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Community Norms and Maternal Health Education: Challenges and Prospects in Gilgit

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ABSTRACT

The Maternal health education is essential for improving maternal and reproductive health outcomes; however, in District Gilgit-Baltistan, community norms significantly shape women's access to health information and services. This study examines the challenges and prospects of maternal health education within the framework of prevailing socio-cultural practices, gender roles, religious interpretations, and traditional belief systems. Using a qualitative research approach. The findings reveal that limited decision-making power, early marriages, mobility restrictions, and reliance on traditional birth attendants restrict women's exposure to formal maternal health education, while social stigma surrounding reproductive discussions further limits open communication. Despite these challenges, increasing female literacy rates, the active role of Lady Health Workers, community-based awareness programs, and expanding media access present significant opportunities for improvement. The study concludes that culturally sensitive interventions, greater male involvement, and collaboration with community and religious leaders are crucial for strengthening maternal health education and promoting sustainable improvements in maternal and reproductive health awareness in Gilgit-Baltistan.

Introduction

Maternal health education (MHE) is a fundamental pillar of public health that focuses on improving the knowledge, attitudes, and practices of women during pregnancy, childbirth, and the postnatal period. It plays a crucial role in reducing maternal and infant mortality by promoting awareness about nutrition, hygiene, antenatal care, and safe delivery practices. In developing regions, especially in geographically isolated and socio-culturally complex areas, maternal health education becomes even more significant. Gilgit-Baltistan, located in the northern mountainous region of Pakistan, presents a unique case where physical remoteness and deeply embedded social norms intersect to influence maternal health outcomes. Despite improvements in healthcare at the national level, maternal health indicators in remote regions like Gilgit still lag behind. Limited access to healthcare facilities, shortage of trained medical staff, and inadequate infrastructure create serious challenges for pregnant women. These structural barriers are further intensified by the harsh terrain and climatic conditions, which often make



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healthcare services inaccessible during emergencies. As a result, many women rely on traditional practices and informal healthcare providers, which may not always ensure safe maternal outcomes (Arif, et, al, 2025).

Community norms and cultural practices play a decisive role in shaping maternal health behaviors in Gilgit. The society is largely patriarchal, where decision-making authority is often concentrated in the hands of male family members or elders. Women's mobility and access to healthcare services are frequently restricted, and their health needs may not be prioritized. Such norms significantly affect the uptake of maternal health education, as women may lack both the autonomy and the support required to seek proper medical care. In addition, cultural beliefs and social taboos surrounding reproductive health create barriers to open communication and awareness. Topics such as pregnancy complications, family planning, and maternal nutrition are often considered private or sensitive, limiting the dissemination of accurate health information. This silence contributes to misconceptions and unhealthy practices, increasing the risks associated with pregnancy and childbirth. Consequently, maternal health education programs often struggle to achieve their objectives in such socio-cultural environments. Another important dimension is the role of community structures and collective decision-making. In Gilgit, families and communities function as cohesive units where decisions are influenced by shared values and traditions. While this can restrict individual choice, it also provides an opportunity for community-based interventions. Engaging local leaders, religious figures, and elders can help in reshaping attitudes and promoting positive health behaviors, thereby enhancing the effectiveness of maternal health education initiatives (Ali, et, al, 2025).

The interaction between community norms and maternal health education is essential for addressing the challenges faced in Gilgit. A culturally sensitive and community-oriented approach is required to improve awareness, accessibility, and acceptance of maternal healthcare services. This study aims to explore the key challenges posed by socio-cultural norms and identify potential prospects for strengthening maternal health education in the region, ultimately contributing to better health outcomes for mothers and children.

Community Norms and Their Influence on Maternal Health

Community norms play a central role in shaping maternal health behaviors in Gilgit-Baltistan, where social life is deeply rooted in tradition, kinship structures, and cultural values. These norms influence how pregnancy, childbirth, and women's health are perceived and managed within households and communities. In many cases, they determine whether women seek professional healthcare or rely on traditional practices, directly affecting maternal health outcomes. One of the most significant influences of community norms is the patriarchal structure of society, which limits women's autonomy in making health-related decisions. In many households, husbands, mothers-in-law, or elder male members hold authority over decisions such as visiting a health facility or consulting a doctor. This dependency often leads to delays in seeking care, especially during complications, increasing the risk of maternal morbidity and mortality. Closely related to this is the restriction on women's mobility. Cultural expectations often discourage women from traveling alone or interacting with male healthcare providers. In remote areas of Gilgit, where female doctors and midwives are scarce, this norm becomes a major barrier. As a result, many women either avoid seeking care or depend on untrained birth attendants, which can lead to unsafe delivery practices. Traditional beliefs and indigenous knowledge systems also strongly influence maternal health



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practices. Pregnancy and childbirth are often viewed as natural processes that do not require medical intervention unless complications arise (Zahid, et, al, 2024).

This perception reduces the importance of antenatal checkups and institutional deliveries. Instead, families may prefer home births assisted by traditional birth attendants, who may lack the necessary medical training. The Dietary practices during pregnancy are another area shaped by community norms. Certain foods may be avoided due to cultural beliefs, such as the idea that specific foods can cause complications or difficult labor. These restrictions can lead to nutritional deficiencies among pregnant women, negatively impacting both maternal and fetal health. In contrast, some beneficial dietary practices rooted in local traditions can support maternal well-being, showing that not all norms are harmful.

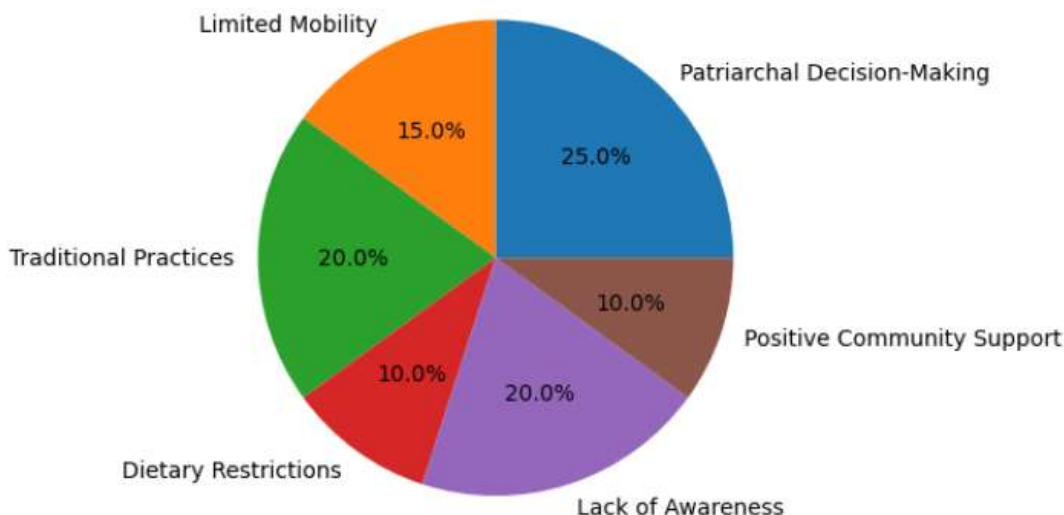
Social taboos surrounding reproductive health further limit access to maternal health education. Discussions about pregnancy, menstruation, and contraception are often considered private or inappropriate, particularly for young or unmarried women. This silence creates gaps in knowledge and fosters misconceptions, making it difficult for health educators to communicate essential information effectively. The role of elder women, particularly mothers-in-law, is also crucial in influencing maternal health decisions. In many households, they act as key advisors during pregnancy and childbirth, often promoting traditional practices based on their own experiences. While their guidance can be supportive, it may sometimes conflict with modern medical recommendations, creating tension between traditional knowledge and professional healthcare advice. Religious and cultural values also shape attitudes toward maternal health. In some cases, reliance on faith and spiritual practices may discourage the use of medical services, as health outcomes are perceived to be determined by divine will. However, religious leaders can also play a positive role by promoting health-seeking behaviors if they are engaged effectively in awareness campaigns. Community solidarity and collective decision-making can both hinder and facilitate maternal health education. While individual women may have limited decision-making power, community approval can significantly influence behavior. If the community collectively supports healthcare initiatives, such as vaccination drives or antenatal programs, participation rates can improve substantially. This highlights the importance of community engagement in health interventions (Memon, et, al, 2024).

Education levels within the community also interact with social norms to influence maternal health. In areas with low female literacy, traditional beliefs tend to dominate, and awareness about modern healthcare remains limited. Conversely, communities with higher levels of education are more likely to adopt positive health practices and support women's access to healthcare services. The community norms in Gilgit have a profound and multifaceted impact on maternal health. While some norms act as barriers by restricting women's autonomy and promoting harmful practices, others provide a foundation for community support and cohesion. Understanding these dynamics is essential for designing culturally sensitive maternal health education programs that can effectively address challenges and leverage existing social structures for improved health outcomes.



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Community Norms and Maternal Health



Overview of Community Norms and Maternal Health

The pie chart illustrates the major community norms influencing maternal health in Gilgit, highlighting how socio-cultural factors shape women's access to healthcare and health-related decision-making. These factors are not isolated; rather, they interact in complex ways to influence maternal health outcomes in the region.

A significant portion of the chart (25%) represents patriarchal decision-making, indicating that male dominance in household decisions is the most influential factor. In many families, women require permission from husbands or elders to seek medical care, which can delay timely access to antenatal and emergency services. This reflects how gender inequality directly impacts maternal health. The second major factor is traditional practices (20%), which include reliance on home births and traditional birth attendants. While these practices are culturally accepted and accessible, they often lack medical safety standards. This increases the risk of complications during pregnancy and childbirth, especially in the absence of skilled healthcare providers another 20% is attributed to lack of awareness, emphasizing the role of low literacy and limited health education. Many women are not fully informed about the importance of antenatal care, nutrition, or danger signs during pregnancy. This gap in knowledge reduces the effectiveness of maternal health programs and contributes to preventable health risks. Limited mobility (15%) is also a notable factor. Cultural restrictions on women's movement, especially without a male companion, make it difficult for them to access healthcare facilities. In geographically remote areas like Gilgit, this issue is further intensified by long distances and poor transportation infrastructure. Dietary restrictions (10%) reflect the influence of cultural beliefs on nutrition during pregnancy. Some foods are avoided due to misconceptions, which can lead to nutritional deficiencies. Proper maternal nutrition is essential for both the mother and the developing child, making this an important area of concern.

Lastly, positive community support (10%) shows that not all community norms are barriers. In some cases, strong community networks and collective values can support maternal health initiatives. When communities are engaged and aware, they can encourage women to seek healthcare and adopt healthy practices. Overall, the chart demonstrates that while several community norms act as barriers to maternal health, there is also potential within the same social structures to promote positive change.



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Addressing these challenges requires culturally sensitive strategies that involve not only women but also families, community leaders, and local institutions.

Key Challenges in Maternal Health Education

Geographic Isolation and Infrastructure

The Gilgit's rugged terrain and scattered settlements make healthcare facilities difficult to access. Harsh winters, road blockages, and long travel distances significantly hinder maternal healthcare access, increasing risks during pregnancy and childbirth. Geographic isolation is one of the most critical challenges affecting maternal health in Gilgit-Baltistan. The region is characterized by high mountains, deep valleys, and widely scattered settlements, making physical access to healthcare facilities extremely difficult. Many villages are located far from basic health units or hospitals, requiring hours of travel on foot or by limited transport options. This isolation delays routine antenatal visits and discourages women from seeking timely medical care during pregnancy. The situation becomes more severe during the winter season, when heavy snowfall, landslides, and road blockages cut off entire communities from the rest of the region. In such conditions, emergency transportation becomes nearly impossible, leaving pregnant women without access to skilled healthcare providers during critical moments. These delays can lead to life-threatening complications for both mother and child, particularly in cases requiring immediate medical intervention, such as obstructed labor or hemorrhage. In addition to natural barriers, the lack of proper healthcare infrastructure further compounds the problem. Many remote areas suffer from inadequate health facilities, shortage of trained staff, and absence of essential medical equipment. Even when facilities exist, they may not be fully functional or accessible year-round. This combination of geographic isolation and weak infrastructure significantly increases maternal health risks and highlights the urgent need for improved transportation systems, mobile health services, and better-equipped rural healthcare centers (Ali, et, al, 2021).

Limited Healthcare Resources

The Limited healthcare resources remain a major barrier to improving maternal health in Gilgit-Baltistan. The region faces a critical shortage of trained healthcare professionals, particularly female doctors, nurses, and skilled birth attendants. Due to cultural preferences and social norms, many women are reluctant to seek care from male practitioners, which further restricts their access to essential maternal health services. As a result, a significant number of pregnancies and deliveries take place without professional medical supervision. In addition to human resource constraints, the healthcare infrastructure in remote areas is often weak and underdeveloped. Basic health units and rural health centers may lack essential equipment, medicines, and emergency facilities required for safe maternal care. Many facilities are either understaffed or not fully functional, limiting their ability to handle complications during pregnancy and childbirth. This forces families to travel long distances to reach better-equipped hospitals, which is not always feasible in emergency situations (Asif, et, al, 2017).

Furthermore, the overall health system in the region suffers from insufficient funding, poor management, and lack of policy implementation. Maternal healthcare, in particular, has not received adequate attention compared to other health priorities. These systemic weaknesses contribute to high risks for mothers and newborns, highlighting the urgent need for investment in healthcare infrastructure, training of local female health workers, and strengthening of maternal health services at the community level.



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Low Health Literacy

Lack of awareness about maternal nutrition, antenatal care, and postnatal practices remains a major challenge. Many women are unaware of danger signs during pregnancy or the importance of institutional deliveries. Low health literacy is a significant barrier to improving maternal health outcomes in Gilgit-Baltistan. Many women, particularly in rural and remote areas, have limited access to formal education and health-related information. As a result, awareness about essential aspects of maternal care—such as proper nutrition during pregnancy, the importance of regular antenatal checkups, and postnatal care practices—remains inadequate. This knowledge gap directly affects the ability of women to make informed decisions about their health and well-being. A major concern linked to low health literacy is the lack of understanding of danger signs during pregnancy. Symptoms such as severe bleeding, high blood pressure, prolonged labor, or infections are often not recognized as medical emergencies. Consequently, families may delay seeking professional care, relying instead on home remedies or traditional practices. These delays can lead to serious complications and, in extreme cases, maternal or neonatal mortality (Hussain, et, al, 2025).

Furthermore, many women are unaware of the benefits of institutional deliveries and skilled birth attendance. Cultural norms combined with limited knowledge often lead to a preference for home births, even in high-risk pregnancies. Without proper guidance and awareness, maternal health education programs struggle to achieve their desired impact. Therefore, improving health literacy through community-based education, awareness campaigns, and accessible information in local languages is essential for enhancing maternal health outcomes in the region.

Socioeconomic Constraints

Poverty, poor transportation, and limited access to information and communication technologies restrict women's ability to seek timely healthcare. Broader social determinants such as inadequate housing, food insecurity, and lack of education also negatively affect maternal health outcomes. Socioeconomic constraints are a major determinant of maternal health outcomes in Gilgit-Baltistan, where poverty and limited economic opportunities significantly affect access to healthcare. Many families lack the financial resources to afford transportation, medical expenses, and necessary medications during pregnancy and childbirth. In remote areas, even reaching a basic health facility can involve high travel costs, which discourages timely healthcare-seeking behavior and increases the risks associated with maternal complications. The Poor transportation systems further compound these challenges. The absence of reliable roads, public transport, and emergency services makes it difficult for pregnant women to reach healthcare facilities, especially during critical situations. In many cases, families must rely on private or informal transport, which may not be available or affordable. Delays caused by transportation barriers can be life-threatening, particularly in emergencies requiring immediate medical intervention (Aziz, et, al, 2025).

In addition, broader social determinants such as inadequate housing, food insecurity, and low levels of education play a crucial role in shaping maternal health. Poor nutrition due to food insecurity weakens maternal health, increasing vulnerability to complications. Limited access to information and communication technologies also restricts awareness and health education opportunities. These interconnected socioeconomic factors highlight the need for comprehensive policies that address not only healthcare services but also poverty reduction, education, and infrastructure development to improve maternal health outcomes.



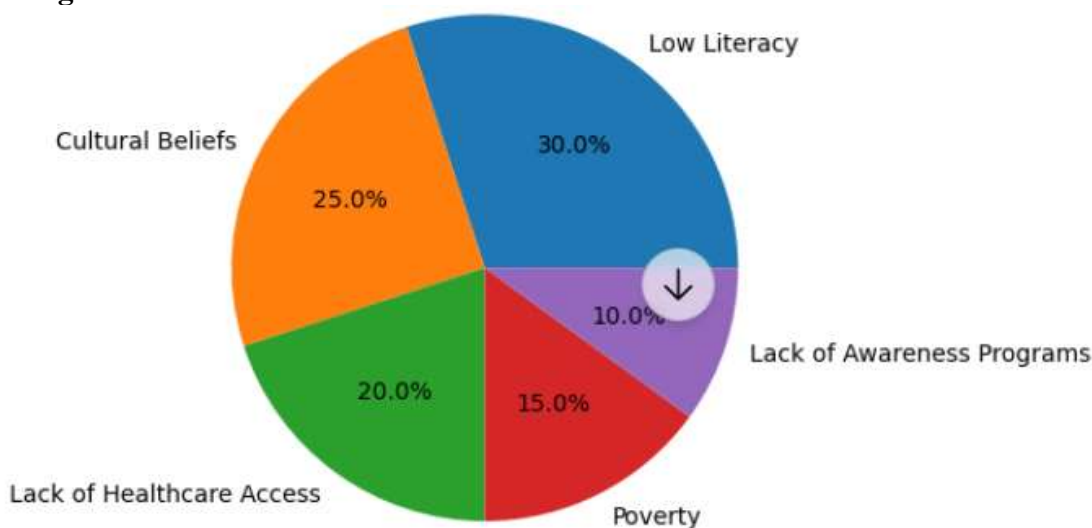
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Cultural Barriers and Gender Norms

Cultural barriers and gender norms are deeply embedded social patterns that shape the roles, behavior, and opportunities of individuals in society. In many traditional communities, particularly in South Asia and rural Pakistan, these norms are strongly influenced by patriarchal values that prioritize men as primary decision-makers. As a result, women are often assigned a secondary status, where their roles are largely confined to household responsibilities such as childcare, cooking, and domestic work. This structural inequality limits women's participation in education, employment, and public life, thereby reducing their overall social and economic empowerment. One of the most significant effects of cultural barriers is the restriction on women's mobility and access to resources. In many areas, women require permission or accompaniment from male family members to leave their homes, which directly affects their ability to access schools, healthcare facilities, and workplaces. Early and forced marriages further reinforce these limitations by shifting responsibilities to girls at a young age, often resulting in school dropout and early pregnancies. Additionally, social norms related to family "honor" can discourage families from allowing girls to pursue higher education or professional careers, fearing social stigma or criticism from the community (Ali, et, al, 2025).

These cultural and gender-based constraints have long-term consequences on health, education, and economic development. Women with limited autonomy are less likely to access maternal healthcare services, nutritional information, and reproductive health education, leading to poorer health outcomes for both mothers and children. Moreover, the exclusion of women from decision-making processes at household and community levels reduces their ability to influence positive change. Addressing these challenges requires sustained efforts through education, awareness campaigns, legal reforms, and community engagement to challenge harmful traditions and promote gender equality for sustainable social development.

Key Challenges in Maternal Health Education



Theoretical Framework

Social Ecological Model (SEM)

This study on *Community Norms and Maternal Health Education: Challenges and Prospects in Gilgit* is grounded in the Social Ecological Model (SEM), which provides a comprehensive lens to understand how maternal health behaviors are shaped by multiple



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interrelated factors operating at different levels of society. The framework is particularly suitable for analyzing maternal health in Gilgit, where individual choices are strongly influenced by family structures, cultural traditions, healthcare systems, and broader policy environments. At the individual level, the framework considers a woman's knowledge, awareness, education, and perceptions regarding maternal health services. Factors such as understanding of antenatal care, nutritional needs during pregnancy, and awareness of danger signs directly influence her health-seeking behavior. However, in contexts like Gilgit, individual knowledge alone is often insufficient due to external constraints. The interpersonal level highlights the influence of family members, particularly husbands, mothers-in-law, and elders, on maternal health decisions. In many households, women do not independently decide about visiting health facilities or seeking skilled birth attendance. Instead, these decisions are shaped by family approval, financial considerations, and traditional beliefs, which may either support or restrict access to maternal healthcare (Zhang, et, al, 2024).

At the community level, cultural norms, traditions, and social expectations play a critical role. In Gilgit, societal attitudes toward pregnancy, childbirth, and female mobility often determine whether women utilize modern health services or rely on traditional birth attendants. Community perceptions about hospital deliveries, gender segregation, and discussions around reproductive health significantly affect maternal health education and practice. The institutional or health system level focuses on the availability, accessibility, and quality of healthcare services. This includes the presence of trained health professionals, particularly female staff, availability of maternal health facilities, and outreach programs such as Lady Health Workers. Geographic barriers, such as mountainous terrain and long travel distances, further influence access to institutional healthcare in Gilgit.

Finally, the policy level encompasses government strategies, health reforms, and maternal and child health programs aimed at improving service delivery. Policies related to rural healthcare infrastructure, maternal health awareness campaigns, and female education initiatives are essential in addressing structural inequalities and improving maternal health outcomes. The Social Ecological Model provides a holistic theoretical framework for this study by integrating multiple levels of influence on maternal health education. It helps to explain how individual behavior is not isolated but shaped by a complex interaction of social, cultural, institutional, and policy-related factors. This framework is therefore highly effective for analyzing both the challenges and prospects of maternal health education in Gilgit.

Role of Maternal Health Education

Maternal health education plays a crucial role in improving the overall well-being of mothers and children by increasing awareness, changing health behaviors, and promoting the use of essential healthcare services. It equips women and families with knowledge about pregnancy, childbirth, and postnatal care, enabling them to make informed decisions that reduce risks during and after pregnancy. Educated mothers are more likely to seek antenatal checkups, skilled birth attendance, and timely medical assistance, which significantly lowers maternal and infant mortality rates.

Promoting awareness about antenatal, natal, and postnatal care

Promoting awareness about antenatal, natal, and postnatal care is a fundamental component of maternal health education, as it ensures that women receive continuous and comprehensive healthcare throughout pregnancy, childbirth, and the postpartum



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period. Antenatal care awareness focuses on encouraging early and regular check-ups during pregnancy, which help in monitoring the health of both mother and baby, identifying risks such as anemia, hypertension, or gestational diabetes, and ensuring timely medical intervention. It also emphasizes the importance of balanced nutrition, iron and folic acid supplementation, and vaccinations, which contribute to healthy fetal development. Natal care awareness highlights the importance of safe and skilled birth attendance during delivery. Educating families about institutional deliveries, hygienic birthing practices, and emergency preparedness reduces the risks of complications such as obstructed labor or excessive bleeding. It also ensures that women have access to trained healthcare professionals who can provide immediate support in case of emergencies, thereby significantly reducing maternal and neonatal mortality (Alam,2017).

Postnatal care awareness is equally important, as it focuses on the health of both mother and newborn after childbirth. It includes guidance on breastfeeding practices, newborn care, maternal recovery, family planning, and recognition of post-delivery complications such as infections or postpartum depression. Educating families about postnatal visits ensures early detection of health issues and promotes the long-term well-being of both mother and child. Together, awareness of antenatal, natal, and postnatal care creates a continuum of care that strengthens maternal and child health outcomes, reduces preventable deaths, and promotes healthier families and communities.

Encouraging institutional deliveries and skilled birth attendance

Encouraging institutional deliveries is a vital strategy for improving maternal and neonatal health outcomes, particularly in developing regions where home births without medical supervision are still common. Institutional deliveries ensure that childbirth takes place in well-equipped healthcare facilities such as hospitals or maternal health centers, where trained medical staff, essential medicines, and emergency obstetric care are readily available. This significantly reduces the risks associated with complications like excessive bleeding, infections, eclampsia, or obstructed labor. Awareness campaigns, community outreach programs, and financial incentives can play an important role in motivating families to choose healthcare facilities for childbirth. When women deliver in safe environments, both maternal and infant survival rates improve, contributing to overall public health advancement. The Skilled birth attendance complements institutional deliveries by ensuring that trained health professionals such as doctors, nurses, and midwives are present during childbirth to manage normal deliveries and respond effectively to complications. Skilled attendants are trained in essential practices such as neonatal resuscitation, infection prevention, and emergency referral, which are crucial in saving lives during critical situations. In many rural and underserved areas, the shortage of skilled birth attendants remains a challenge, making training programs and deployment of community midwives essential. Promoting skilled birth attendance not only enhances the safety of delivery but also builds trust in the healthcare system, encouraging more women to seek professional care during childbirth (Hassan, et,al, 2024).

Enhancing women's decision-making capacity

Enhancing women's decision-making capacity is a critical dimension of maternal health education, as it directly influences a woman's ability to seek timely healthcare, adopt safe maternal practices, and make informed choices regarding her reproductive health. In many societies, especially in rural and traditional settings, women often have limited



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autonomy in decisions related to pregnancy care, place of delivery, nutrition, and family planning. Maternal health education helps address this gap by increasing awareness of health rights, available services, and the importance of timely medical intervention. When women are informed, they are more confident in discussing their health needs with family members and healthcare providers, leading to better utilization of antenatal, natal, and postnatal services.

Improving decision-making capacity also involves empowering women socially and economically. Education and awareness programs encourage women to actively participate in household and health-related decisions, reducing dependence on others for critical choices. This empowerment is further strengthened when communities and families support women's access to healthcare information and services. As women gain greater control over decisions related to pregnancy spacing, nutrition, and healthcare visits, maternal and child health outcomes improve significantly. Ultimately, enhancing women's decision-making capacity contributes not only to safer pregnancies but also to broader goals of gender equality and sustainable community development (Siddiqui, 2025).

Prospects and Opportunities

Community-Based Interventions

Programs involving local women, community leaders, and religious figures can help shift harmful norms and promote health-seeking behavior. Community-based interventions play a vital role in improving maternal health by engaging local women, community leaders, and religious figures in promoting positive health behaviors and challenging harmful cultural norms. These interventions are particularly effective in rural and underserved areas where formal healthcare access may be limited and traditional beliefs strongly influence health decisions. By involving trusted local figures, health messages become more acceptable and culturally relevant, which helps increase awareness about antenatal care, institutional deliveries, nutrition, and postnatal practices. Women's groups and community health volunteers can also provide peer support, share essential health information, and encourage pregnant women to seek timely medical care (Voigt, et, al 2020).

Religious leaders and community elders can further strengthen these efforts by endorsing safe maternal practices from a culturally respected platform, helping to reduce resistance to modern healthcare services. Such community-driven approaches foster collective responsibility for maternal well-being and create an environment where healthy practices are socially encouraged. As a result, harmful traditions that discourage hospital deliveries or restrict women's mobility during pregnancy can gradually be replaced with informed and supportive attitudes. Overall, community-based interventions bridge the gap between healthcare systems and local populations, leading to improved maternal health outcomes and stronger community engagement in health promotion.

Strengthening Female Education

Improving girls' education can lead to better maternal health outcomes by increasing awareness, autonomy, and decision-making capacity. Strengthening female education is one of the most effective long-term strategies for improving maternal health outcomes. When girls receive quality education, they gain essential knowledge about health, nutrition, hygiene, and reproductive well-being, which enables them to make informed decisions during pregnancy and childbirth. Educated women are more likely to understand the importance of antenatal checkups, skilled birth attendance, and postnatal care, thereby reducing risks associated with maternal and infant mortality. Education also



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delays early marriage and early pregnancy, which are major risk factors for complications during childbirth. In accumulation to health awareness, female education enhances women's autonomy and decision-making capacity within households and communities. Educated women are more confident in seeking medical care, negotiating health-related decisions, and accessing available health services without delay. They are also better able to communicate with healthcare providers and understand medical advice, leading to improved health-seeking behavior. Furthermore, educated mothers tend to adopt healthier practices for themselves and their children, creating a positive intergenerational effect on family well-being. Overall, strengthening female education not only empowers women socially and economically but also plays a crucial role in achieving sustainable improvements in maternal and child health (Dinar, 2020).

Expanding Healthcare Infrastructure

Expanding healthcare infrastructure is essential for improving maternal health outcomes, particularly in rural and underserved regions where access to medical facilities is limited. Strengthening infrastructure involves building more hospitals, basic health units, and maternal and child health centers equipped with essential medicines, diagnostic tools, and emergency obstetric care services. It also includes improving transportation systems and referral networks so that pregnant women can reach healthcare facilities quickly during emergencies. When healthcare services are physically accessible, women are more likely to seek timely antenatal checkups, safe deliveries, and postnatal care, reducing the risks of complications and maternal mortality.

In addition to physical facilities, expanding healthcare infrastructure also requires ensuring adequate staffing of trained doctors, nurses, and midwives, as well as improving the availability of medical supplies and technologies. Mobile health units and telemedicine services can further extend care to remote areas where permanent facilities are scarce. Strengthened infrastructure not only improves service delivery but also builds public trust in the healthcare system, encouraging greater utilization of maternal health services. Ultimately, investing in healthcare infrastructure is a foundational step toward achieving equitable, safe, and effective maternal healthcare for all women (Atiq, 2023).

Empowerment of Lady Health Workers

Empowerment of Lady Health Workers (LHWs) plays a crucial role in strengthening maternal health services, especially in rural and hard-to-reach areas. LHWs act as a vital link between healthcare facilities and local communities by providing essential maternal health education, antenatal care guidance, and postnatal follow-ups at the household level. When empowered through proper training, resources, and institutional support, they can effectively educate women about nutrition during pregnancy, danger signs, safe delivery practices, and the importance of institutional childbirth. Their presence within communities helps build trust, making it easier for women to seek timely healthcare services. In addition to service delivery, empowered LHWs contribute significantly to improving health awareness and behavioral change at the grassroots level. They can identify high-risk pregnancies, refer cases to nearby health facilities, and ensure continuity of care before and after childbirth. Providing them with adequate incentives, mobility support, and professional recognition further enhances their effectiveness and motivation. Overall, strengthening the role of Lady Health Workers not only improves maternal and child health outcomes but also bridges the gap between formal healthcare systems and underserved populations (Sultana, 2020).



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Conclusion

Maternal health education in Gilgit is deeply shaped by the interaction between community norms, socioeconomic conditions, and the availability of healthcare services. The analysis shows that while medical facilities and awareness programs exist, their effectiveness is often constrained by cultural beliefs, gender roles, and limited female autonomy. These community norms influence when, how, and whether women seek maternal healthcare, often resulting in delayed treatment and increased health risks for both mothers and newborns. Therefore, improving maternal health outcomes cannot be achieved solely through medical interventions; it requires a parallel transformation in social attitudes and behaviors.

One of the most significant findings is that low female literacy and restricted access to education remain central barriers. Women who lack formal education are less likely to understand the importance of antenatal care, nutritional requirements, and institutional deliveries. In addition, they are more dependent on family decision-makers, which reduces their ability to seek timely healthcare. This highlights the urgent need to integrate maternal health education with broader educational reforms aimed at empowering girls and women in Gilgit. Another important conclusion is the critical role of geographic and infrastructural challenges. The mountainous terrain, poor road connectivity, and distance from healthcare centers significantly limit access to maternal services. Even when awareness exists, physical barriers often prevent women from reaching hospitals or clinics in time. This situation underscores the importance of mobile health units, telemedicine, and decentralized healthcare facilities to bridge the accessibility gap in remote areas.

Cultural traditions and social expectations also continue to shape maternal health behavior in strong ways. Practices such as reliance on traditional birth attendants, reluctance to discuss reproductive health openly, and male-dominated decision-making structures hinder progress in maternal health education. However, these cultural systems are not entirely resistant to change. Community-based awareness programs, especially those involving local leaders and trusted health workers, have shown potential in gradually shifting attitudes toward safer maternal health practices.

Despite these challenges, there are promising prospects for improvement in Gilgit. Government health initiatives, non-governmental organizations, and Lady Health Worker programs are already contributing to increased awareness and service delivery. If these efforts are strengthened and culturally adapted, they can significantly improve maternal health indicators. Collaboration between health institutions, community leaders, and families is essential to ensure that awareness translates into actual behavioral change.

The improving maternal health education in Gilgit requires a comprehensive and multi-dimensional approach. Addressing only the medical side of the issue is not sufficient; social norms, education levels, infrastructure, and gender dynamics must all be considered together. With sustained policy commitment, community participation, and targeted educational interventions, it is possible to overcome existing barriers and ensure safer motherhood for women in the region.

Policy Recommendations

To improve maternal health education and outcomes in Gilgit, a set of targeted and context-specific policy recommendations is essential. These recommendations focus on strengthening healthcare delivery, addressing cultural barriers, and improving access to information and services in remote mountainous areas.

Strengthening Maternal Health Infrastructure



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Increasing Female Health Workforce

Expanding Maternal Health Education Programs

Promoting Female Education and Literacy

Improving Transportation and Referral Systems

Cultural Sensitization and Community Engagement

Strengthening Monitoring and Policy Implementation

Overall, maternal health in Gilgit can be significantly improved through integrated policy actions that combine infrastructure development, education, workforce expansion, and cultural engagement. A holistic and community-centered approach is essential to ensure that maternal health education translates into real behavioral change and better health outcomes for women in the region.

References:

- Arif, S., Shahid, N., Fatima, H., Habib, M. A., Jawad, T., Ansari, U. & Soofi, S. (2025). Insights Unveiled: Assessing Maternal and Newborn Healthcare Delivery in Gilgit Baltistan, Pakistan.
- Ali, T. S., Asif, N., Adnan, F., Farooq, M., Shahid, S., Bhutto, K., & Bhutta, Z. A. (2025). Sexual and reproductive health in Pakistan: a qualitative exploratory study of gender roles, family planning and adolescent health in Chitral, Gilgit-Baltistan and Sindh. *BMJ Public Health*, 3(1).
- Zahid, M., Shahid, A., Ali, W., & Khan, W. A. (2024). Community Perception towards Maternal Health Services: Exploring Barriers and Facilities at Tehsil Samarbagh, Dir Lower. *International Journal of Social Science Archives (IJSSA)*, 7(3).
- Zhang, D., Ling, G. H. T., Misnan, S. H. B., & Fang, M. (2023). A systematic review of factors influencing the vitality of public open spaces: a novel perspective using social-ecological model (SEM). *Sustainability*, 15(6), 5235.
- Memon, Z. A., Khan, G. N., Soofi, S. B., Baig, I. Y., & Bhutta, Z. A. (2015). Impact of a community-based perinatal and newborn preventive care package on perinatal and neonatal mortality in a remote mountainous district in Northern Pakistan. *BMC pregnancy and childbirth*, 15(1), 106.
- Ali, I., Khan, M., & Alam, A. (2021). What restraints are there on female education in high mountainous rural areas of Gilgit-Baltistan, Pakistan? *Development in Practice*, 31(8), 1040-1050.
- Asif, A. F. (2017). Healthcare challenges in Gilgit Baltistan: The way forward. *Pakistan Journal of Public Health*, 7(2), 113-116.
- Hussain, S., Ali, H., & Jalil, A. (2025). Women's Status and its Association with Antenatal Care Use: A Cross Sectional Study Conducted In Gilgit Baltistan. *Journal of Regional Studies Review*, 4(1), 122
- Aziz, A., Khan, F. A., & Wood, G. (2015). Who is excluded and how? An analysis of community spaces for maternal and child health in Pakistan. *Health research policy and systems*, 13(Suppl 1), S56.
- Ali, I., Khan, M., & Ali, A. (2025). Socio-economic determinants of girls' higher education: empirical insights from the high-mountain Nagar District, Gilgit-Baltistan, Pakistan. *Development in Practice*, 35(3), 359
- Alam, S. (2017). Female education: The facilitating and hindering factors regarding female education in Gilgit-Baltistan context of Pakistan. *International Women Online Journal of Distance Education*, 6(2), 35.
- Alam, S. (2017). Female education: The facilitating and hindering factors regarding female education in Gilgit-Baltistan context of Pakistan. *International Women Online Journal of Distance Education*, 6(2), 35.
- Hassan, M., Noreen, N., & Zaib, H. U. (2024). The Status of Women's Right to Work in Gilgit Baltistan: An Analysis in the Socio-Cultural Context. *AL-ĪMĀN Research Journal*, 2(02), 156-167.



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- Siddiqui, S. (2025). Community Development Failures in Pakistan: A Sociological Analysis and.
- Voigt, K., & Spies, M. (2020). Female education and social change: Changing perceptions of women's roles in society in the high mountains of northern Pakistan. *Mountain Research and Development*, 40(4), R9.
- Dinar, H. (2020). *Development and marginalization: Gender, infrastructure, and state-making in Gilgit-Baltistan, Pakistan* (Doctoral dissertation, Purdue University).
- Atiq, A. (2023). The Impact of Parental Engagement on Female Educational Attainment: A Case Study of Gilgit. Available at SSRN 5245140.
- Sultana, A. Gulfam.(2020). Socio-Cultural Implications of Son Preference: A Case of Danyore, Gilgit. *Global Anthropological Studies Review*, III.