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ROLE OF LADY HEALTH WORKERS IN PROVIDING PRIMARY HEALTH SERVICES: A CASE STUDY OF VILLAGE DRIGH BALA

Abstract:

As an underdeveloped country, Pakistan has been facing many problems since independence, in which health sector has suffered a lot. In its history of 71-years, many efforts have been made to improve the condition of health sector but it is still not enough. According to World Health Organization, Pakistan is at 122 out of 190 countries in term of health services. Pakistan's per capita income is Rs.162,230 ($1641) and 129 expends on health care, which is only 2.6% of GDP (2014). Countries population is too high to depend on only 2.6% of GDP for health care. Despite many reforms in the past decades, Country has the third highest rate in the world of infant mortality. Life expectancy is 66.5, which is lowest compared to South Asian countries. About 40% of population is living below the poverty line. Due to poverty, they people even cannot meet their basic need (Food, home and shelter). They have less or no money for their treatment, when they get sick. People of urban areas have access to best health care facilities but access to appropriate health services is so difficult in the rural areas of the country. People either live away from hospitals or there are no such institutions in their areas and people of rural communities are unaware of their illness so they cannot take proper treatment at the right time. There are many diseases in Pakistan and poor people are mostly suffering from them. This research focused on the role of Lady Health workers in providing basic health services. They provide protective health services at doorstep for women and children.

Introduction

The Lady Health Worker Program (LHWP) was introduced in1993 and started in 1994 in the second governmental tenure of Mohtarma Benazeer Bhutto with the purpose of providing basic health care services to women, who are limited to their homes and children. Lady Health Workers (LHWs) walk at doorstep and offer counseling for women, vaccines for children, and other basic health care service on prevention of diseases (Tunio Shabana, 2012-13). Emergency treatment and other basic health care services are also provided from their homes, their homes

are known as Health Houses (WHO, 2008). Every Lady Health Worker visits 27 households and provides advice and conduct consultation with 22 individuals in a week, and priority gives to reproductive couples and children under the age of 5 years. The national strategic plan set two goals, in 2003: expending coverage of the Program by increasing the number of Lady Health Workers at 100,000 by 2005 and improving the quality of services. At present, there are 125,000 women are employed as a part of the Health Program and The LHWP is developed in all over the provinces of the country.

Services provided by Lady Health Workers includes; general counseling on family planning and providing contraceptive tablets and condoms and provision of injectable contraceptives to couples in the communities and providing guidelines on proper use of these contraceptives, provision of Family Planning services, ANC (along-side formal and traditional medical birth attendants), providing necessary drugs to client for treatment of minor diseases such as Malaria, Diarrhea, acute respiratory tract infection and intestinal worms and providing referral for more serious diseases. Additionally, they provide DOT for TB clients and carry out surveillance for polio cases.

The Lady Health Workers receive Rs. 2000 salary per month and traveling allowances through their bank accounts, but a significant number of LHWs still do not have access to vehicle. They must not be involved in any other paid activity, but some do. Most of the Lady Health Workers' salary is often the only source their family income and is a critical family support. Sometimes, they are not paid regularly and wait for months to be paid.

Lady Health Workers are given basic health care trainings for three months in a class room and then given one year on job training. Thereafter, they are also given training for one week per month for a period of twelve months and fifteen days of refresher course per year, but there are many changes in training patterns in provinces (Rose Zulliger, 2017.

Objective of the Study

To know the role of Lady Health Workers in providing basic health care services.

Literature review

Saira Afzal and Azka Naeem (2016) describes in their article "Effective role of Lady Health Workers in immunization of children in Pakistan" that in Pakistan, Lady Health Workers are playing vital role in providing basic health care services to mother and children and family planning service countrywide. They are the major source of information for women because women talk easily with them. Low level of maternal education is an important cause of incomplete immunization of children. Children of uneducated women are ate the risk of incomplete immunization. The most significant factor in incomplete immunization of children is absence of Lady Health Workers.

Assad Hafeez (2011) states in his research article "Lady Health Workers Program in Pakistan: Challenges, Achievements and the way forward" that the Lady Health Worker program is going to the development which covers about 60% population of Pakistan, But still despite of its success and confidence gained from the communities, the program need some special attention in area which includes poor cooperation from sub-optimal functional health facilities, financial restrictions, and political intervention leading to the management issues.

Sabeena Jalal (2011) explored in his research article "The lady health worker program in Pakistan" that Lady Health Workers are the means of communication between community and health facilities. But LHW faces various problems like being unpaid for months. They must given salaries timely and there should be a contract and renewal of the contract and promotion.

Muhammad Hussain Khan (2006) observed his research article "Assessment of knowledge, attitude and skills of Lady Health workers" that Lady Health workers are the unaware of new family planning method. They have poor knowledge of vaccination and about the correct dosage of the common medicines

due to the lack of communication with local vaccinators. Courses and workshops should be organized for lady health workers in order to revive their understanding and to assure successful vaccination; proper communication must be established between Lady Health Workers and vaccinators.

Research methodology

Type of study: The research that has been carried out is exploratory research in nature, as no any research has been conducted on the topic of Lady Health workers in the village. This research has been conducted through the process of primary data collection. In order to get data open-ended questionnaire and unstructured interviews were conducted, which is a qualitative type of research. This is a case study of a village.

Universe of the study: The universe of the study was village Drigh Bala, which is in Tahsel Johi, district Dadu, Sindh.

Sampling Design: Systematic random sampling strategy was applied which is a type of probability sampling.

Sample size: Data has been collected from one Lady Health worker and 50 married couples and secondary data is also used wherever felt necessary.

Findings and result of the study:

Table No. 1 Demography of the village

Total population	Total number of House Holds	Number of adults Between 18-50 years	Number of married couples	Number of infants between 0-1 years	Number of infants between 1-3 years
5094	996	1596	1285	185	389

Table No. 2 Awareness of family planning and its methods and other vaccinations.

Awareness of family planning	Use of contraceptives	Polio vaccination under 5 year children	T.T, BCG, DPT, Hepatitis B, and other vaccination
70%	**45%**	**99%**	**98%**

Table No. 3 Access of women to Lady Health Worker and other facilities

Availability of health center at village	Consultancy with Lady Health Workers	Satisfaction with Lady Health Workers and program
Rural Health Center (RHC)	86%	65%

Table No. 4 Facilities available and Job satisfaction to Lady Health Workers.

Satisfaction to job conditions	Satisfaction provision of medicines	Satisfaction to salary
70%	65%	75%

Discussion

- 45% Women use contraceptive methods and most of them preferred contraceptive pills to prevent pregnancy.
- 86% Women consult lady health workers for safe motherhood and during problems in pregnancy.
- 90% Women consult lady health worker for child care.
- 99% children of the village are having Polio vaccination.
- 98% children of the village served with T.T, BCG, DPT, Hepatitis B and other vaccinations.
- At the start of the program, Lady Health workers were given all the medicines but they are not giving all the medicines.

Suggestions

- Villages are scattered so government should provide transport facilities to Lady Health workers.
- Lady Health workers should be provided all medicines by the government.
- Lady health workers must be given refresher trainings on quarter basis.
- New appointment should be made on merit basis to increase the access of women to primary health facilities.

Conclusion

The research report of the area clearly shows that the women of rural areas are satisfied with Lady Health workers and are benefited by this program of the government. The door to door service provides easy access to basic health facilities and this program has been helping in spreading awareness about health and sanitation in the uneducated and neglect women of rural Sindh since implementation.

Lady health worker program is not just solving the problems of primary health services but also provides awareness about population control. Lady Heath workers are providing family planning awareness, awareness of child care, safe motherhood, vaccinations and contraceptive methods in excess that will the country to control high child and mother mortality rate. So, government must take benefit from this experience and increase the number of Lady Health workers to provide this facility remote areas of the country.

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