ORIGINAL ARTICLE

MEDICALIZED MOTHERHOOD: BOURDIEU'S ELUCIDATION ON MATERNAL HEALTHCARE SERVICES IN PAKISTAN

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ABSTRACT

Introduction: In maternal healthcare, each and every step is critical and important, as it is the matter of dealing with two bodies; mothers and newborns. Due to extensive medical intervention in healthcare, the contemporary practices of mothers and newborns healthcare in the hospitals are medicalized. This study was designed to comprehend the system of healthcare for providing safe and quality healthcare services to mothers and newborns as medicalized motherhood.

Material & Methods: Based on the identified gaps in the literature, theories and methodology, this study has adopted the qualitative design to investigate the medicalized motherhood practices at public hospital in Islamabad, Pakistan. In-depth interviews were conducted from 20 patients, six doctors and two staff members from the gynecology department. Pierre Bourdieu's theory of Practice was used as theoretical framework to describe disposition, position and positioning of the motherhood experience in the medicalized healthcare.

Results: Under the elucidation of Theory of practice, the findings of the study imitated healthcare as a social system, where various stakeholders involved to establish their relations with each other. It is concluded that the application of Bourdieu's theory of practice strengthens an understanding of the structural-functional matters of the healthcare services delivered at hospitals as social institutions.

Conclusion: The interpretative phenomenological analysis of the study investigated some new aspects of the subject matter which have not been highlighted in any previous research such as process and procedure of care as well nurses-doctor hegemony of power.

Key Words: Bourdieu, Medicalized Motherhood, Theory of practice

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INTRODUCTION

In maternal healthcare, each and every step is critical and important, as it is the matter of dealing with two bodies; mothers and newborns. Due to extensive medical intervention in healthcare, the contemporary practices of mothers and newborns healthcare in the hospitals are medicalized. In the provision of healthcare services, medicalization states the socio-cultural process to express and indulgence of non-medical problems as medical. It is reflected as a social process built on norms, values and medical ethics which imitate pregnancy and childbirth that are not only biological but also cultural and social events.[26,27] The process of medicalization and de-medicalization is of great interest in the field of medical sociology since the 1960s.[28] This study explicate the medicalization of childbirth in the wider social

milieu of delivering maternal healthcare services in public hospitals in Pakistan.

It is perplexing for public hospitals to deliver ample and desirable care to the intact population with limited resources. Mothers and Newborns need much intensive care, therefore, every feature starts from day one of pregnancy till the birth and even after the birth is imperative for the providers to covenant with exceptional attention. The human and physical resources are very imperative to establish and monitor a competent way, to deliver harmless and quality services to the mothers and newborns in public hospitals.

The hospitals in this regard have a much greater responsibility to deliver the quality and safe health care services to mothers and newborns. The functions of hospital can accomplish with the deficiency of human resources by helping each other but cannot work without physical resources like equipment, rooms, beds, medicines, etc. This study is an effort to aspect three perspectives i.e. structure, process and outcome of the care delivered at the public sector hospitals in Islamabad, Pakistan. The structure delivers physical resources such as availability of beds, medicines, healthy environment, etc. which is supplied through a planned process executed by the health care providers. The outcome of the mother's health is reliant on the accessibility of sufficient and eminence resources, including virtuous interpersonal interaction with the providers. Doctor-patient relationship is the most subjugated factors in the healthcare system to progress the quality of the service delivered. To measure mothers' satisfaction with healthcare services in three dimensions i.e. structure, process and outcome of the healthcare services delivered.

Childbirth has become increasingly medicalized in public hospitals in Pakistan. Medical interventions are obligatory in maternity care, but excessiveness of medicalization hampers with mothers' decision-making about childbirth. Healthcare system and authorities can avert the unpleasant aspects of medicalization of motherhood by improving quality of care and enhancement of the delivery services.[29] In the present study, the researcher endeavored with an extensive explanation of medicalization of childbirth in Pakistan using a qualitative inquiry.

Depicting on Bourdieu's notions of habitus, field, and capital, as well as Foucault's notion of power, the research draped three important and interconnected concept of care i.e. structure, process and outcome from three perspective of doctors, staff and patients. The dominance of medical profession is experienced in healthcare system due to dedicated knowledge as well as the practices of habitus and capital. Using Bourdieu's key concepts[29] of capital, habitus, and field and Foucault discourse on power dominance, the study elaborated on structure, process and outcome of maternal healthcare as a social system. The speculative model established for the study extended the knowledge of social context of distributing healthcare services to the mothers and newborns under the parasol of *disposition, position* and *positioning*.

MATERIAL AND METHODS

The study employed qualitative research design which enabled the researcher to gain deeper understanding of the issue. Qualitative research in health sociology is extensively adopted to investigate the sensitive matters of the society and social institution.[1] The significance of selecting qualitative intention is to acquire yawning discernments into three connected concepts of healthcare i.e. structure, process and outcomes.

In-depth interview were conducted from 20 patients, six doctors and two staff members working at maternal healthcare units in two public hospitals in the federal capital of Islamabad, Pakistan namely; Federal Government Polyclinic (FGPC) Hospital and Pakistan Institute of Medical Sciences (PIMS). The interviews and observations triangulated the study to authenticate the diverse aspects of healthcare from the perspective of doctors, patients and staff. Creswell[2] emphasizes on qualitative method for systematic and in-depth knowledge of a certain delinquent. Similarly, Denzin, and Lincoln[3] also supported qualitative methods of examination in healthcare studies as an imperative device to magnify comprehensive information and knowledge on health related matters. Additionally, triangulation technique is also recommended to inaugurate more in-depth and better contemplation of healthcare.[4,5] The researcher professed the qualitative technique is more productive to get in-depth insight of healthcare services from several standpoints of health system. The targeted framework guided the study in terms of conceptualization of research idea, selection of qualitative

research design, and selection of appropriate methodology as well as guide for fieldwork and data collection.

RESULTS & DISCUSSION

The study adopted the concept of *position, disposition* and *positioning* by Bourdieu to analyze the social organization of maternal healthcare services. The broader idea of habitus is utilized to analyze the practices of healthcare system. The habitus is described under three aspects; position, disposition and positioning. Position is linked with the professionals working at hospitals including doctors, nurses and staff. Disposition is used to discuss the capital of the system based on social, economic and cultural resources being utilized in hospitals. The women's experiences of their interaction with healthcare services and providers are analyzed under the notion of disposition to interpret the meaning they attach to their experiences.

The interlinked concept of Bourdieu habitus, capital and field analyzes the relationship between the agency and structure of healthcare system. Habitus explains the association between the subjective and objective notions of social world. It is reflected upon the actions of people within a particular social context.

By linking with the idea of habitus, the analysis of healthcare practices can be understood as conscious and unconscious actions of individuals that reflect their habitus. Doctors and nurses at hospitals are involved in social interaction guided by their social fields or put into practice by their capital. Furthermore, day-to-day interactions and activities performed by the doctors and the nurses at the hospital are also the manifestation of their cultural competencies developed through socialization and escalated through social capital. Likewise, in healthcare system, actors such as doctors, nurses and patients use their particular field to get the benefits from the resources or capital. In order to establish the reciprocal relationships among the actors, the economic, social and cultural capital is used as a practice of the particular field. In the provision of healthcare services, the capital is very important and varies across different fields.

DISPOSITION OF MATERNAL HEALTHCARE SERVICES

Disposition is understand as nature and characteristics of entity which is being studied. By relating disposition with Bourdieu's Theory of Practice to discover the nature of structure and interaction build among patients and doctors in healthcare system social structures and social interactions impose hierarchal social positioning, power, competencies and habitus of the particular field.[3] Bourdieu's social structures can be implicit as being both objective and subjective.[4] By applying this to the findings of the present study, objectively, the accomplishment and delivery of the capital can be quantified and described by analyzing the structure of the healthcare system. While subjectively, the process to deliver healthcare services leads those involved to normalize both the forms of capital, their dissemination, as replication of habitus in that field.

The healthcare as a social system has assimilated with its sub-systems and their actions based on the social canons defined by social system. Many sociologists study health and illness by considering Parsons' theory of system. Social system theory in health perspective focuses on the individual's experiences towards health and illness as well as in using the healthcare services.[5] The organization and function of a healthcare system is established on a set of institutionalized mechanism to execute the medical activities.[6] The findings of the current study illustrated that although the overall structure of the studied public hospitals was similar with respect to financial liability, resources and administrative procedure, the study found some differences in terms of process and management. The FGPC is smaller than PIMS in terms of building, financial resources, human capital and population coverage. In a polyclinic hospital, maternal healthcare services are delivered through the gynecology department which has its own OPD, wards and emergency unit. But the financial matters are under the control of a centralized administrative body of the hospital. In PIMS there is an independent maternal and child healthcare unit monitored under the PIMS management but have separate regulatory body and budget for the unit.

In relation to challenges faced by the public hospitals, the study highlighted that the human and physical resources are not up to the standard of quality as well as less in number as per the requirement. The bed-patient ratio, and patient-doctor ratio are the biggest challenges for the public hospitals especially the maternal

health units. Similarly, the quality of the services is also not up to mark due to fewer resources and more patients which are again a question-mark for the hospital management for not taking the matter into consideration.

The excellence of succeeded care varies across the country and the socio-cultural and geographical determinants impacted on managing the healthcare. The organized delivery system focused on the strategic level of inaugurating relationship among hospitals, doctors and patient for delivery of efficient and affordable healthcare. Organized delivery system found more integrate approach in health care delivery which focuses on the overall culture of the system, quality management procedure, inducement for the providers as well as the role of doctors to build friendly and interactive environment with the users. Both perspectives i.e. managed care and organized delivery systems have some implications for health policy-makers as well as the healthcare system itself.

The findings of another study[7] supported the functional capacity of the public hospitals in Pakistan. The services of Emergency Obstetrical Care (EmOC) are lacking in terms of non-availability of imperative and indispensable medicines, lacking of expert human resource and mismanagement of the available resources were found common in public hospitals. The inappropriate allocation of budget to health sector reflects the weak governance of the health system.

The construction and organization of public hospital comprises of the clinical and administrative measures to accomplish specific targets and goals of motherhood. The targets may be defined as the hospital's functions, diagnosis, treatment, care, rehabilitation as well as availability and performance of human resources. The findings show that public hospitals in Islamabad fallow standard rules and guidelines for managing human resources. These guidelines are developed and directed by the government of Pakistan through National Health Policy and executed by the hospitals. To manage the required human resources at any public hospital, the specific number of staff and healthcare providers is endorsed and hired according the requirements of the particular hospital. The consumption of health services in an effective way is the consideration of effectiveness of the delivery of abundant and eminence healthcare services.

POSITION OF MEDICALIZED DOMAIN OF MOTHERHOOD

The existing study confers the power crescendos in healthcare field with respect to doctor-patient relationship and the process of care provided to patients. Bourdieu's theory of practice empowers the researcher to discover the actors' exclusive contexts condensed by their social positions to put into practice the healthcare services in the hospitals. Interviewing three different actors i.e., doctors, nurses, and patients positioned in different social positions in the hospitals, the study illustrated actors' dispositions that shaped their behaviors in the healthcare system. The study highlights that in contemporary healthcare systems, individuals are projected to be rational actors who arbitrate on knowledge and make choices about their healthcare needs. The dispositions of the healthcare providers' habitus impacted on the overall quality of healthcare services due to which patients; safety practices are jeopardizing in public hospitals.

The process of delivering healthcare services depends on the condition in which patient comes into which unit. If she is prenatal, she will come to OPD where she will be given a slip at the counter which is basically a card preparing the process, then after taking the slip she goes in if she is pregnant and with other general gynecology problems. In all rooms there are three to four junior doctors along with one senior doctor. In a government hospital, time is limited and there is big crowd especially on antenatal day. The overall investigation of the study represents that well-qualified and proficient doctors are available, although they work more than their expected hours all are doing their job well to provide efficient care to mothers and newborns. Hospitals provide health education programs for mothers and also give trainings to the midwives about safe deliveries and maternal health related problems.

In labour room patients come in pain, the available doctor will examine her, and give advice according to the situation and also perform delivery and C-sections. Nurses and doctors work in a team to deliver ample and efficient care to mothers and newborns. On doctor-patient relation most of the patients were satisfied with the doctors but not with

nurses and staff as they feel they have much authority over the patients and the doctors. The behavior of nurses towards the patients as well as the doctors too was negatively highlighted. This seems the nurses may lack some professional training or may be due to the workload alter their attitude towards the patients and the doctors as was reported by some patients and the staff themselves. Ghasemi [8] describe the imbalance between the number of workforce and number of vaginal deliveries performed at public hospitals in Iran. The ratio is 1:11 in the teaching and 1:15 in non-teaching hospitals. These figures reflect the workload of the caregivers which is to a certain extent high as compared to the standard workload defined by WHO. It was reported that health statistics approximation that countries with less than 23 health care workers per 10000 populations are unlikely to achieve the satisfactory coverage for delivering primary level healthcare services to its population.

It can, therefore, be summarized from the above statements that the provision of medical consultation to the patients is the prime motive of healthcare system. Different ways of organizing such services lead to various perceptions and experiences of the patients which can be categorized in terms of continuity, quality and interpersonal interaction. Patient satisfaction with healthcare services is an important indicator to evaluate the healthcare system. Efficient and ample services to meet the patients' needs and demands can best be understood through patients' perspective and experiences.[9] To improve the healthcare providers' performance and efficiency, public hospitals provide training opportunities to the doctors and staff. Most of the training has been conducted by the Ministry of Health Government of Pakistan with collaboration of other organizations. It increases the interest and expertise of human resources in their particular field that in return will help to improve the provision of quality of healthcare services at hospitals.

Effective communication of health care providers is mainly the leading cause for the distinctiveness of healthcare for patients.[10] Although it is based on very short duration (minimum of 10-15 minutes and maximum of one hour during one visit), it has high impact on patients' satisfaction with health services in various settings. State racial and ethical disparities affect the quality of doctor-patient relationship and interaction with each other. Language is an important predicator inference on effective communication between doctors and patients. The same language helps both patients and doctors to establish good and friendly communication which enables them to understand the health matters efficiently and productively.[11]

Regarding patients' experiences which are the important factors in doctor-patient relationship, the study found most of the doctors work their best to satisfy patients. If doctors are able to meet their expectations, positive association with patients' satisfaction is established.[12] The process of measuring healthcare services determines on whether a patient receives ample and efficient care. It is defined as the interaction and anything that is executed as part of the encounter between a doctor and a patient such as providing information, emotional support, as well as patients' involvement in the decision of treatment and curing process. By highlighting women's energetic contributions to the medicalized nature of care at hospitals, motherhood is perceived as an alternative to analyses of medicalization that is inclined to outlook women either as powerless sufferers or as dynamically opposing medicalization.

Although doctors provide good treatment, they are so overburdened that it is impossible for them to stay polite all the time in their thirty hours of duty time and because of increased work load they become harsh. However, the majority of the patients' respondent stated that doctors are good, the behavior of consultant, junior and trainee doctors are good but the nurses and lower staff's behavior is very discourteous because they have more authority than doctors. They have power which they deploy and erroneously use on the patients. The Patient feels that as human beings they have some worth, and if they visit the hospital they deserve to be treated well. Regarding nurses some are good in Labour room but some are awful to the patients. The reason for the negative behavior of nurses depicted by the patients is the age and superiority complex. With the passage of time, administrative personnel in the hospitals such as staff and nurses at managerial positions have much power and authority to control the doctors. Another research supported the findings as administrative control diminishes the doctors'

autonomy in order to follow the practice protocols.[13,14] On the other hand, the findings of the study also illustrate that some doctors also hold administrative positions to maintain their autonomy over the medical practices. The number of medical officers performs some managerial tasks of making records of the patients, establishing protocols and monitoring the activities of medical profession. At the gynecology department, the heads are the consultant of the department, who also work as administrators and directors besides providing medical practices.

Meanwhile, over the period of time, the patients' knowledge about medical treatment threatens the medical dominance. The educated patients are aware about the treatment methods and consequences so they never carelessly trust their doctors and take part in the decision making before accepting any medical procedure. It was reported by some of the patients that they read the stages and its related complication through the internet and are aware of its consequences. A couple of patients also mentioned that they have taken their own decision to have Caesarean sections and force their doctors to perform it instead of vaginal delivery. Some other researches views are similar with the findings as the rise of managed care and structural changes reduces medical dominance. state that the access of medical literature on the Internet increases the medical knowledge of the patients which makes their established wide-ranging altitude of trust on their doctor.[14,15,16] The changing patterns of autonomy in healthcare setting is defined as 'countervailing powers' by which various groups are in competition to hold their control over each other.[17] Another research also emphasized on patients' expectation and experiences of availing healthcare as a significant tool to measure the performance of healthcare provider. Lack of communication between patients and the providers, negative behaviors of the providers and language barriers are some of the major problems encountered during doctor-patient interaction.[18] This shows lack of cultural proficiency among the doctors which as a medical professional need to learn in order to treat the culturally diverse patients and minority communities. It is also highlight the cultural competence aspects of medical education and practice which are crucial for the professionals to interact with culturally diverse clients. Such efforts of teaching cultural competency is lacking in the medical education in Pakistan, due to which doctors and patients belong to different cultures unable to establish effective doctor-patient relationship.[19]

The doctors' interaction with the patients also varies according to the socio-economic status of the patients. They give respect and are careful in their conversation with the educated patients and patients who come with any reference of doctors' friends, relatives or colleague. A Research supported the illustration of doctors' biasness in dealing with their referral patients.[20]

POSITIONING OF WOMENS' EXPERIENCES

The experiences of the patients towards the continuum of care are an important indicator to measure the quality of maternal healthcare at hospitals. Different models were adopted by Australia and the UK to cram the provision of hospital-based healthcare to mothers at the time of childbirth. One of the models/approaches to measure these services is 'Continuity of care' which focuses on the efficacy of the structure and the role of the providers to endow with continuum of care. Continuity of care is further divided into two sub-themes i.e. care structure and care interaction. Care structure attributes to the organizational framework of hospitals to deliver the services. The findings indicate that the studied hospital was working in a very systemic and organized manner by adopting patient centeredness approach. This structure also supports the friendly interaction with the care providers which brings more satisfaction for the patient regarding healthcare services. The structure and process of healthcare delivery are also important to determine the worth of care provided at hospitals. It is illustrated that women's less satisfaction with maternity care at public hospitals in Gambia due to unhygienic physical environment, inefficient technical process and less information given to the women at public hospitals making the users feel less satisfied with the services.[21]

It is revealed that though patients are satisfied with the procedure and structure of treatment some cases of providers' behavior impede on overall satisfaction of patients with the services. Due to overcrowding nature of OPD,

there is a long queue of patients at doctors' room and everyone is in a hurry wanting to be examined at the earliest, and then doctors also misbehave with them. Sometimes they insult the patients for not obeying the doctors.

The findings also highlighted that, within limited resources, doctor are working at their preeminent to treat patients as individuals and respect their self-esteem by using polite words and realizing the pain of the patients, as child birth itself is an excruciating process for them. It is also an ethical and decent compulsion for the doctors to listen and respond to the patients' concerns and preferences as well as provide them with precise information. It is also the healthcare providers' duty to care for the patients to improve and maintain their good health status. By medical ethics, doctors are also accountable for their professional practice and must always be prepared to justify their decisions and actions. Therefore, they always try to establish good relationship with the patients but sometimes patients are still not satisfied and demand more protocols and services which are beyond the limits of the providers. In this regard, patients must be educated to realize the constraints of the public hospital health services and need to cooperate with the doctors and staff.

In a wider consideration, it was established that health as a social system relies on other institutions and stakeholders for the accomplishment of the actions indispensable to accomplish at the hospital. The analytical analysis of social system theory with the healthcare system highlights that the social system of healthcare comprises of interaction between the individuals; each individual performs specific roles consigned to them by the system to seek the set goals. Furthermore, the actors need structural functional contrivance to perform their roles which enrich their motivation toward the value oriented goals.[22]

The doctor-patient relationship is inspected under the exchange theory as the communication between doctors and the patients reflecting exchange of relations. The healthcare providers and patients exchange of relations is very multifaceted in flora. The nature of exchange relation initiated in the study is bourgeoned as sometimes these are structural relationships by which patients pursue for healthcare by paying to the hospital as aristocratic or untitled status. By paying to the hospital, the hospital provides them with services such as consultation, in-patient services, and free medication. The exchange relations are prolific when patients have trust worthy of interaction and communication with the healthcare providers. By giving respect to each other's position and responsibilities, the consequence of these exchange relations is more productive and profitable for both patients and providers. The findings of the study supported the argument by highlighting the exchange relationship between patients and the healthcare providers including both the doctors and nurses which is to some extent productive but loopholes are there which need to be improved.

The study highlights doctor-patient interaction in three ways; instrumental, expressive and communicational. Instrumental reflects the doctors' competency to deliver efficient care, expressive interaction established thorough emotions and feelings towards the patients' illness. Communicational feature of care reflects the behavioural aspect of the doctors and the way they interact with the patients.

Evidently, Doctor Sadia verbalized her relationship with the patients as:

We try our best to treat patients well, we talk with them in the best manner so they may understand what the doctor is asking and advising them. If our behaviour remains good with patient, they also behave well. In my ten years of job what is my assessment that if we politely talk and behave good with patients, they never do any misconduct with us. If we act well, the patient will never behave in a violent way.

The empirical findings of the study also illustrated the mothers' glitches and disputes with the healthcare service providers. The majority of the women interviewed stressed that although the role of healthcare providers is imperative, most of the nurses and midwives do not shadow the ethical and religious compulsions to distribute the services in a competent way. It was also originated that some nurses were non-Muslims so they were impotent to convey the information and knowledge which appropriate the religious practices. Many of the patients reported that when nurses and midwives do not give them proper care and their behavior is unbearable, they feel bad and abandoned.

Other findings of the study indicated that doctor-patient communication and interaction is the most abandoned feature of the health care delivery system. Although the doctor-patient relationship is a foremost constituent of the healthcare process, less attention is specified to this matter due to which patients' satisfaction is less with respect to healthcare services.

Patients' trust on doctor competence and advice highlights the doctor-patient relationship in a positive way. As reported by one patient Kaniez:

I have trust on doctor to whom I ever go. I always ask from other patients about the particular doctor and after getting some satisfaction with them, I choose my doctor. Although I have also taken my decision on people's perception, but luckily my own experience is good with my doctor as she is very competent and very vigilantly performs her job tasks. I have trust on her skills and ability to perform every task in a very humble way. After my 2nd DNC I was in fear, but she explained me all the process and performed all the procedure of DNC by herself. She herself did my ultrasound, checked all my reports and even contacted with diagnostic centre and directed her about the precaution measurements and detail scan. I feel that she is very competent, therefore many people knows her very well and consulted her for any complicated maternity related matter.

The researcher's observation also supported the patients' perspective in a way; most of the services are provided by the young junior doctors who are at their learning stage. They seems unsure on how to take proper care of the patients and what type of treatment is required; they were often asking each other about what is to be done next. The system gives them the opportunity to learn and enhance their skills, but they should have a limit in treating with the patients. Many times, the experience and educated patients started quarrelling about what they were doing, as the patients had already gone through the stages and felt that the doctor was doing something wrong; they asked for senior doctors. Sometime the situation created conflicts among doctors and patients.

The findings of the study are supported by various researchers [23] who identified most of the complaints about doctors are related to the communication not with the services and clinical aspects of the care. Furthermore, the study also highlights the long waiting hour is another major dissatisfactory factor among patients. A number of patients informed that with pregnancy it is difficult for them to sitting and waiting for their turn and sometime due to congested nature of OPD, they had to stand for long hours which deteriorate their health condition.

With respect to doctors' proficiency and knowledge, doctors and staff give the qualified impression as they have conceded through passionate training on various aspects of maternal healthcare. Overall, the findings demonstrated that doctors and staff are qualified not only in providing treatment but also in providing the patients with childcare such as breastfeeding, family planning, and general health awareness about the newborns and child diseases. The senior doctors are more competent as they have many years of experience of serving the patients. It was also reported by the patients that senior doctors are good in treatment and behavior compared to junior doctors which is also supported by the researcher's observation. Junior doctors and nurses are very rude and harsh in their dealing with the patients which annoyed the patients to get treatment from them but they have no other choice than to be treated with that attitude.

The Study applied Bourdieu's framework to assess the social and institutional practices of delivering quality healthcare to the obstetric patients in Benin.[24] The analysis of the study demonstrates that hospitals usually permeate habitus of employment and kinship of social fields which persuade conflicts and power struggles among the actors. The social, economic and cultural conflicts keep patients reflexive towards the provision of quality of care but persuade them to critically evaluate the healthcare system. Other researchers[25] assert that nurses use their power at hospitals to develop more self-confidence and gain knowledge and experience. It enables them to build humble relationship with the patients to support them and their families for prompt and healthier outcomes.

CONCLUSION

The empirical findings of the study and theoretical contribution presented medicalization of childbirth from different perspectives. The analysis of the study initiates the foundation for a broader social

discourse about the established childbirth practices in public hospitals. To elucidate the Theory of Practice in healthcare system, the study describes the *disposition, position* and *positioning* of the system. The dispositions to endorse practice are explained as economic, social and cultural capital by highlighting the structure, resources and assets that have been employed in public hospitals. The positions of the respondents; doctors, patients, nurses were discovered through their interaction and communication with each other based on their social position associated with the power dominance. The reflexivity of motherhood is enlightened through positioning of the proficiencies of actors apprehend with the healthcare system. Based on the findings and conclusion, it is recommended to establish a strong mechanism by the government to monitor the distribution and utilization of healthcare resources at public hospitals. The accountability and honesty of utilizing the resources is needed at public hospitals. There is an intense need to improve the professional behaviors of the nurses, staff and young doctors to make the process of care easy and efficient for the mothers and newborns. The health information system is vastly deficient in the public hospitals which also need to be improved by taking the advantage of technology gadgets, such as mobile and networking. The government should also aim to increase the number of doctors and nurses so their burden can be divided.

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