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Maternal Health Challenges and Service Utilization in Poonch District: A Comparative Rural-Urban Perspective

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Abstract

Maternal health remains a pressing global public health priority, particularly in geographically isolated, socio-economically underdeveloped regions. The Poonch district of Jammu and Kashmir, characterized by mountainous terrain and scattered rural settlements, reflects deep disparities in maternal health outcomes and service utilization between its rural and urban areas. This study conducts a comparative assessment of maternal health challenges and service patterns, drawing from secondary data sources such as NFHS-5, district health reports, and governmental policy reviews. Findings highlight significant rural disadvantages in antenatal care coverage, institutional deliveries, and postnatal visits, exacerbated by cultural, infrastructural, and personnel shortages. Urban areas, with better accessibility and awareness, exhibit improved maternal health service consumption. The study emphasizes the necessity of tailored interventions, reinforced referral networks, and community empowerment to reduce inequities, improve maternal outcomes, and strengthen health systems in this unique socio-geographic context.

Keywords: Maternal health, rural-urban disparities, service utilization, Poonch district, antenatal care, institutional deliveries, postnatal care

Introduction

Maternal health is a critical measure of a society's overall health infrastructure and equity. Globally and nationally, reducing maternal mortality and morbidity has been a major goal addressed through successive development programs and health policies. Despite this, maternal health outcomes remain unevenly distributed, especially in regions with challenging geography or socio-economic deprivation. Poonch district in Jammu and Kashmir exemplifies this condition due to its rugged terrain, limited connectivity, and prevalent rural population. The physical, social, and economic barriers faced by pregnant women in these rural areas result in inadequate utilization of maternal health services such as antenatal care, institutional deliveries, and postnatal check-ups.

The urban centers in Poonch district tend to have better infrastructure, human resources, and health awareness, thereby leading to higher maternal health service utilization. This study aims to investigate these disparities comprehensively, identify underlying factors, and suggest evidence-based strategies for equitable maternal health service improvement across the district.

Review of Literature

Maternal health encompasses the well-being of women during pregnancy, childbirth, and the postpartum

period. Studies globally affirm that disparities in maternal health outcomes are often linked to socio-economic status, geographic location, and healthcare accessibility . In India, despite numerous interventions under programs like National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY), rural maternal health indicators lag behind urban counterparts .

Research specific to Jammu and Kashmir indicates high maternal mortality ratios (MMR) in districts like Poonch, primarily due to preventable causes such as postpartum hemorrhage and hypertensive disorders of pregnancy . Barriers include cultural restrictions on movement, lack of female health workers, poor transportation, and limited awareness of maternal health rights and services .

Comparative studies across similar hilly and tribal regions in India highlight that poor transport and socio-cultural norms restrict antenatal care (ANC) attendance and institutional deliveries in rural areas, while urban areas benefit from proximity to facilities, skilled care, and health education . These findings underscore the importance of context-specific health system strengthening and community engagement.…

Objectives:

1. To examine maternal health challenges faced by rural and urban populations in Poonch district.
2. To analyze disparities in maternal healthcare service utilization between rural and urban areas.

Research Methodology

This research employs a secondary data analysis approach using data from:

National Family Health Survey (NFHS-5) specific to Jammu and Kashmir. District Health Reports and Maternal Death Reviews from Poonch. Government policy documents and published research studies focusing on maternal health in hilly regions.

Key maternal health indicators analyzed include:

Antenatal Care coverage (minimum 4 visits).

Institutional delivery rates.

Postnatal care within 48 hours and up to 6 weeks post-delivery.

The data was disaggregated by rural and urban areas. Qualitative factors such as cultural practices, transportation facilities, and health workforce availability were interpreted through literature review to provide a comprehensive understanding.

Results:

Maternal Mortality and Morbidity Patterns

Poonch district reported a high MMR relative to state averages, primarily driven by postpartum hemorrhage and hypertensive disorders. Early detection and management deficiencies contribute notably to mortality in rural zones.

Antenatal Care (ANC)Rural areas show ANC coverage below 60% for recommended minimum visits, compared to over 80% in urban areas. Reasons include distance to health centers, lack of transport, and low awareness of ANC importance.

Institutional Deliveries : Institutional deliveries in rural Poonch stand at about 50-60%, whereas urban areas exceed 85%.Cultural preference for home deliveries assisted by traditional birth attendants persists in rural zones.

Postnatal Care (PNC)

Postnatal check-ups within 48 hours and in subsequent weeks are significantly lower in rural populations.

Mobility constraints and healthcare worker shortages are major contributing factors.

Health Infrastructure and Workforce

Urban Poonch benefits from government hospitals, private clinics, and sufficient staff, including specialists.

Rural health centers suffer from inadequate infrastructure, limited skilled birth attendants, and logistic challenges.

Findings:

1.Higher Maternal Mortality Ratio (MMR) in Poonch District Compared to Other Districts Poonch district has one of the highest Maternal Mortality Ratios (MMRs) in Jammu and Kashmir, with an estimated MMR of around 104 per 100,000 live births, significantly exceeding many other districts in the union territory . This elevated rate is a strong indicator of the critical gaps in maternal health service delivery and outcomes, underscoring urgent need for focused interventions.

The primary causes of maternal deaths in Poonch reflect broader patterns observed in similar socio-geographic contexts, with postpartum hemorrhage (PPH) and hypertensive disorders (such as eclampsia) accounting for nearly half of the cases . These causes are often preventable with timely These causes are often preventable with timely and adequate antenatal care, skilled attendance during delivery, and effective emergency obstetric care, which are deficient in the district's rural zones.

2. Rural Disadvantage in Antenatal Care (ANC) Utilization

Data reveals substantial disparity in antenatal care coverage between rural and urban areas of Poonch. While urban women are more likely to receive at least four antenatal visits (the recommended minimum), rural women lag behind due to multiple barriers. According to NFHS-5 and district data, only about 51.2% of rural women in Poonch receive the recommended four or more ANC visits compared to about 81.4% in urban settings .Contributing factors include distance to healthcare centers, lack of transport, intermittent availability of health workers, and low awareness of the significance of regular checkups. Early registration for ANC during the first trimester is also lower in rural populations, reducing timely detection and management of high-risk pregnancies.

3. Institutional Delivery Gap Between Rural and Urban Areas

Institutional deliveries, a critical intervention to reduce maternal and neonatal mortality, show a marked rural-urban divide in Poonch Urban areas achieve institutional delivery rates of over 80%, whereas rural areas average around 50-60% .The lower rural rate is influenced by traditional preference for home births assisted by unskilled birth attendants and cultural norms limiting women's mobility .Additionally, poor road infrastructure and lack of emergency transport worsen the access problem, often compelling women to deliver at home even in complicated pregnancies.

4. Postnatal Care (PNC) Utilization Is Inadequate in Rural Areas

Postnatal care within the critical 48 hours after delivery is vital for detecting and managing complications in both mother and newborn. However, PNC coverage exhibits the same rural disadvantage Only about 62.4% of rural mothers receive postnatal care within two days compared to 75.4% in urban areas . Follow-up checkups within six weeks are also less frequent in rural regions due to lack of awareness, cultural barriers, and unavailability of healthcare workers . Delayed or absent care during the postnatal period contributes to higher maternal morbidity and mortality.

5. Socio-cultural Barriers Affecting Maternal Health Service Utilization in Rural Poonch

Cultural norms significantly affect maternal health behaviors in the rural context. In many rural communi-

ties, practices such as seclusion during pregnancy and post-delivery, reliance on traditional birth attendants, and distrust of formal healthcare systems persist. Women often require family or husband's permission to seek care, which can delay or prevent timely utilization.

6. Infrastructure and Human Resource Constraints in Rural Areas

Health infrastructure and workforce unevenly distributed favor urban regions Rural primary health centers (PHCs) and sub-centers often suffer from shortages of skilled birth attendants, doctors, and specialists, restricting comprehensive maternal health service availability. Medical supplies and emergency obstetric care equipment may be lacking or insufficiently maintained. Urban centers have relatively better-equipped hospitals with adequate staff, contributing to higher service utilization and better maternal outcomes.

7. Geographic and Transport-Related Barriers

Poonch's hilly terrain presents formidable physical barriers Remote villages experience difficulty reaching health facilities due to poor road conditions, worsened by climatic factors such as snowfall during winter. Emergency referral systems and transport networks are weak or absent altogether, delaying lifesaving obstetric care. Many rural women rely on walking or informal transport, which is inadequate especially in cases of complications.

8. Positive Urban Maternal Health Indicators Linked to Awareness and Accessibility

Urban women in Poonch benefit from better access to information and facilities Higher female literacy and health education awareness lead to more timely ANC registration and compliance. Availability of multiple public and private health facilities facilitates easier access to skilled care. Urban women are more likely to avail institutional delivery and timely postnatal services, reflecting in comparatively better maternal health outcomes.

Summary of Key Findings

Indicator	Rural Poonch (%)	Urban Poonch (%)
≥4 Antenatal Care visits	54.2	68.1
Institutional Deliveries	50-60	>80
Postnatal Care within 48 hours	62.4	75.4
Maternal Mortality Ratio (MMR)	104 (district avg)	Lower in urban

These indicators collectively reflect the persistent rural disadvantage in maternal health service utilization and outcomes in Poonch district, driven by intertwined geographic, socio-cultural, and infrastructural factors.

Implications:

The findings emphasize the urgent need for multisectoral strategies to enhance maternal health equity in Poonch. Strengthening rural health infrastructure, improving transportation and referral systems, and culturally sensitive community engagement are vital to bridging the rural-urban divide.

Discussion:

This study underlines the multi-layered barriers affecting maternal health equity in Poonch district. Geographic isolation and socio-cultural restrictions are prominent impediments in rural areas. Service delivery is hampered by infrastructural deficits and lack of adequate human resources. Contrastingly, urban populations benefit from concentrated health services, better transport, and awareness. Addressing maternal health challenges requires integrated interventions. Strengthening rural primary health centers with sufficient staff and supplies. Improving road and transport facilities for timely referrals. Engaging community health workers for education and linkage. Culturally sensitive approaches to overcome

traditional barriers. The findings align with broader Indian rural maternal health challenges but are intensified by Poonch's unique geographic and socio-political context.

Conclusion:

Poonch district exhibits persistent rural-urban disparities in maternal health service utilization. The rural disadvantage contributes to increased maternal morbidity and mortality risks. Effective policy must focus on transportation infrastructure, healthcare workforce augmentation, health education, and community participation to foster equitable maternal health outcomes. Context-specific interventions, combined with strengthened referral systems and social mobilization, will be crucial.

Suggestions and Recommendations

Infrastructure Development: Expand and upgrade rural health facilities with necessary equipment and supplies.

Human Resource Enhancement: Increase recruitment and retention of skilled birth attendants and female health workers in rural areas.

Transportation Access: Develop reliable emergency transport services and improve rural road connectivity.

Community Awareness: Implement culturally appropriate awareness campaigns on ANC, institutional delivery, and PNC.

Referral and Feedback Systems: Establish efficient referral networks linking rural centers with higher-level hospitals.

Monitoring & Evaluation: Regular data collection and community feedback to adapt strategies dynamically.

Policy Advocacy: Engage local leaders and stakeholders in advocating maternal health prioritization in planning and budgets.

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