Original Article

Sociodemographic Profile of Lady Health Workers and Its Association with Barriers in Basic Service Delivery in Pakistan

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ABSTRACT

Objective: To explore barriers faced by lady health workers in basic service delivery and their association with various socio-demographic attributes of lady health workers and service delivery.

Study Design: Cross sectional study.

Place and Duration of Study: This study was conducted at the Taluka Hala District Matiari, Sindh province of Pakistan for the period 1st June 2022 to 30th November 2022.

Methods: Data was collected on 231 Lady Health Workers (LHWs) of age 21 to 56 years working in field for at least one year in Taluka Hala District Matiari, Sindh province of Pakistan; the reported barriers were analyzed in the service delivery perspectives by applying chi-square test.

Results: Mean age of LHWs was 40.51±5.51 years; the average educational level was matric (66.23%), 94.80% participants belonged to rural localities and 64.50% belonged to lower-middle socio-economic class. The statistically significant association was seen between level of education and the basic service delivery (p=0.05). The barriers in imparting basic health services were reported by 91.78% of study subjects showing significant association (p=0.04).

Conclusion: The study provides a research based evidence regarding unexplored attributes of LHWs on their routine service delivery work due to barriers related to their socio-demographic diversity.

Key Words: lady health workers, barriers, service delivery, socio-demographics.

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INTRODUCTION

Pakistan ranks 5th in the world in the list of the countries with higher fertility rates, maternal mortality and unmet needs for family planning[1]. Pakistan is among the six nations responsible for over half of all maternal fatalities globally[2]. A functional health care with affordable, high-quality treatment pre, during, and post-pregnancy, labour, and the postpartum period is essential for preventing deaths among women[3].

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A worldwide health care staff crisis was identified in the report of World Health Organization (WHO) published in year 2006; currently globally more than 25% of the countries are still experiencing financial and human resource inadequacies, and a global deficit of 17 million health care professionals is expected by the completion of third decade of this century[4]. As per Pakistan's national policy, each lady health worker (LHW) is assigned to about 1,000 individuals every month with 5-7 mandatory home visits per day[5]. Around 0.1 million LHWs are currently part of the lady health workers program in Pakistan which has significantly expedited Pakistan's progress toward universal health coverage as well as Sustainable Development Goals (SDGs) related to health [6]. As the beneficiaries of this program are the most deprived and poorest communities and households so it indicates that the initiative is hitting its target audiences. By 2007, over 50% of Pakistan's population, particularly 60–70% of its rural inhabitants, had gained exposure to primary healthcare under this programme [7]. This is noted that LHWs have efficaciously extended coverage of key public health projects including the TB-DOTS (Tuberculosis - Directly Observed Treatment Strategy),

disease monitoring, malaria control and healthcare emergency responses [8]. At the local level, there is a paucity of literature highlighting cultural, social and organizational hurdles for LHWs [9]. The purpose of this research was to explore the barriers faced by LHWs in the service delivery of the national programme in Pakistan and their association with various socio-demographic attributes of LHWs and service delivery by them. The results drawn therefrom will be helpful for health managers and policy makers to bring improvement in the LHWs programme.

METHODS

A community based cross sectional study was carried out on lady health workers currently deputed in national program of lady health workers in Taluka Hala District Matiari, Sindh Pakistan. There were two hundred & thirty eight LHWs imparting their services in selected study area; among them two hundred & thirty one consenting LHWs of age 21-56 years fulfilling criteria were consecutively recruited in research. The socio-demographic variables related to LHWs i.e. age, educational status, residential status, socio-economic status along with barriers faced by them were selected exposure variables; while the basic service delivery assessed by response of study participants as YES/NO were the single outcome variable. The barriers were defined as per perspectives of study participants during piloting phase of research. The research was conducted after taking prior permission from Research Ethics Committee (REC) of Liaquat University of Medical and Health Sciences, Jamshoro Pakistan and from concerned administrative authorities. Piloting was conducting prior to actual data collection; the cronbach's alpha reliability index for the questionnaire was computed as 0.78. The data was analyzed in SPSS version 26.0 for windows. The quantitative data like age, were presented in form of mean ± standard deviations. Chi-square test was applied to seek association between various socio demographic variables and barriers with service delivery at p-value ≤ 0.05 considered as statistically significant.

RESULTS

The LHWs mean age was 40.51±5.51 years. Majority of the study subjects were educated upto matric (66.23%) and around 94.80% of the study participants belonged to rural localities. The 64.50% of the participants were belonging to lower-middle socio-economic class. Majority of them (91.78%) were facing barriers in providing basic services to the community. There was statistically significant association between level of education of LHWs and the basic service provision by them (p=0.05). The age group, residential and socio-economic status of LHWs were not significantly related to provision of basic services (p=0.22, p= 0.18 and p=0.09, respectively). The basic service provision by LHWs was significantly affected by barriers faced by LHWs (p=0.03).

Table No. 1: Socio-demographic profile of study population and basic service provision

Socio-demographic characteristics	Groups	Frequencies (%)	Basic service provision	p-value
Age (in years)	Upto 40 years	133 (57.58%)	Yes=56 No=77	
	41 -50 years	88 (38.10%)	Yes= 42 No=46	0.22
	>50 years	10 (4.33%)	Yes=02 No=08	
Level of education	Matric	153 (66.23%)	Yes= 66 No=87	
	Intermediate	42 (18.18%)	Yes= 13 No=29	0.05*
	Graduation	36 (15.59%)	Yes= 21 No=15	
Residential status	Rural	219 (94.80%)	Yes=97 No=122	0.18
	Urban	12 (05.20%)	Yes= 03 No=09	
Socio-economic status	Poor class	74(32.03%)	Yes=26 No=48	
	Lower middle class	149 (64.50%)	Yes=72 No=77	0.09
	Upper middle class	08 (03.47%)	Yes=02 No=08	

Table No. 2: Association between barriers faced by study population and basic service provision

Barriers	Frequencies (%)	Basic service delivery Yes	No	p-values
YES	212 (91.78%)	92	120	0.04*
NO	19 (8.22%)	8	11	

*significant association

Table No. 3: Other barriers faced by lady health workers

Barriers faced by Lady health workers	Frequencies (%)
Lack of proper incentives	203(87.88%)
Late supply of health related material	88(38.10%)
Insufficient coverage	3(1.30%)
Shortage of essential medicines	228(98.70%)
Illiteracy of population	44(19.05%)
No response from higher facilities	77(33.33%)

on client referral	
Poor support from sub-optimally functional health facilities	79 (34.20%)
Political interference	6(2.60%)
Non-mobilization of patients for seeking emergency care	10 (4.32%)
Non-delivery of services as per job description	192(83.12%)

DISCUSSION

Pakistan's national program is globally recognized as one of the most extensive primary health program offering services through cadre of LHWs assigned responsibility to provide basic health services to the surrounding communities [10]. The challenges that healthcare systems in Pakistan face require an in-depth exploration to identify, generate and implement contextual solutions that make significant population-level health gains with efficient use of human resources. The LHWs are a bridge between communities and formal health systems by playing a key role, especially in resource-limited settings. The current study was conducted to explore the role played by barriers faced by lady health workers in non-attainment of the basic service delivery. As depicted in Table 1, the mean age of LHWs was 40.51±5.51 years. Comparing this to another study conducted on a sample of LHWs in district Swat of Pakistan, the mean age of the participating LHWs was 35.33±7.71 years [11]. The relatively higher age groups in current study populations could be due to difference in sample selection criteria as the LHWs having field work experience of lesser than one year were not part of this study.

There were in total 212 (91.78%) subjects who narrated that they were facing various barriers while imparting their services in field (Table 2). These barriers were particularly related to various service delivery work and included those obstacles faced by LHWs while coming in contact with clients/patients related to variety of cultures & customs. Khan AW et al found more than 60% of the LHWs facing barriers while imparting their services in the communities [12]. In comparison to our results, another study reported that various hurdles accounted for 69 percent[10]. Experience, female gender, and lack of education were all hurdles at the individual level. The disparity in the qualification levels of the health care providers might also be the major hurdle in imparting health services [13]. In Pakistan the cadre of LHWs is fixed only for females while in other countries the community health workers belong to both genders [14]. Some studies report this association as a secondary effect of better educational status [15, 16]. These studies state barriers were frequently posed by clerics, hafiz, and mosque imams, were particularly affecting the health services providing agencies; as an example the most prevalent barrier against family planning is relating family planning as against the Islamic teachings.

Although we found insignificant association between residential status of service providing LHW & service delivery (p=0.18) but contrasting to this finding, another study reported even in urban areas, LHWs face social constrains in service provision to the clients[17]. The current research findings are however endorsed by similar findings observed in other regional studies in the neighboring countries [18]. The socio-demographic barriers, however were not reported as significantly affecting the basic health service provision by LHWs in some other studies [19].

The knowledge was reported by a small number of females as a limitation for using family planning services. These were females who had no education as well as had never been exposed to media, demonstrating the importance of education in raising awareness of health-care exposure. Advertisements may have raised household understanding of family planning, thereby lessening resistance to service usage among other family members. As depicted in Table 3, the 98.70% subjects narrated shortage of essential medicines and another 2.6% stated political interference faced by them, while basic obstetric care and emergency services such as barriers mobilizing support against patient referrals were reported by the 4.32% of the cases. In comparison to our results, study conducted by Hennink MM [20] revealed that only 15% of poor LHWs reported financial constraints for using services. The females from families with higher resource ratings and better-educated husbands were less inclined to cite financial obstacles to service usage. It's also worth noting that using free family planning services comes at a cost in terms of transportation and time away from household work, and these expenditures can be a considerable obstacle for poorest people. This study emphasizes the need of maintaining low-cost services that are both geographically and financially available to females living in urban slums.

CONCLUSION

The LHWs face complicated challenges when working among communities within weak health systems. It is pivotal to comprehend these challenges to improve the LHWs programme support mechanisms through innovative solutions..

Author's Contribution:

Concept & Design of Study:	Muhammad Sharif Sangrasi
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Final Approval of version:	Muhammad Sharif Sangrasi

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