Bakhtawar's husband used to work daily, sometimes he got a jeep to drive and transport goods from one city to another, struggling hard to earn money and run their household expense, while Bakhtawar stayed at home and looked after the children and her mother-in-law.

5.7 Cultural Differences and Impacts on Women

Pakistan has four provinces and every province has distinct language, lifestyle, culture and way of living. This research focused on, Khyber Pakhtun Khawa (KPK) one of the provinces of Pakistan, its capital is Peshawar. The majority of the population in KPK is Pathan and speaks Pashto, but the language somehow slightly changes as we move upper region for example In Chitral people speak Chitrali, and in Gilgit, people speak a different language. The color, facial features, way of spending life, norms, traditions, values, and beliefs everything is different from the rest of the provinces.

Pakhtun culture is way too different from other cultures. Being Muslim, Pakhtun society is guarded by a code of common rules having their own customs and social behavior. They always prefer that they should be honored, and their code is based on promoting courage, self-respect, leadership, justice, and most importantly hospitality. Mostly the Pakhtun are farmers, or they have animals, they have their land for cultivation which they also use as a business. Pakhtuns have the simplest life.

Pakhtun society is built based on kinship, they have tribes, and tribes have a male leader of the same bloodline. They have tribal genealogies, which establish the rights of inheritance and succession, and the rights to use tribal lands and property. They have a tribal council (jirga) which after consulting with the members of tribes makes all kinds of fair decisions.

But seeing in the context of women in Pakhtun culture, they have different lives, norms, values, and traditions, which of course demand respect and commitment. Women all over KPK are observed to wear a Burka, which is a garment that covers from head to toe, only visible from the eyes. Women, young girls are seen to wear this, and it has also been observed that women wear this as a sign of their self-respect and honor. Normally Burka is used in the absence or the presence of male members. But in the case of family members, Burka is not used. Women asserts that they feel safe and respected when they

wear Burka. And the same rule is applied to every woman in KPK regardless of their social class, as they follow strict cultural restrictions.

Whereas, women say they wear a Burka to honor themselves and for their respect, on the other hand, it has been observed that women have restrictions to cover themselves and not to wander in public places without their husband or male family member unless it is necessary. Women are somehow not allowed to visit hospitals or clinics for their health. Women's health is the least priority in many tribes.

Many women mentioned that their husbands or fathers felt embarrassed to take them to hospitals for their gynecological examinations. They felt ashamed to take their females in front of other males. This was the major reason that during the disaster that women's health was neglected and compromised which led to so many deaths and the spread of infection.

Additionally, girls are allowed to get an education and in some places in KPK, many girls are observed to get higher education in colleges and universities along with the boys. But in some backward areas and tribes, there are so many obligations on girls' education, as there is a thinking and belief set in their minds that girls are meant to look after household chores and nourish children, not do jobs and businesses.

And because of certain cultural norms and beliefs women suffer. Most importantly the health of women is always at the last and sometimes completely ignored. The woman is a sensitive creature of the Almighty she needs attention and care. During the disaster women's health was compromised just for the sake of their privacy. Many women in the maternal phase face many gynae issues, infections, and ultimately deaths not only of women but babies in the womb and newborns as well. Being a second gender women in many areas feel like they are oppressed, they struggle for their freedom.

“For respect and honor, we always stay silent, and follow the male leaders of the family, it's not just the dominant husband but the father and brother as well. Girls and women here are much ignored and focusing on our health is never on the list.”

This was said by Noor, that her husband is working as a Mufti in the mosque. On visiting her she mentioned that she always wanted to visit Islamabad and other cities, but maybe it is not meant for her.

5.8 Flood: Cultural Trend in Swat

Exploring the previous data on Pakistan regarding floods, it has been noted that Pakistan is under the curse of floods. Floods have become a trend in northern area of Pakistan. Long ago floods were observed every two to three years but slowly things got settled and a gap of 5 to 10 years. But also, it has been noted through exploration that as the gap between floods increased, the rate of destruction also increased.

Northern side of Pakistan is covered with heavy snow in winters and this snow in summers, becomes a threat for the residents, land sliding, glaciers and small floods in villages residing near mountains are common. But heavy floods which become a reason for the destruction in several cities are usually caused by heavy nonstop rainfall in the monsoon season. Before the flood in 2022, the flood in 2010 was considered the most devastating flood in history, which took so many lives, and spoiled the lands, crops, and many other losses. People of KPK especially Swat started to live again and slowly recover everything, that they were hit by another flood in 2022. And now comparing the loss rate of every flood it has been noted that the ratio of this disaster is much greater than any other flood.

People of Swat who have suffered from floods multiple times, say that it has become a part of their life, seeing destruction, floods, diseases, and deaths.

“Flood is like a season, like a leap year, which comes after a gap and destroys everything. We Pakhtuns somewhere at the back of our minds have this thing that now or then we will be hit by any disaster.”

Mother of Palwasha said that, in her life, she has witnessed massive earthquakes and floods and she has gotten tired of climatic changes and their effects which ruin their life. I inquire her if you are so much tired with this why don't you move to another city or maybe to another province to have a better life? On this she said;

“We are Pakhtuns and you are a Punjabi from Punjab, can you settle here in our culture, in different weather, with different traditions of spending life in the mountains? I said it's a NO, I can never think of staying here for my entire life. And then she said Same like your answer it's NO, being a Pakhtun is in our blood, this place has our heart and soul, despite climatic effects we have no other issues in living here. Flood is in our culture now

which do not come every year but after many years and give us tears, sorrows, and pain.”

5.9 Actions of Ministers of Health: MNCH

MNCH is always an important issue all over the World. A country like Pakistan which is in its developing stage is somehow suffering in providing proper care and aid to mothers, neonates, and children. But with the help of funds from other countries Pakistan can build and initiate certain programs that help mothers, neonates, and children to have antenatal, postnatal, and obstetric care. Health officers, authorities, and departments have taken action with the help of WHO (World Health Organization) to help families, women, and children of KPK have safe lives.

After repeated phenomena of disasters, health ministries have understood that life of women and children are at risk and they are the most sensitive population that needs special attention and care at the time of any kind of disaster the number of death rates of children, mothers, infants, pregnant women are high. So, for this case, programs and campaigns are initiated and people are highly encouraged to follow them, especially in KPK. By giving awareness and guiding many lives can be saved.

The most important program which is initiated in KPK is Family Planning. There is a high rate of avoidable fatalities among mothers, newborns, and young children in Khyber Pakhtunkhwa (KPK). In order to reduce mother and child mortality, the health system has up until now concentrated on providing more women with access to prenatal, postnatal, and obstetric care; enhancing nutrition; boosting immunization rates; and making sure that the two main causes of infant mortality, pneumonia and diarrhea, are treated. It is also emphasized to increase the number of skilled and professional gynae staff and birth attendants. This will help to improve the antenatal care of women. Immunization among children from birth till their specific teenage, the potential function of family planning has not been fully utilized, despite the fact that these are crucial and essential components of the toolkit for enhancing mother and child health (MCH). The contraceptive prevalence rate (CPR) in KPK has been gradually rising over the past few years, but little attention has been paid to it.

Nonetheless, there is compelling data to support shifting family planning's role as a primary MCH intervention in national and local health plans. It is widely acknowledged that women who give birth too soon (less than 18 years old) or too late (more than 34

years old), when the birth gap is shorter than 33 months, and with more than three children are at greatly increased risk of dying from pregnancy-related causes. Addition to this, every unexpected pregnancy represents an unnecessary danger, which multiplies when a woman resorts to induced abortion especially when the procedure is performed in unsafe settings, as is frequently the case in Pakistan.

The World Health Organization (WHO) launched the Healthy Spacing and Timing of Pregnancies (HSTP) project, which is based on the substantial correlation between maternal health and baby survival, especially for neonates.

The good news is that increased use of contraceptives in KPK is associated with improved survival rates for mothers, newborns, and children under five, according to the Khyber Pakhtunkhwa Health Sector Strategies and Programs for Family Planning. However, the family planning policy highlights the need for "strong leadership support and open commitment at the highest level for continued and enhanced social acceptability of birth spacing, with a mechanism to foster inter-sectoral linkages and support" in order to hasten the adoption of family planning in KPK. Given the significant impact family planning can have on the present trends in mother and newborn mortality, it is imperative that this renewed emphasis on family planning be realized quickly.

Unfortunately, there seems to be a lack of implementation of these healthier fertility preferences. According to surveys, half of all married women in KPK who are of reproductive age would like to space out or reduce the number of children they have. Only a tiny percentage, nevertheless, use any kind of family planning. Just 20% of women use trustworthy current procedures, which is an even smaller percentage. It follows that although women want to space or limit births, they are not adopting any modern or traditional family planning methods, and over half of KPK's family planning needs are currently unmet. This disparity suggests that by targeting this demographic, substantial increases in the prevalence of contraception can be attained even in the absence of intensive demand-generation initiatives. However, a significant number of families in KPK are unable to practice good pregnancies pacing and timing, which exposes them and their young children to the following sources of mortality risks due to the gap between family planning need and demand: unplanned births, dangerously performed induced abortions, young pregnancy, and children born to teenage moms. Children born to adolescent moms have a much higher neonatal mortality rate than the general population due to their late childbearing, high parity, and short birth intervals. Family planning is an

effective way to mitigate the hazards mentioned above that contribute to the death of mothers, newborns, and early children. In order to mitigate the mortality linked to high-risk reproductive behavior, it is imperative to address unmet requirements as soon as possible in order to meet the demand for family planning.

Increasing the use of family planning would not only lessen the burden on the healthcare system from unplanned pregnancies and deliveries and the related morbidity that affects mothers and children, but it would also prevent the death and illness brought on by high-risk reproductive behavior.

5.10 Analysis

Several socio-economic issues arise whenever there is flooding. The adjustment of women during floods, particularly in relief camps, has been identified as one of the primary social problems brought on by the floods. These issues become extremely complex due to the large-scale relocation of people and the overcrowding in poorly run food aid camps. Floods mostly affect Pakistan's rural areas, which are already devoid of the necessities of life in normal circumstances.

It is important to highlight that even in typical situations, these ladies are confined to their homes full-time and are not exposed to the outside. Even in dire circumstances, these women's families have forbidden them from receiving medical care from male physicians. Social attitudes, illiteracy, insecurity, and lack of confidence are some of the barriers preventing women in our culture from fulfilling their labor force obligations to a significant extent.

These courageous women did their utmost to acclimatize to the harsh conditions at the camps. We can presume that the affected women's ability to carry out their defecation rituals has become increasingly challenging. In these extremely difficult conditions, 180,000 expectant and nursing women faced numerous challenges at food relief sites. Historically, women in rural areas have been more likely than women in urban ones to die from maternal cases. These young marriages are the cause of the greater female fertility rate. These women bear greater responsibility for increasing the maternity mortality rate (MMR) and face significant hazards during their pregnancies.

Every agency, including the government, made every effort to address the matter appropriately. However, given the lack of skilled personnel, the unavailability of crucial

resources, the persistence of some customs, and the extremely high prevalence of illiteracy, this rise in maternal deaths seems to be rather reasonable. Pregnant women caught in floods in Pakistan have a documented history of losing lives or becoming disabled due to pregnancy-related issues. The question arises as to why this happens whenever the flood hits. But the answer and solution are yet to be found and the suffering continues.

These ladies were unable to receive routine checkups, necessary diets, and exercise because there were no gynecologists on staff at the relief camps. Non-technical women handled cases that ended in deaths or other difficulties even at the moment of birth. The worst part is that these deaths are not included in flood-related fatalities, and most of the time, even family members don't care about these kinds of deaths or disability, simply saying, "It was God's will."

Women have gone through so much, even though their life is not secure. Living in a male-dominated society it was difficult for women to raise voices for themselves instead along with the loss of house, financial means, and loss of lives of loved ones they lost their lives as well. While some were living a deadly and meaningless life. The aid and help that they received for a temporary period were not enough, they needed proper care and attention which cannot be hoped in KPK.

The theory of Pierre Bourdieu on Social Capital and Cultural Capital do relate to the findings of my research that in Swat the power is in the hands of male members whether they belong from society or in a particular family. Social capital has become the property of male members in Swat which enables them to hold power and authority. However, due to this the rights of women and their basic needs are somehow ignored.

Along with this finding have revealed that there are certain practices within the cultural which are given high respect and regard due to which it becomes a part of cultural capitalism. Doing Parda or wearing Burka has become a culture in Swat and all over KPK. This practice is highly regarded in Swat, there was a tentative idea that due to oppression women do Parda however, this concept is truly wrong women do Parda to secure themselves and feel comfortable. Men respects such women which cover themselves. So the concepts of Cultural Capital given by Pierre Bourdieu perfectly relates with my findings.

CHAPTER NO. 6

MNCH AND THE ROLE OF COMMUNITY

The role of community members, including family members, plays a vital role in making and maintaining a community. This chapter attempts to answer the research question to find the role of community members in facilitating the MNCH. The following are the themes generated based on exploration and research and analysis are made based on observations and interviews.

6.1 Sick Role and Caregiving Role

According to Parson's theory, the sick role is such a role that is entered into a physician's diagnosis. This role is temporarily occupied by a person, and it is thought to be free from this role whether the person is sick from any illness or any work. And to get free from this sick role the person is required to seek some medical care and attention. Parson argued that there are 4 components of a sick role which however are correct,

1. The person who is sick is excluded from all the normal social duties.
2. The person who is sick is absolved from all personal responsibilities and he or she is not to be blamed for their sickness and condition.
3. The person who is sick should develop will people and try to get well and overcome sickness.
4. The person who is seeking health should seek medical care and cooperate with the physician.

Sickness is not something that is rewarded to a person, it is a natural phenomenon. Sometimes the environment plays a significant role in spreading diseases and causing sickness.

Looking at the situation of residents of Swat in KPK Pakistan, who were hit by a terrible and devastating flood back in July-August 2022. Many lost their lives, houses, and lands but the most painful loss was the loss of close ones, families, children, and relatives. Many died in flood, many died due to trauma, many died because of not getting any help or aid at the time, and so on. However, the floods resulted in deaths of many women, children, and men were observed. After exploring the reasons for death sickness and attack of more than one disease at a time.

Diseases caught the people who have weak immune system. As mentioned before stagnant and contaminated water became the major cause for sickness. After the flood water settled the lands were full of dirt and pollution, at many places the water was stagnant and it took weeks and months for flood water to completely dry off, this water not only created and spread a poisonous smell in the air but also due to sewerage issues clean water got mixed with sewerage water and flood water and polluted air and water in a toxic way. Not only this, the lands were seen as full of dirt which also became a reason for polluted and smelly air.

After the disaster people especially children and women, and lactating mothers did not get enough to fill their bellies. For many days they didn't get anything to eat and were provided with food which was not healthy enough. So, for this reason, many children and women got weak, and lack of immunity resulted in getting attacked by many diseases. It was not their wish to get sick and they never wanted to, but because of the condition and situation.

Along with other issues children face problems like skin issues, rashes, and itching on the skin, eyes infection due to contaminated air and water, and they also faced stomach issues. People of KPK especially the ones living in Swat craved health and a healthy life, free from all the sickness and diseases.

“Allah is merciful and he puts His people under trial to see who is closer to Him. We are always thankful to Allah for sickness, for good and bad days. This will pass and Allah will bestow His mercy to us.”

Humaira said this above and she was so much thankful to Allah for whatever they have left. She and her family hardly survived the disaster and the sickness they got later but still, she is thankful to Allah because she considers herself loved by Almighty.

It has been observed that when a person gets sick, he or she doesn't have much strength to recover but of course, willpower and cooperation can help them to recover and get well. But along with this, the caregiving role has also a significant role in all this. Once a person gets sick, he or she also seeks medical care as well as care from their loved ones and this care and attention from family and close ones is something that helps the sick one to get well and give motivation and strength.

Caregiving is not something that is only connected to times of sickness, but helping someone, asking them about their health, giving love, and attention, sharing something to eat, and giving clothes is also a part of Care Giving.

On talking with the survivors of the July-August 2022 flood, it has been noted that people are thankful for all the help, care, and aid they got from people all over the Pakistan and world. This was a motivation and power for them.

“Angels came to help us they gave us clothes to cover, accessories to use daily, food to eat medicine, and money. We were alone and helpless equal to a beggar and Allah sent his angels in the form of humans to help us. We can’t thank them enough and we all will forever remember them for their kindness, love, and care. This gave us strength that we are not alone.”

This is how people appreciate and are thankful for the care they get. And this is how care plays an important role in just a small deed and you give strength and power to another person to overcome anything.

6.2 Public Participation

Since the traumatic disaster, it was difficult for only the residents to cover the destruction caused by the flood. People who hardly survived were still in trauma and depression, lost almost everything, and had no hope for further future didn’t even have much strength to see what they had lost and buried their loved ones with their hands. At this moment the whole country (Pakistan) was completely shocked and every person, child, woman, and man donated and shared their part just to help the people stuck in the flood in KPK.

People witnessed that individuals, groups and organizations helped the affectees without considering religion, caste, creed, and color. This was the time when people in KPK needed urgent help and support from everyone. Their eyes were looking for help.

As an under developed country, Pakistan lacks funds. It becomes difficult for a country which is still developing to overcome this. It took years to fill those gaps which helped the country to stand and rise. For this at the time of loss, the nation’s strength is only from its common people and their participation.

Usually, on many occasions, it has been noted that citizens of a poor, or developing country do not bother and listen to the Government and other higher authorities, until they

face the consequences of not paying attention to it of any awareness or information shared by the authorities. This is also one form of public participation that is in demand for developing countries to take any precautionary measures before time which will help the nation to avoid destruction and losses.

6.3 Local Community Participation

The role of local community members always plays a role in defining their specific community. The trait of care, empathy is always found in human nature which allows them to help others during the time of need. Swat in monsoon season came under the spell of a flood, which destroyed not only the land but became the reason for the deaths of children, women, and men. In previous chapters, we have gone through the involvement of government, private hospitals, local health providers, and specific impacts on the MNCH, but this chapter gives a clear involvement of locals in helping women and children. During the exploration, I found out that community members who were literate or had any skill related to the medical field whether female or male had played their roles in saving other lives. Local men from different dispensaries and LHVs helped women and tried to teach them through different ways to give medical care.

6.3.1 Local Midwives

Local midwives who are not affiliated with any institute but learned the skill of handling the birth of a baby, prenatal care, and post-natal care. I happened to visit a house in Swat where I learned from my key informant that there is a lady of a mature age, she is very professional but she is not certified by any medical institute. I was curious to meet her and we planned to visit her to know more about her. It was a usual cold day, I packed myself in warm clothes because for so many days there was no Sun, and icy winds were just pinching my bones, whether people usually try to stay at home near the fire or any heater, but for me, it was challenging to work in the field in such harsh weather. Anyway, the house of the lady was quite far we took a taxi which hardly drove and dropped us on the side of the road because there was a steady road ahead, so on foot, it took us 15 minutes to reach.

The lady was living in a small hut that barely had two rooms, her house was also a bit destroyed but she managed to recover it just to pass the winter season. Sajida was her name and she was a widow for almost 10 years, I didn't ask her about her age but she was 55+. Before visiting her, I had a scenario in my mind about her looks but she was so

different, a simple lady who doesn't know Urdu living with her disabled son and face full of sadness and hope. She greeted us so well and was very delighted to meet us. I asked her that I come from Punjab for my research and I am so excited to meet her as she is doing this all without any degree or diploma. She told me, as her words were,

“This is a skill, that can be learned without going to school or higher university. One can become anything he wants just by practice. Cooking is learned without going into a cooking school so in this world you can learn anything you want.”

Her words made me realize one thing she is passionate about learning things and she is also not embarrassed about not being in school for once. I asked her to tell me how she learned all this, and how she helped the women during the flood. Sajida aunty said;

“I have learned this from my mother and aunt (mother's sister), and she learned from her mother-in-law and this passes from one generation to another. When I was young I used to help my mother which led me to learn more and more, but individual practice and confidence in myself made me an expert. Now most of the women of Swat come to me for help. I also give oil massage to the pregnant woman's belly which is very nourishing for the baby and allow the baby to fix his position. As you have seen people here are not rich, they do not have a lot of bank balance, they just earn and eat especially those like me we don't think of future savings I earn a little which is enough for me and my house.

It's the second time in my life I have seen this disastrous situation and many women and babies lost their lives in my hands. Floods blocked the whole road and there was no way initially to reach women in need, many died in pain, and children died while they were in the womb. I felt like it was a doomsday. I didn't charge a single rupee to anyone who came to me for help, I tried my best to help as much I could but Allah has everything in His hands.”

Her words made me realize that the women of Swat had gone through so much that nothing in this world could fulfill their loss. With a heart filled with emotions I came back to my place and kept on realizing that life is not a bed of roses. There is struggle, hardships, pain, and loss.

6.3.2 Local Caregivers in Society

Caregivers whether they are from any medical unit or local community members have always played a vital role in any society. However, the caregivers who are at one's own house play a significant role. Usually, the caregivers at home are mothers, mother-in-law, any old female member of the house, sisters, or sister-in-law. The presence of these members at any house where there is a recent birth is found to be a blessing in Punjab and found the same tendency in Swat. New mothers who have recently given birth or are due need extra care and support from their families. Maternal women are really sensitive, especially those who have become mothers for the first time, they don't know what to do, how to live, eating patterns, and care. Usually, the older female members of society are the ones who look after them and give prenatal care. And of course, after the birth when there is an addition of a new family member more attention and care is required for the newly born baby. So, this can't be provided by any other medical staff but the experienced family members become the real caregivers.

In many families who are quite literate, after exploration, I came to know that the male members of the society also play a vital role in providing care and boosting their wives with moral support for childbirth. In families, it has been discovered that male members also become caregivers by providing all kinds of resources and facilities at home. But unfortunately, the poor community of Swat, the ones who belong to a restricted family background do not give much attention and care to the females. My exploration has revealed that families with low income and resources and restricted backgrounds usually keep their women in a restricted environment.

Angbin resident of upper Kalam moved to Swat after the flood and she has been living separately from her husband because of marital issues. Her husband during the time of labor just because of embarrassment did not take any action and ask for help from the community. They lost their child due to pain inside the belly, but her husband didn't take that much notice and because of a lack of resources, finances, and unavailability of medical units, he didn't even ask for any help from the community members. Angbin shivering, and with tearful eyes narrated;

"I am not going back to my husband anymore unless he understands that I am a human being as well and we had lost our baby because of his negligence and honor. He was ashamed to ask the neighbors that his wife

was in pain. My mother-in-law is my aunt (father's sister) she can't walk properly so she was unable to look after me. I am unlucky to have such an unsupported husband. I am living with my parents I am not a burden to them."

The story of Angbin reveals that KPK is a male-dominated society and every family has their own different story, however, I have observed that socio-economic status, education, and awareness also play a significant role in providing support, care, and attention to the women.

6.3.3 Relying on others for care

By exploring Swat and meeting with several women, I have discovered that women lack awareness regarding personal hygiene and knowledge about a female's body. Which had led to so many difficulties during the time of flood. Women of KPK as mentioned earlier in this chapter and overall thesis that they are not dominating because of their cultural trends. Women lack awareness regarding how to look after themselves to be secure from many issues and diseases. There is a lack of such communities or foundations specifically designed for the women of Swat to teach them about self-care, hygiene, sanitation, care of neonates and toddlers, and family planning.

After talking with the medical officer at BHU and with a female nurse named Beena as mentioned in chapter 4, I came to know that many women livings in flood relief camps had issues and due to unhygienic circumstances, they caused infection which was difficult to cure. Many women during their menstrual cycle didn't bother to look after themselves and didn't change their pads because of privacy issues. Beena said,

"I met so many women who still believe in the myth that it is forbidden to wash yourself or take a bath during menstrual cycle. This is the reason they get infection in their reproductive tract which requires expensive medicine and regular treatment to be cured. But women here don't even know about self-sanitation."

Also, she mentioned that women after the flood depend on the medical units for care,

"Women here now know that there are people around us who are worried for our health and lives. So, they don't bother to learn about self-care instead they rely on us to treat them."

Literacy is very important; one should be educated enough to understand how to look after oneself and others. No one can better understand your body other than you. Education, lack of awareness and updated knowledge regarding gynae was absent, which had created so much mess among the women of Swat and became a reason to get themselves various infections.

6.4 Funds for Children and Women

Aid provided by the Government took a little while to reach and this was also one of the reasons that the people in Swat stuck in the flood got frustrated and blamed the Government for the disaster. But overall, after exploring the field I have discovered that there were many foundations, agencies from the private sector, and medical relief camps from private hospitals were organized in Swat to provide as much aid as they could. The government also did its best but the NGOs, funds agencies, and charity foundations won the hearts of people in Swat.

Even though many international foundations send funds, and aid to children and women. "Every dollar makes a difference was said by Secretary of State Hillary Clinton and she announced to establishment. The Fund was established by the US government through the Department of State to provide a way for the general public to donate money to the continuing efforts in Pakistan. The fund which was collected planned to provide \$5 may purchase fifty high-energy snacks, which offer much-needed nutrition; \$10 can purchase a blanket for a mother or kid; and roughly \$40 can purchase enough supplies to house a family of four."

Another international fund was from the United Nations International Children's Emergency Fund is always on the ground working with its partners, and teams to help children and families. UNICEF reached many children in Swat with primary health care and enabled access to clean water, provided mental health and psychosocial support, and tried their best to screen malnutrition children. UNICEF's main agenda is to provide life-saving aid and long-term assistance.

Along with these local funds from the foundation specifically designed and named Swat Relief Initiative also got high attention and provided much help to the women and children. The staff team and volunteers worked day and night to identify the most affected people and provided rations, money, and other supplies to them. Still, the members of this team pay visits and manage to provide aid to the needy ones.

6.5 Dialogue Project: Women of KPK

Conversations spanning gender and generational divides were held in two districts of the province of Khyber Pakhtunkhwa to discuss cultural practices that are detrimental to women's reproductive rights and health. Despite worries that the method might not work in the context of the conservative culture, the reaction was largely favorable, and the initial outcomes were better than anticipated. On exploration, many women mentioned that this project helped them and taught them a better way of living. Many things about a female's body, life, and marital relation were unknown to them, this dialogue project initiative was specifically designed for young females, and young mothers, to guide them in the context of the medical field.

As an example, consider Swat, a district in the province of Khyber Pakhtunkhwa (KP). Maternity, newborn, and child death rates are incredibly high because values derived from culture and tribes that often discriminate against women, deter them from leaving their homes to seek healthcare. An atmosphere that might encourage societal transformation is hostile to outside influences due to the inflexible character of gender roles and social and political structures. That is the reason why traditional awareness-raising campaigns opposing harmful customs have frequently failed.

The Reproductive, Maternal, and Newborn Health Project (RMNHP) was initiated by the German Welfare Organization which realized that changing the habits and traditions that prevent women from receiving prenatal care, assisted deliveries, and the preference for sons would take a novel strategy. The Community Dialogues aimed to increase understanding and foster agreement among men and women of all ages regarding the need for pregnant women to seek professional medical attention and the advantages of having healthy mothers and healthy offspring for the community at large. Son preference and its detrimental impact on girls and societies at large were another significant topic that came up throughout the discussions and was addressed.

If nothing else, it was hoped that this little pilot project would facilitate hitherto impossible dialogues between men and women as well as between young and old and that these discussions would finally enable women to fully enjoy their rights and sexual and reproductive health. But the outcomes were much better than anticipated.

The monitoring and evaluation method mentioned above yielded some hopeful results, including a rise in the number of pregnant women seeking medical attention and the

realization that the Dialogues had contributed to the dismantling of barriers between women and health workers. The middle-aged Babu Gulla lost her little kid as a result of the attendant's negligence and ignorance, and she reported the incident to the Dialogue Project team so that they might address it, she mentioned to me that

"I came to this meeting with my family because I don't want them to lose their innocent child and become victims of ignorance like I did."

There was a degree of mistrust between the village-based healthcare workers and the community because of the cultural taboos surrounding women seeking healthcare. Previously, they frequently felt uncomfortable within their homes. The dialogue project talk sessions helped the two groups gain trust by eliminating these biases. According to Shumaila already mentioned in chapter 4 said

"Changing people's perspectives may take time, but the community dialogue project has succeeded in getting women to see doctors more frequently than they did in the past year after year."

So, I have witnessed that the dialogue project has brought a lot of changes and which was under action after 2020 but after 2022 it has been seen more in work after the deaths of women and children. Many women are satisfied with this project but still looking forward to the male community to understand the real needs of women.

6.6 Analysis

All over the world women and children get more attention and are always considered to be the most sensitive population among all. It has been witnessed through research that whenever any natural disaster hits the children maternal women suffer a lot. And in this situation, they seek more attention and care. However, during an emergency, the caregivers prefer to treat everybody evenly, and somehow women in maternity do not get such care and attention. Here the role of community and family members takes part.

In a situation where mobility is impossible and specialized midwives are not reachable women suffer and their health is compromised. At this time, they need the love, care, support, and attention of their family member, especially their husbands. The old women in the family, mothers, and sisters play a role in helping the pregnant women instead of relying on the medical staff to attend.

Voluntarily many local midwives have also played an important role in supporting women and providing them all kinds of aid they need at the time of delivering the baby. Also, these local midwives from the community are considered as angels who helped the poor and the needy and taught them post-natal care and child care.

But living in a male-dominated society, the life of women is insecure. Some families and tribes follow their cultural trends very strictly and restrict their women to certain limits and boundaries, due to which the health and life of women are compromised. They have no right to raise their voices for their selves.

However, in KPK slowly this issue is raised and many organizations are working to promote the rights of women. Foreign affiliated organizations and funds have proved that women and children of KPK are not alone. They will also be treated like all others and soon in the future there is hope for better status for KPK women. It is a trend in Swat that the male members are the decision makers of any house but a rightful decision that could be beneficial for the family can maintain a family and community.

Ramona Mercer's Maternal Role and Attainment theory as mentioned in chapter 2 do relates with the findings in Swat where, healthcare providers included Doctors, nurses, lady health visitors and lady health workers and many local midwives believe that there is a need for a change in trend for mothers. Instead of following traditional ways it is sometime good to adopt nontraditional ways to look after themselves and their child. A lot of training is required for newly mothers or foster mothers to understand what their child needs and build a strong bond with their child instead of following the advice of others and relying on other for care. The four stages anticipatory formal, informal and personal mentioned in this theory by Ramona also relates with views of health care providers in Swat that there is a need to teach mothers to enable them to understand their maternal role.

Findings have also revealed that there are certain practices which a repeatedly being followed but no new reproduction and transformation among those practices have been observed. Theory of Practice given by Pierre Bourdieu and already mentioned in chapter 2 claims that objective structures are the product of historical practices and constantly reproduces and transform however, findings of Swat have revealed that women keeps on practicing same self-care routine and their child care which however, can be followed in their own personal space but during emergency situation like floods it is difficult to

practice same things for this, reproducing and transforming new practices according to need is required.

CHAPTER NO. 7

CONCLUSIONS

This research was, indeed, to study the health facilities being provided to MNCH and the challenges faced by women and children during floods. Also, this research managed to explore what kind of aid and facilities have been provided by Government and private medical centers along with local community support in the Swat district. Floods are natural disasters and have become a bad curse in the northern area of Pakistan. As it is a reoccurring phenomenon, still no permanent solution has been generated to prevent the disastrous effects of floods. Historically, the flood has been the killer of humankind, and being a developing nation, Pakistan remained critically affected by this disaster. The total number of deaths globally due to floods runs into millions. Over a period, several policies were developed and implemented to prevent floods and their effects under the guidelines of the National Disaster Management Authority (NDMA). Many policies of this authority came under criticism, but somehow it is trying its best to overcome this issue of floods all over Pakistan.

Pakistan has been the victim of floods since its birth. The historical development of flood control programs and the political economy of the 1990s had an overall impact on the existing healthcare structure of Swat where BHUs were its foundations. Weak foundations and inability to provide equipment human resources and medicines overburdened OPD at tertiary and secondary care health facilities in Swat.

During the last couple of decades, the population in Swat has swelled creating social and environmental problems and budgetary issues whereas the healthcare structure has remained almost static. This was the result of the political economy of health where successive governments refrained from increasing the health sector budget, especially in KPK thus making it comparatively marginalized. It has been discovered that not only the emergency, but the overall health sector in KPK specifically in the Swat district needs great attention from the higher authorities of health. People living here suffer with the limited supply of medicines, unavailability of higher potency medicines, and special equipment and facilities for women and children.

Women linked their health with the circumstances and environment around them. A healthy environment and peaceful circumstances can improve health whereas situations like floods, losses, and damage the health of an individual as well. A peaceful and healthy environment is a symbol of a healthy life, but the people of Swat, currently do not agree with this because floods have destroyed their life and future.

It has been discovered that the men were cared for and were preferred because of their economic contribution to the household income so that the partner and children continue to enjoy. Under this criterion, women's health was generally taken for granted. The women were twice marginalized on macro and micro levels because of their gender and their health was always ignored. Surveys and research proved that, it has come under notice that the rate of deaths during floods is higher among children and women, especially those women who were pregnant or just delivered a baby.

In health-seeking behavior, the trust in government healthcare facilities and doctors was a major barrier to having access to nearby government relief and medical camps for health issues. Several factors were involved for mistrust of the people. Private medical and relief camps during floods and private doctors offered more care to the public than government medical units in the Swat district. This was the major reason that people especially women have shown their interest and trust towards private medical units and doctors for their health. This political economy of health depicted a very caring and positive picture of private healthcare and provided choices of public and private healthcare to all segments of Swat.

Unfortunately, the people of Swat were already poor and the destruction made their condition severe, they were unable to afford the expense of private medical facilities. At the same time, they can't go back to the government medical units because they have nothing to provide.

Women of Swat are not happy with the Government and blame them for the situation. Women of KPK are not marginalized but restricted and are set in some boundaries made by their families. Their health is always neglected and they are taken for granted. They want the Government and other authorities to work for their rights, health, and empowerment.

Considering women's and children's health a major issue in Swat many International Organizations funded Pakistan and sent their relief teams to help them as much they can. Many donations from all over the world came to help children and women. But the most exciting thing discovered in Swat was many international foundations were trying to empower women, one of the German-affiliated teams named Dialogue Project is working hard for the rights of women, in which good health of women is on top priority.

Women and children, living in the northern area doesn't mean being separated from the boundary of Pakistan but equal rights and care are required to be provided to every citizen of Pakistan. Health is wealth and the most important domain which can never be neglected. Along with all other populations, the health of children and women should always be on top priority. In the areas where the health department needs attention, it is the topmost duty of the Government to sort out it and look after any upcoming disaster to save their people.

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ANNEXURE 1

Participant Consent Letter



Bahria University
Discovering Knowledge

TITLE OF STUDY

An Ethnographic Study on Maternal, Neonatal, and Child Health Facilities for 2022 Flood Migrants in Swat

SUPERVISOR

Dr. Majid Hussain

Assistant Professor

(Evening Coordinator)

Department of Humanities and Social Sciences, Sector E8 Islamabad

+92 322 5173246

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THE PURPOSE OF THE STUDY

This ethnographic study will concentrate on MNCH facilities for flood migrants. It is an official requirement for the degree of M.S. in Applied Anthropology.

STUDY METHODS

The interview will last no more than 50 minutes; if more time is required, I will request it, but the final decision will be yours. With your permission, I will use audio recording or photography during the interview.

RISKS

You may refuse to answer any or all questions, and you may withdraw your participation at any time.

BENEFITS

This ethnography would make an important contribution to Pakistani Applied Anthropology, the Pakistani health care system, the Punjab health care system, and particularly to MNCs of Swat district.

CONFIDENTIALITY

Your responses to this interview will be kept private. Your comments & and data provided by you will not be kept anonymous for this research study. The researcher will make every effort to maintain your confidentiality, including the following:

Measures taken to ensure confidentiality, such as those listed below, should be stated:

- Giving participants code names/numbers that will be used on all research notes and documents
- Storing notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the researcher's possession.

Except in cases where the researcher is legally required to report specific incidents, participant data will be kept strictly confidential. These incidents may include but are not limited to, incidents of abuse and suicidal ideation.

INFORMATION ON CONTACT

If you have any questions about this study or experience any adverse effects as a result of participating in it, please contact the supervisor whose contact information is on the first page.

VOLUNTARY PARTICIPATION

Your participation in this research is entirely voluntary. It is entirely up to you whether or not to participate in this study. If you choose to participate in this study, you will be required to sign a consent form. After signing the consent form, you may withdraw at any time and without explanation. Withdrawing from this study will not affect your relationship with the researcher if you have one. If you leave the study before the data collection is finished, your data will either be returned to you or destroyed.

CONSENT

I have read and understood the information provided, and I have had the opportunity to ask questions. I understand that my participation is entirely voluntary and that I am free to leave at any time, for any reason, and at no cost. I understand that a copy of this consent form will be provided to me. I freely consent to participate in this study.

Participant's Name & signature _____ Date _____

Participant's phone NO# _____

Researcher signature _____ Date _____

ANNEXURE 2

Medical Officials Consent Letter



Bahria University
Discovering Knowledge

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SUPERVISOR

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- Giving participants code names/numbers that will be used on all research notes and documents
- Storing notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the researcher's possession.

Except in cases where the researcher is legally required to report specific incidents, participant data will be kept strictly confidential. These incidents may include but are not limited to, incidents of abuse and suicidal ideation.

INFORMATION ON CONTACT

If you have any questions about this study or experience any adverse effects as a result of participating in it, please contact the supervisor whose contact information is on the first page.

VOLUNTARY PARTICIPATION AS A MEDICAL OFFICIAL

Your participation in this research is entirely voluntary. It is entirely up to you whether or not to participate in this study. If you choose to participate in this study, you will be required to sign a consent form. After signing the consent form, you may withdraw at any time and without explanation. Withdrawing from this study will not affect your relationship with the researcher if you have one. If you leave the study before the data collection is finished, your data will either be returned to you or destroyed.

CONSENT

I have read and understood the information provided, and I have had the opportunity to ask questions. I understand that my participation is entirely voluntary and that I am free to leave at any time, for any reason, and at no cost. I understand that a copy of this consent form will be provided to me. I freely consent to participate in this study.

Medical Doctor's Name & signature _____ Date _____

Medical Doctor's phone NO# _____

Researcher signature _____ Date _____

ANNEXURE 3

Key Informant Consent Letter



Bahria University
Discovering Knowledge

TITLE OF STUDY

An Ethnographic Study on Maternal, Neonatal, and Child Health Facilities for 2022 Flood Migrants in Swat

SUPERVISOR

Dr. Majid Hussain

Assistant Professor

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THE PURPOSE OF THE STUDY

This ethnographic study will concentrate on MNCH facilities for flood migrants. It is an official requirement for the degree of M.S. in Applied Anthropology.

STUDY METHODS

The research will last not more than 60 days; if more time is required, I will request it, but the final decision will be yours.

RISKS

You may refuse any help being a key informant, and you may withdraw at any time.

BENEFITS

This ethnography would make an important contribution to Pakistani Applied Anthropology, the Pakistani health care system, the Punjab health care system, and particularly to MNCs of Swat district.

CONFIDENTIALITY

Your responses as a key informant to this research will be kept private. The researcher will make every effort to maintain your confidentiality, including the following:

Measures taken to ensure confidentiality, such as those listed below, should be stated:

- Giving key informant code names/numbers that will be used on all research notes and documents
- Storing notes, interview transcriptions, and any other identifying key informant information in a locked file cabinet in the researcher's possession.

Except in cases where the researcher is legally required to report specific incidents, key informant data will be kept strictly confidential. These incidents may include but are not limited to, incidents of abuse and suicidal ideation.

INFORMATION ON CONTACT

If you have any questions about this study or experience any adverse effects as a result of participating as a key informant in it, please contact the supervisor whose contact information is on the first page.

VOLUNTARY PARTICIPATION AS A KEY INFORMANT

Your participation as a key informant in this research is entirely voluntary. It is entirely up to you whether or not to be a part of this study. If you choose to participate as a key informant in this study, you will be required to sign a consent form. After signing the consent form, you may withdraw at any time and without explanation. Withdrawing from this study will not affect your relationship with the researcher. If you leave the study before the data collection is finished, your data will either be returned to you or destroyed.

CONSENT

I have read and understood the information provided, and I have had the opportunity to help the researcher during his fieldwork. I understand that being a key informant this is entirely voluntary and that I am free to leave at any time, for any reason, and at no cost. I understand that a copy of this consent form will be provided to me. I freely consent to a key informant in this study.

Key informant's Name & Signature _____ Date _____

Key informant's phone# _____

Researcher signature _____ Date _____

ANNEXURE 4

Interview Guide for Females of Swat District

1. What do you understand about Life?
2. What is good health according to you?
3. What was your reaction when the flood hit? Is this being for the first time? If not then share your previous experiences.
4. Did you receive any warnings? What kind of preventive measures do you take for this?
5. Did you expect a flood to happen? How bad it was according to previous experiences.
6. Did you manage to save yourself and your family and how?
7. What was your loss during a flood? Did you suffer any personal losses? What was it like seeing all your things get destroyed and damaged?
8. How much has your life been affected by the damage caused by the flood?
9. This year floods were terrible. Were they? Tell me about your experiences.
10. How did you evacuate? Where did you migrate during the disaster?
11. How did you manage to survive after migration, without home and any resources?
12. Have you been provided with temporary accommodation? If not then how did you manage to survive without any proper accommodation?
13. How flood has damaged your health and your children's health?
14. Can you share your maternity experience during disaster and after migration?
15. Did you receive any healthcare facilities? If yes. Please share what kind of health facilities were there.
16. How local medical units were helpful to you?
17. Did your community members help you or provide you and your children with any health and medical care facilities?

18. Were there any female midwives, or female nurses to support you or provide any medical care at your camps?
19. Did you get relief and care from provided health and medical facilities?
20. What kind of relief you were expecting from the community and government during this situation?
21. Who do you blame for the negligence towards MNCs?
22. Did any medical officers or health ministers come to visit you? If yes, what did they say, or what kind of facilities they provided?
23. Do you think your suffering could have been less if some preventive measures had been taken?
24. According to your previous experiences, healthcare facilities have been improved or have gotten worse. Please share.
25. What are your plans for going back to normal life?
26. Do you have any message or suggestion to the Government as to how health and medical facilities can be improved?
27. What message will you share regarding MNCH, as in this male-dominated society, women and children are ignored?

ANNEXURE 5

Interview Guide for Medical Official (Local Health Administrator) in Swat

1. Tell about a time when you took the initiative on flood projects.
2. How many times you have faced a flood crisis and how did you manage to keep your health unit stable?
3. How do you work during floods?
4. How do you manage to contact other health units and relevant people in the area?
5. What methods did you use to manage your budgets during this crisis?
6. Tell about an innovative idea that you implemented to handle patients during floods. How successful was it?
7. Tell about any collaborative efforts you initiated with outside organizations to provide medical care to flood victims.
8. Describe a policy you implemented to prevent the spread of disease or promote wellness in your community.
9. How much your healthcare unit has facilitated MNCs?
10. Share how you managed to find data on MNCs during floods.
11. How do you ensure the goals of your organization align at every level of your health institution?
12. How do you keep up with storing medicines and other medical care requirements?
13. Describe your approach when working with a large amount of data of MNCs in flood, how did you manage to facilitate each one of them?
14. How do you make sure your organization keeps up with advances in medical technology?
15. How do you manage to handle newborns in your health care unit?
16. How do you ensure the safety of the patient and that your organization is offering the best medical care to all the patients, especially MNCs?
17. What kind of facilities do you think should be timely arranged before any natural disaster?
18. Please share, what different kinds of healthcare, are required for MNCs.
19. What is your expectation before any future natural disaster? What kind of preparations need to be made?
20. What are your expectations from the Government and higher health authorities?