

## Medicalization and Maternity Practices in Services Hospital, Lahore

Muhammad Tauseef Javed, Areeja A Fatima, Syma Arshad, Samina Khalid,  
Amna Iqbal Butt, Muhammad Shahid Iqbal

### ABSTRACT

**Objective:** The objective of this study was to evaluate the effect of medicalization on childbirth in rural and urban areas due to the provision of trained midwives, health attendants and hospital facilities.

**Methodology:** It was a cross-sectional study conducted at the Department of Gynaecology & Obstetrics, Services Hospital, Lahore. The Gynaecology Department was observed on daily basis for three weeks to see medicalization of maternity. A detailed structured questionnaire for pregnant women was used for data collection. A face to face interview was used for data collection. SPSS version 24 was used for entry, compilation and analysis of data.

**Results:** Fifty females were selected and data about their pregnancies (139) was collected. Out of 139 pregnancies, 83 (59.7%) were delivered by normal vaginal delivery (NVD) without episiotomy, 55 (39.6%) by Cesarean section (C-section) and only 1 (0.7%) by NVD with episiotomy. Eighty two (59%) deliveries took place at public hospitals, 25 (18%) at private hospitals and 32 (23%) at home. At public hospitals out of 82 deliveries, 40 were attended by specialist doctors and 42 by MBBS doctors. At private hospitals out of 25 deliveries, 23 were attended by specialist doctors, 1 by MBBS doctor and 1 by a midwife. At home, all 32 deliveries were attended by midwives. Total 55 patients were delivered by C-Section. The rate of C-Section was high (62%) in private hospitals and in public hospitals, it was comparatively low (46.2%). The indications for C-section were breech position in 10 (18.1%) patients, placenta previa in 10 (18.1%), twin pregnancy in 2 (3.6%), prolonged labor in 21 (38.1%), preeclampsia in 10 (18.1%) and fetal distress in 2 (3.6%) pregnant females. In younger females, C-Section rate was high (42.1%) as compared to old age females (25%).

**Conclusion:** Almost all the childbirths have been medicalized and are under the medical power. A very few childbirths are taking place at home. Due to development in obstetrics, childbirths are taking place both in public as well as private hospitals. The rate of C-Section is comparatively high.

**Keywords:** Medicalization. Cesarean Section. Normal vaginal delivery.

### INTRODUCTION

Medicalization is a process by which human problems come to be defined and treated as medical conditions and thus become the subject of medical study, diagnosis, prevention or treatment.<sup>1</sup> Medicalization has great influence on maternity practices. Pregnancy and childbirth were considered as a natural process and treated accordingly in the past. Childbirth was a social and emotional event that usually took place in pregnant women's home and the whole family was part in one or another way. Maternal mortality rate (MMR) and infant mortality rate (IMR) during childbirth was high. With the development of obstetrics at the beginning of 20th century, childbirth began to take place in hospitals.<sup>2,3</sup> Consequences of medicalization are increasing because more and more areas are exposed to expanded medical control.<sup>3</sup>

Childbirth was thought as a natural event in Western societies before the 20<sup>th</sup> century. The course of childbirth was determined by natural forces and medical procedures were required in a small minority of cases. Home delivery was done in rural environments and resulted in a higher percentage of maternal and perinatal deaths.<sup>4,5</sup> At the beginning of the 20<sup>th</sup> century, coinciding with the advancing industrial revolution, obstetrics became important within medical science. The development and function of the medical profession were based on a biomedical model that there was a biophysical explanation that could be objectively defined for every disease.<sup>4</sup> Although pregnancy is a physiological condition but western civilization described it as the risky condition. Control over childbirth has become the important task of medicine. New technologies have also been focused on monitoring mother and fetus during pregnancy and childbirth for a healthy child and a healthy mother.<sup>5</sup> According to a study done in western societies about 90% of childbirth is taking place at hospitals and almost all childbirths have been medicalized.<sup>4</sup>

In past childbirths occurred at home of pregnant women. This process is dangerous and has a high mortality rate. In rural areas of Pakistan, 80% of the deliveries are done by untrained personnel at home.<sup>6</sup> In rural area it is seen as 'women's business' and has not

Sharif Medical & Dental College, Sharif Medical City.  
Sharif Medical City Road, Off Raiwind Road, Jati Umra,  
Lahore 54000, Pakistan.

Correspondence: Dr. Muhammad Shahid Iqbal  
Professor Department of Community Medicine  
Sharif Medical & Dental College  
E-mail: shahid.iqbal@sharifmedicalcity.org

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been discussed outside the conclaves of birthing women. Knowledge of birth process has been passed on verbally to those who 'had a right to know'.<sup>7,8</sup> In Urban areas due to the presence of healthcare facilities and advanced medical technologies almost all childbirth has been medicalized.<sup>9</sup>

This study was designed to evaluate the effect of medicalization on childbirth in rural and urban areas due to the provision of trained midwives, health attendants and hospital facilities.

### METHODOLOGY

It was a cross-sectional study conducted in Department of Gynae & Obs Services Hospital, Lahore after approval from ethical committee. Non-probability convenient sampling technique was used. The sample size was calculated by WHO software by using a formula of estimating population proportion with specific relative prevision. By using anticipated frequency of 80% and relative precision of 10 (0.10%) the sample size was 97. Data was collected from only 50 patients because of feasibility and co-operation extended by the females. A detailed semi-structured questionnaire was used for data collection which was finalized after pretesting. Respondents were interviewed with the help of the questionnaire. All the data was collected by a research team.

### STATISTICAL ANALYSIS

Data was entered and analyzed through the Statistical package for social sciences (SPSS) software version 24. For qualitative variables, frequency and percentage distribution tables were generated. Association between categorical variables was determined by applying Chi-square test. A p-value < or equal to 0.05 was taken as cut-off point for significance.

### RESULTS

Data was collected from 50 pregnant females about their pregnancies (139) in hospitals of Lahore. Out of 50 females, 17 (34%) were between 15-25 age, 25 (50%) were between 25-40 and 8 (16%) were between

40-50 age. Out of 139 pregnancies, 7 (5%) were stillbirths, 128 (92.1%) were live births, 1 (0.7%) were premature births and 3 (2.2%) were abortions.

Our results showed out of 139 pregnancies, 83 (59.7%) were delivered by NVD without episiotomy, 55 (39.6%) by C-section and only 1 (0.7%) by NVD with episiotomy (Table 1). It was noted that 82 (59%) females delivered at public hospitals, 25 (18%) at private hospitals and 32 (23%) at home.

Sixty three (45.4%) pregnant females were attended by specialist doctors, 43 (30.9%) by MBBS doctors and 33 (23.7%) by midwives (Table 2).

Out of 139 pregnancies, 55 were delivered by C-section and decisions of C-sections were made by specialist doctors in 50 (90.1%) cases and by MBBS doctors in 5 (8.9%) cases. The indications for C-section were breech position in 10 (18.1%) patients, placenta previa in 10 (18.1%), twin pregnancy in 2 (3.6%), prolong labor in 21 (38.1%), preeclampsia in 10 (18.1%) and fetal distress in 2 (3.6%) pregnant females.

Patients were justified in 132 (94.2%) pregnancies regarding decisions of their mode of deliveries, 3 (2.2%) were unjustified and 4 (2.9%) did not know either justified or unjustified.

There is a significant association between age and mode of delivery. In females of age between 15-25 years, out of 17 deliveries 9 (52.9%) were C-sections and 7 (42.1%) were normal. In females of age between 25-40 years, out of 25 deliveries, 9 (36%) were C-sections and 16 (64%) were normal. In females of age between 40-50 years, out of 8 deliveries, only 2 (25%) were C-sections and 6 (75%) were normal with Chi-square test with degree of freedom (df)=4 and a p-value less than 0.05.

Data reveals that there is a significant association between place and mode of deliveries. At public hospital out of 82 deliveries 43(52.4%) were normal 38 (46.3%) were C-sections and 1 (1.2%) was episiotomy. At private hospital, out of 25 deliveries, 8 (32%) were normal and 17 (62%) were C-sections. So, C-section rate was high in private hospitals. At home, out of 32 deliveries, 100% were normal with Chi-square with df=4 and p-value less than 0.05 (Table 3).

**Table 1: Frequency distribution by modes of delivery**

Modes of delivery	Frequency	Percentage
NVD without Episiotomy	83	59.7
C-section	55	39.6
NVD with Episiotomy	1	0.7



**Table 2: Frequency distribution of deliveries attended by healthcare provider**

	Frequency	Percentage
<b>Specialist doctor</b>	63	45.4
<b>MBBS doctor</b>	43	30.9
<b>Midwife</b>	33	23.7

**Table 3: Frequency distribution of deliveries attended by healthcare provider**

Place of Birth	Modes of Delivery				
		NVD	C-Section	NVD with Episiotomy	Total
<b>Public Hospitals</b>	Frequency	43	38	1	82
	%age	52.4%	46.3%	1.2%	100.0%
<b>Private Hospitals</b>	Frequency	8	17	0	25
	%age	32.0%	68.0%	0.0%	100.0%
<b>Home</b>	Frequency	32	0	0	32
	%age	100.0%	0.0%	0.0%	100.0%
<b>Total</b>	Frequency	83	55	1	139
	%age	59.7%	39.6%	0.7%	100.0%
<b>Test of significance</b>			Chi Square with df=4 and p-value less than 0.05		

## DISCUSSION

Medicalization is the empowerment of medical study over maternity practices. It has become an essential tool of childbirth and has various outcomes over childbirth. It deals with childbirths that are taking place at hospitals. The reason of this study is to know the effects of medicalization on childbirths and increasing trend of medicalized childbirths and their outcomes in Gynae Department of Services Hospital, Lahore. This research is also necessary to evaluate the development of obstetrics and as well as various movements of medicine attempted over childbirths.<sup>11-13</sup>

It was depicted that out of 139 pregnancies 83 (59.7%) were delivered by NVD, 55 (39.6%) were delivered by C-section and only 1 (0.7%) by NVD with episiotomy. Eighty two (59%) took place at public hospitals, 25 (18%) at private hospitals and 32 (23%) at home. At public hospitals out of 82 deliveries 40 were attended

by specialist doctors and 42 by MBBS doctors. At private hospitals out of 25 deliveries, 23 were attended by specialist doctors, 1 by MBBS doctor and 1 by a midwife. At home, all 32 deliveries were attended by midwives. Fifty five were delivered by C-sections and C-section rate was high (62%) in private hospitals as compared to public hospitals (46.2%).

Our observations about different measures taken are that the rate of normal deliveries was found to be 59.7% which is low as compared to other countries. It was found in a study carried out in Singapore that rate of normal deliveries was 69.5%.<sup>15</sup>

The C- section rate was found to be 39.6% which is disappointingly high as compared to other countries. It was found in study carried out in Malaysia that C-section rate was not more than 20%.<sup>15</sup>

In private hospitals, the rate of C-section was found to be 62%. Similar results were found in a study carried



out in North Bangladesh in which the rate of C-section was 67.3% in private hospitals. In public hospitals the rate of C-section was found to be 46.2% which is not acceptable and high as compared to Bangladesh in which it was 34.6.<sup>16</sup>

The percentage of hospital deliveries including both private and public was found to be 77% showing that most of the childbirths are occurring in hospitals. Therefore, the medicalization of childbirth is increasing. In a study carried out in Mexico the recent percentage of hospitals deliveries was 95.1% which shows almost all the childbirths have been medicalized in Mexico. The abortion rate was found to be 2.2% which is acceptable and low as compared to other countries. It was found in a study carried out in Korea that abortion rate was 26.44%.<sup>17,18</sup>

All the C- section decisions (100%) were taken by doctors associated with proper medical indications. Some are associated with breech deliveries; some with placenta previa and some with prolong labor. It is comparable to other developed countries.<sup>18</sup>

There can be various reasons for above mentioned results one of the main reasons is that hospitals births are safe as compared to home births. Due to various complications, C-section rate is increasing.

### CONCLUSION

Most of the childbirths have been medicalized and are under the medical power. A very few childbirths are taking place at home. Due to development in obstetrics, childbirths are taking place both in public as well as private hospitals. The rate of C-Sections is high as compared to normal vaginal delivery.

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