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A Light in Grim Sights: Role of Lady Health Workers in Improving Maternal Health Outcomes in Rural South Punjab

Dr. Sonia Omer
Associate Professor, Department of Social Work, University of the Punjab, Lahore

Dr. Sadia Jabeen
Assistant Professor, Department of Sociology, Virtual University of Pakistan

Syeda Narjis Sherazi
Lecturer, Department of Psychology, Virtual University of Pakistan

Abstract

The lady health worker (LHW) program in Pakistan has delivered positive results for primary health care in the country. The current study aims to investigate the effects of lady health workers' (LHW) services on maternal health care for rural women of Pakistan. The study has also investigated the challenges faced by LHWs while working in rural areas of the country. The study area of this research was three districts of South Punjab, Pakistan, named Rajanpur, Layyah, and Dera Ghazi Khan. The data were collected through focus group discussions (FGDs) with lady health workers (LHWs) and key informant interviews (KIIs) from mothers in rural areas. Thematic analysis was used by the researchers to analyze the data. Findings revealed that there were significant changes in women's vision, understanding, and practices regarding maternal health care after their interaction with LHWs. The findings also highlighted social, cultural, and economic challenges that LHWs face while working in rural communities. The study concluded that LHWs play an important role in promoting family planning, antenatal, postnatal care, and safe deliveries despite facing social and cultural barriers. They serve as a bridge between communities and formal healthcare systems, helping reduce maternal mortality in rural Pakistan.

Keywords: Maternal Health, Lady Health Worker, Social and Cultural Practices, Rural Women

INTRODUCTION

Maternal health is one of the important factors that define the status and condition of women in the world. Unfortunately, the maternal mortality rates in Pakistan have not improved as per international standards in recent years. According to the World Health Organization (WHO), “maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period. This ensures that women receive necessary care during pre- and post-pregnancy times to reduce maternal morbidity and mortality (WHO, 2023). The World Review Data 2023 indicates Pakistan's positioning among countries with a high maternal mortality rate, which is 146 out of 192. Many social, cultural, and economic reasons determine the situation of maternal health in Pakistan. This includes a low status of women, patriarchal society, male dominance, cultural and social practices like early marriages, fear of medical treatment from government hospitals,

treatment from so-called spiritual healers and quacks, the veil, restrictions on women's mobility, and myths related to family planning (Naz, et al., 2022; Rashis,2023; Agha et al, 2024). These significant indicators are crucial to analyze maternal health indicators in Pakistan, which include, along with others, prenatal and postnatal care, awareness of family planning, and safe deliveries (Omer, 2019). There are also rampant inequities and disparities in urban and rural health services in the country, as rural women are deprived and unaware of essential maternal health services. Women from underdeveloped areas in Pakistan are subject to violence when they talk of their reproductive rights. The social and economic vulnerabilities of women in Pakistan increase due to women's dependency on men for life affairs. The husband and close members' decisions are more important than women's own will, from deciding a family size to choosing medical care in pregnancy (Pradhan, & Mondal, 2023)

Furthermore, amid all social and cultural practices that make health-seeking behaviors difficult among masses, Pakistan's spending on health sector is one of the lowest in the work which is only 1.2 percent of its Gross Domestic Product (GDP), against the World Health Organization (WHO) suggested 5 percent (Achakzai, 2021). This makes access to health difficult, in particular for people of lower social and economic background. The Lady Health Worker program in such a scenario is a concrete step by the Ministry of Health in Pakistan towards the universal health care concept. As front-line community-based health workers, these LHWs are appointed under the national program for family planning and primary health care. This program provides basic and curative health facilities at the doorsteps of rural and urban slums, including maternal health coverage (Omer & Jabeen, 2022)

Since 1994, 110,000 LHWs have been appointed, trained, and positioned in different parts of Pakistan to carry out household visits, advising the rural community on health promotion and curative activities, including maternal health (Jalal, 2011). The LHWs have been particularly beneficial in rural areas where illiterate women with fewer resources and substantial dependency on men struggle to obtain health facilities, particularly in the maternal health domain (Hafeez et al, 2011; Muhammad et al., 2025; Sangrasi, 2023). Besides, these lady health workers deliver great services with utter sensitization on prevalent cultures in both rural and urban settings. Their coordinating efforts to assist pregnant women and advise on the best maternal health care facilities make their work novel in health care in Pakistan (Gul, Mehsood, & Noor, 2025)

As a matter of fact, the Lady Health Workers program is considered an effective instrument since it raises knowledge and encourages behavior changes regarding maternal care in Pakistan. The services offered by female health workers in rural communities have an affirmative impact on the uptake of maternal health services (Batool, Afzal, & Khan, 2024).

In terms of family planning, assistance in antenatal and postnatal care, and safe delivery options, these LHWs are the primary source of contact for women looking for general and maternal health facilities in both rural and urban areas. They educate women on contraceptive alternatives,

clarify myths and misconceptions about family planning, and make them aware of the benefits of birth spacing and reproductive health. Despite the success and effectiveness of their program, there are certain challenges these lady health workers are facing. The financial limitations, suboptimal environment of the health department, political interference, management issues, lack of refresher courses and training to work in communities (Omer & Jabeen, 2022). These issues must be addressed to ensure the smooth functioning of LHWs nationwide. Therefore, the current study aimed to investigate the role of lady health workers in improving maternal health outcomes in rural South Punjab. The research has also explored the challenges these LHWs go through while suggesting suitable policy implications.

Scope of Research

The purpose of this research is to evaluate the contribution of lady health workers in improving maternal healthcare, including antenatal care, risks involved in pregnancy, family planning, birth control awareness, and postnatal care, among women living in rural areas of Southern Punjab. This study also highlights the hurdles that LHWs faced during their interaction with the community. This research studies the LHWs' efficiency and effectiveness in a less educated and underprivileged population that is otherwise difficult to cater.

Rationale of Research

Females in developing nations such as Pakistan have less access to health care facilities as compared to males. This gender-based disparity is highly common in the geographically isolated region of South Punjab. They experience limited access to life-saving maternal healthcare facilities and face inevitable constraints and hurdles like the commute they must take to reach the hospitals, limited transportation, financial hurdles, etc. The lady health workers can play a vital role in addressing these problems and can give timely medical care, antenatal care, postnatal counselling, and most importantly, skilled birth attendants. So, the dire need is to study the contribution they made in that area and highlight the issues that they face that might negatively affect their performance. The study findings may contribute to improving healthcare facilities for underprivileged females in far-flung rural areas and lowering the mortality rate in pregnant women.

Research Questions

This study posits the following research questions:

- What is the role of lady health workers in improving health outcomes in rural Southern Punjab?
- How do lady health workers ensure safe deliveries through awareness and accessing safe pathways to health facilities?
- What are the major challenges faced by lady health workers while working in the field?

Objective of Research

The study has the following research objectives:

- To investigate the role of lady health workers in improving maternal health outcomes in rural South Punjab through awareness on reproductive health.
- To discover the role of lady health workers in ensuring safe deliveries through bridging the gap between rural health units and access to health facilities.
- To explore the challenges LHWs faced in the field while ensuring the policy implications.

Conceptual Framework

The role of lady health workers is very crucial in the indigenous rural communities where health care access is not easy. So, in remote areas, lady health workers run awareness campaigns, provide information, and link women with health care services. Maternal health care, pregnancy and delivery-related information and awareness, as well as counselling services, are provided by lady health workers, targeting the underlying methodology of the Health Belief Model (HBM).

The perceived susceptibility and severity of complications of pregnancy regarding awareness is provided by the lady health workers. Moreover, information on safe deliveries, antenatal and postnatal care, and skilled birth attendance is very crucial so that women may focus on their health and associated risks. The provision of information, keeping in view the socio-cultural context of rural communities, is very crucial and shapes health care utilization. The information, awareness, and facilitation provided by lady health workers in these communities ultimately contribute to better maternal health outcomes.

Significance of Research

The study targeted economically disadvantaged females with limited formal education and only allows Lady Health Workers to penetrate those communities and dismantle the barriers that prevent their access to healthcare facilities. The findings of the study might be useful for health policymakers in designing healthcare interventions in those areas. This could also be helpful for the lady health care workers for enhancing their efficiency by addressing the challenges and issues they face during their work. This study contributes to the literature of maternal health and rural healthcare, especially in developing countries, and helps to design community-based maternal healthcare interventions.

Limitation of Research

The study is conducted in the rural areas of Southern Punjab only, so the generalizability of findings may not apply to all regions. This research is geographically limited, and the findings may not apply to urban areas. The interview guide was a self-reported measure and might have included social desirability bias and recall bias as well. The study only included LHWs and pregnant women, so a limited perspective regarding health care utilization is provided. Due to the cultural sensitivity issue, all information might not be captured by researchers.

LITERATURE REVIEW

Mahboob and Jan (2022), in their studies on the effectiveness of the Lady Health Program in Pakistan, stated that the LHW program in Pakistan has strengthened community-based primary health care initiatives in Pakistan since 1994. The program, which began under the National Program for Primary Health Care, also included family planning and maternal health care. The program was specifically designed to reach rural communities and households through these LHWs, in particular for women's and children's health care. LHWs are the first point of contact in rural and underdeveloped urban communities. Their role in maternal health and reproductive health care has been that of mobilisers, health educators, and health counselors for years in Pakistan. The LHWs' role and its contributions become more significant due to poor health indicators among women and children in the country. Lodhi (2026), in his study on women's health status in Pakistan, in particular in the study area of this research, southern Punjab, explained that though the maternal health indicators overall in rural Pakistan present a dismal situation, the situation in southern Punjab remains a great concern. The evidence-based multiple survey indicator reports on anti/ post-natal care, usage of contraceptives, childbirth in a safe vicinity, and women's overall status, including education and health, reach highlights the indicators related to these factors are lowest in the country. As a matter of fact, the World Health Organization (2025), in their report on maternal health, has clearly indicated that in Pakistan, maternal health is closely associated with the social, cultural, and economic status of women. The WHO study has evidently identified that class disparity exists in a country where a greater majority of Pakistanis are deprived of basic needs of life. Access to health and education, particularly in rural communities, is compromised. Women in Pakistan overall have a very low literacy rate, which makes them economically dependent. Afridi, Jan, & Asif (2025), in their study on maternal health and women, highlighted that women in underdeveloped areas of Pakistan have to bear certain gender-based norms. Women's autonomy in decision-making in households is challenged due to cultural and social traits. The economic dependency, the influencing role of husbands, the veil (purdah), and restrictions on women's mobility make them a vulnerable segment of society. In such a scenario, women in Pakistan lose their reproductive rights and decision-making power related to maternal health care. Furthermore, Kamal (2025), in his research on domestic violence in Pakistan, indicated that women in Pakistan are subjected to physical violence when it comes to decision-

making on child spacing, family planning, and usage of contraceptives. Besides, there are certain social and cultural practices reported in the findings of Sadique, Ali, I., & Ali (2025), where rural women contact quacks or so-called spiritual healers in villages or urban slums during pregnancies and matters related to maternal care. This eventually results in high maternal mortality in this country. Besides, there is a role of traditional birth attendants (TBA), which is still active in many semi-urban and rural households. The untrained TBAs deal with deliveries and give expertise on maternal health, which results in maternal deaths and complications.

In such a scenario, LHWs positively influence women's ability to receive information and care in maternal health. Their role is not limited to women only; perhaps the husband, mother-in-law, and other family members who influence maternal health-related decisions are also contacted by these LHWs for women's better health and well-being matters. Khan et al, (2025), in their study on the challenges faced by lady health workers challenges noted that despite extensive service delivery of these LHWs, there are numerous challenges in relation to their sacrificial and laborious work. Their study underlined the physical and emotional strains these LHWs go through. As a matter of fact, there are very grave issues that affect their efficiency and work-related roles. This includes a huge number of households assigned to visit, frequent travel in difficult remote areas, low pay scale, etc. The study highlighted that these LHWs are deprived of basic equipment and medicines that they need to carry for community work. Besides, there have been no or very few training programs that can equip LHWs with the changing demands of communities. Syes & Qazi (2025) in their research findings on targeted violence against community health workers indicated that since the Community services of these LHWs include guidance and awareness on sensitive issues, including contraceptive usage and spacing of children, many of these LHWs have reported incidents of violence against them. The prime reason reported in Akram & Hussain (2025) research findings is cultural and religious clashes with communities due to the sensitive role of LHWs in maternal health, in rural Pakistan. The LHW program is a very fine example of community-based health services where sensitive issues like maternal health awareness are penetrated within rural communities' cultures in an accepted way. For LHWs, every household is a reachable place, which strengthens the health care system in Pakistan amid its social, cultural an economic challenge.

RESEARCH METHODOLOGY

While grounded in the interpretative paradigm, the researchers have used a qualitative design while utilizing an inductive approach. Focus group discussions (FGDs) and key informant interviews (KIIs) were used as tools and methods to collect data in the current study from three districts of South Punjab, Pakistan, named as Rajanpur, Layyah, and Dera Ghazi Khan. The poor maternal health indicators highlighted in multiple research studies on these regions of Southern Punjab were the prime reason behind choosing these areas (Pakistan Bureau of Statistics, 2019). Three FGDs were conducted in each district, comprising twelve lady health workers in each FGD. They were selected with the help of a list provided by the medical superintendent of the district

headquarters hospital of each district (DHQ). The selection criteria included at least five years' experience in the field. Later, the LHWs identified houses in rural communities in each district where they had been visiting the pregnant women. Fifteen KIIs were conducted with pregnant women until the researcher reached the saturation point.

The inclusion criteria of selection of these pregnant women were aged 25 to 35 with women already had children before this pregnancy, to get a better insight into maternal health care indicators and the role of LHWs. An interview guide was prepared for both tools, FGDs and KIIS, based on broader objectives of the research, which included women's perceptions of maternal health indicators, social and cultural barriers in seeking and receiving maternal care, and the role of LHWs. Besides, LHWs were asked about challenges they face while visiting culturally sensitive communities. The KIIs were conducted at the home of a pregnant woman. At least one local LHW accompanied researchers during the KIIs. Each interview was conducted in a time span of 40 to 50 minutes. The FGDs were conducted at the office of the medical superintendent of the DHQ of each district. Every FGD took 90 minutes. Due to the familiarization of two researchers with the local language (Punjabi), the data were collected smoothly and were audio-recorded to ensure accuracy. Braun and Clarke's six-step thematic analysis was used to obtain study findings (Braun & Clarke, 2012). This approach ensured that the conclusions drawn were directly rooted in the lived experiences and perceptions of the participants. The researchers made sure the Cross-checking of data, peer debriefing, and member checking were done to make sure the reliability and validity of the data. An audit trail was maintained, and coding decisions and themes were developed to support he conformability of data. Ethical consideration was obtained from the health department of Punjab province. The respondents of the research gave their written consent to participate in the research. The researchers ensured confidentiality by anonymizing transcripts and using pseudonyms.

RESULTS

Socio-demographic Profile of the Respondents

Twelve lady health workers participated in each Focus group discussion. In a total of 36 respondents, 7 reported graduation (14 years of education), 17 had completed their 10 years of education (matric), and 12 respondents had completed only middle school (class 8th). This education criterion was aligned with the minimum eight years of formal education requirement for hiring LHWs. So far as professional experience was concerned, 10 LHWs had reported experience of 5 to 8 years, and 16 among them had experience of 9 to 12 years. The overall average experience reported by LHWs was 9.8 years. Regarding their monthly income, 15 reported earning between 25000-28000 Pakistani rupees, 16 had been earning between 30000-320000 Pakistani rupees, and the rest had been earning above 35000 Pakistani rupees. A greater majority, 26 respondents, were married, 3 were divorced, 2 were widowed, and the rest were reported as unmarried in the study.

The key informant Interviews were conducted with the 9 pregnant women who had at least two children and were expecting a third child. A majority of females were illiterate in the KIIs, with only one having a primary level of education. The average age reported by respondents in the KIIs was 23 years old. The greater majority in the KIIs reported depending on the incomes of husbands, which was 30000 to 40000 (average) Pakistani rupees.

Awareness of Family Planning

About 276 households are visited in a week by the LHWs in each village in the rural areas of South Punjab. Since the study primarily concentrated on maternal health, the researchers asked the participants about knowledge and perception of family planning methods in rural Pakistan. The LHWs reported that there are numerous social and cultural barriers related to this issue, including the declaration of family planning methods as haram (forbidden) in Islam. Besides, the myth exists that the usage of contraceptive methods causes male or female barrenness. One of the LHWs said,

"*Physical violence among women is common if they hide the use of contraceptive pills in villages* (LHW, 1).

One of the pregnant women added

"I might have had five kids in five years if the LHWs hadn't visited my home and casually interacted and convinced me, my husband, and my mother-in-law, to use contraceptive pills" (Women Respondent 1).

The respondents shared that the awareness spread by LHWs sensitized women to opt for birth control methods and increase the gap between children. This constant counselling for mothers and their mothers-in-law and husbands particularly in Villages, is crucial, as the decision to have the next child is not couple-based only, it involves strong family involvement, particularly mothers-in-law.

Challenging the exiting Beliefs and providing awareness on Antenatal and Postnatal care

The study reported that dependency on traditional birth attendants, so-called spiritual healers in the villages (locally known as peer), purdah (veil system), restrictions on women's mobility, and illiteracy are the biggest obstacles reported by lady health workers that prevent women from seeking ante and postnatal care.

A LHW reported.

"Poverty, lack of resources, reluctance to seek medical care without being accompanied by their men, and visits to so-called spiritual healers (peer) prevent these women from seeking care. I have seen women's faces with bruises and injuries on their bodies if they talk of reproductive rights.

Besides anti and post-natal care, mostly is rejected by family due to financial resources, myths, and taking multiple pregnancies as a normal norm for every rural woman." (LHW 5).

One mother added

"It has never been about money or resources. My mother-in-law has enormous trust in our peer sahib (spiritual healer), who would give me a taweez (amulet) for safety in case I got sick during pregnancy. She rejects the idea of antenatal and postnatal care by saying Doctors loot money from poor people, besides any medicine harming newborns" (Women Respondent 6).

The study found that in such a situation, it becomes significant for LHWs to provide awareness to the family regarding antenatal and postnatal care. These LHWs thus struggled hard to convince and guide the concerned regarding the importance of mother and child health during pregnancy and right after delivery.

Critical Role of LHWs in Safe Deliveries

The research found that dependence on traditional delivery attendants (TBA) and preferring homes over hospitals for deliveries is one of the significant factors behind the high maternal death ratio in rural Punjab. One LHW shared,

"*We attribute high maternal mortalities to cultural birthing practices. Carelessness on the part of traditional birth attendants, with zero knowledge of childbirth deliveries and restrictions placed on women's movements to reach medical facilities because of patriarchal dominance, damages mothers' health badly in rural Pakistan*" (LHW 8).

One of the mothers added,

"*I had many problems with childbirth in the past, which tragically led to the death of my infants from complications during a normal delivery. However, the Lady Health Worker (LHW) was instrumental in educating my husband and in-laws about safe deliveries at the hospital, which has saved me from complications in other deliveries. I have seen my sister-in-law mishandled by TBA, and she died of excessive bleeding during childbirth*" (Women Respondent 15).

The study noted that raising awareness and convincing girls and families about safe delivery is a big challenge that LHWs face. Even in some cases, it becomes more critical to convince the family to take the mother to the nearby health center for safe delivery; otherwise, the lives of the mother and child are at stake. In the South belt of Punjab province, these LHWs are performing this role very affectively that will ultimately improve maternal health outcomes.

Disseminating Information on Maternal Care

The large number of respondents in the focus group discussions believed that simple messages and simple health education save the lives of hundreds of mothers in rural areas. The LHWs were convinced that overnight, it is not easy to change social and cultural elements that exist in rural areas. One of them said,

"*We have seen pregnant women die of high blood pressure, whereas a simple tablet could save her life. Besides chronic anemia, which is extremely common and an outcome of poor nutrition, creates so many obstetric complications. We promote the use of iron-rich vegetables and affordable iron supplements to raise awareness, which makes a difference for pregnant mothers*" (LHW 19)

A mother, during the interview, added:

"*I came to know of so many things full of nutrients, food, and supplements within my resources after visits of LHW to my house. There were so many myths that existed in my mind related to food and sanitation at the same time during pregnancy, like restrictions on taking baths in certain phases of pregnancy or before and after deliveries. I have realized it can only make us ill. These LHWs are a wonderful source of right information available to us*." (Women Respondent 3)

The participants were of the view that continuous visits in the village community, meet-ups with pregnant women and family members in the remote areas to disseminate basic information on maternal health ultimately contribute to maternal health in Pakistan.

Establishing a linkage between the Formal Health Care system and the Community

The LHWs informed that every rural setting in Pakistan has access to health care facilities. The first medical contact is rural health centers (RHC) followed by basic health units (BHU) to tehsil headquarters hospitals (THQ) to district headquarters hospitals (DHQ), and Tertiary hospitals. During the focus group discussion, the lady health workers believed that rural people are not fully aware of which facility to use in which circumstances. For instance, RHC is the first medical contact in the village, followed by BHU, and both have very basic medical care. The THQ hospitals in rural areas are also reported of lacking live saving equipment in general or pregnancy-related matters. It was reported by LHWs that sometimes families with severe pregnancy-related complications reach out to the wrong medical facility. The delay in reaching the right medical facility, like DHQ or a tertiary hospital, results in maternal deaths.

One of the LHWs said,

Sometimes families run to the available medical facility only in extreme complications. The right amount of information and referral is our prime job in rural areas."(LHW 4).

One mother added

"*In the sixth month of my pregnancy, I developed high blood pressure and the local BHU did not even have the instrument to check BP. The time we wasted at BHU and later THQ resulted into brain hemorrhage. It is a miracle that I survived after surgery in a tertiary hospital.*

Challenges of Lady Health Workers

In the Pakistani healthcare system, the LHWs have numerous problems while serving the community. They are inadequately compensated, and funds are not disbursed regularly. With a salary of only $343 per year, the LHWs in the present study have articulated significant concerns regarding inadequate pay, stipends, and transportation, as well as challenges about planning, monitoring, assessment, and equipment supply. The larger number of LHWs recounted their experience of working in sensitive communities and encountering threats while discussing topics such as family planning and maternity healthcare.

One of the LHWs disclosed,

"I once received life threats from local religious clerics in the rural community when I discussed contraceptive methods with rural women. I was threatened a lot, and eventually I had to report to the health department." (LHW 5)

Another LHW responded,

"*Rising inflation, coupled with diminished wages and reduced incentives, is significantly disheartening us." Our labor has mostly transformed into an endeavor we perceive as a voluntary contribution to the betterment of society. Moreover, confronting entrenched cultural behaviors and ideas and altering individuals' perspectives is challenging to us in many ways.* (LHW 8).

The LHWs shared their serious concerns on incentives and appreciation from health department. A greater majority reported of being deprived of basic medicines and equipment they are supposed to carry while visiting communities. Most of them were of view that a regular training by health department and workshops can better equip them to deal professionally in the communities.

DISCUSSION

The present study has provided valuable insights into the role and impact of Lady Health Workers (LHWs) on maternal healthcare in rural Pakistan. The findings shed light on various aspects and challenges faced by LHWs. Despite the pivotal role of these LHWs, their job is low-paid (Zulliger, 2018; Roy, 2020). The study underscored the sacrificial role of LHWs in promoting awareness of many maternal health indicators, including family planning among rural women. It

emphasized the crucial role of LHWs in preventing unwanted pregnancies and maternal complications, ultimately saving lives (Mateen, 2024). LHWs also face significant challenges in convincing married couples about the need due to entrenched social and cultural barriers. These barriers ranged from religious beliefs to myths surrounding contraceptive methods (Sangrashi et al, 2023; Chaudhry, 2019; Ishtiaq, Riaz & Naz,2025). The study noted that spreading awareness on family planning methods, contraceptive methods, and family size is the most challenging task they have been performing in rural and urban communities. The dominance of mothers-in-law in homes and husbands was the main sociocultural obstacle, where women were found to be subjected to physical violence, sometimes if they used contraceptive pills. A religious misinterpretation that family planning is sinful in Islam made LHW role extremely difficult while ensuring maternal health (Omer et al, 2021). Besides, the findings of the present study revealed the critical role of LHWs in making sure rural women adopt pre- and postnatal care. These visits are crucial for detecting potential complications at early stage of pregnancy. Beside they make sure the better health and well-being the mother and child (Farrar et l., 2024; Geremew et al., 2025; Akram & Hussain, 2025).

The study further highlighted those socioeconomic factors, reliance on traditional birth attendants (Dai), and cultural norms significantly prevent women from seeking essential maternal healthcare services. Pregnant women's top preference, according to the study, is still for traditional birth attendants to deliver babies at home. Traditional views, religious misconceptions, and the social, cultural, and economic obstacles to women's access to resources and decision-making are some more significant causes that damage maternal health program outcomes (Qamar & Azher,2024). The study found that LHWs are important in bridging the gap between various communities and formal healthcare systems. By establishing liaisons and advocating for timely healthcare-seeking behaviors, LHWs play a noteworthy role in improving maternal health outcomes (Midhet et al, 2023; Tull, 2020; Khalid, 2024). The LHWs advocate facility-based deliveries and educate communities about the risks associated with home births. The study emphasized the life-saving impact of LHWs' interventions. Sensitizing families to the dire consequences of delivery complications and encouraging them to seek professional medical care can prevent tragedies and save lives. Education and awareness campaigns led by LHWs play a crucial role in improving maternal and child health outcomes. The present research has explained the value of simple yet impactful health education messages in empowering women with knowledge on nutrition, hygiene, and pregnancy care. By dispelling myths and misconceptions, LHWs empower women to make better decisions overall well-being of the family. LHWs serve as the linchpin between formal healthcare systems and rural communities (Singletary & Waqar Farooqi, 2024). Their role as advocates, educators, and healthcare providers is indispensable in ensuring access to essential health services. The study further noted challenges faced by LHWs, including inadequate resources, limited training opportunities, and threats from conservative elements in the community. These challenges, as highlighted in the study, are multifaceted. From inadequate salaries and stipend delays to threats and resistance from conservative elements, LHWs

navigate a complex landscape in their efforts to improve the maternal healthcare system in Pakistan (Omer et al, 2021; Abdulkareem, 2023; Shafiq, 2025).

CONCLUSION

This study concludes that Lady Health Workers (LHWs) are essential in maternity healthcare in rural Pakistan, serving as frontline healthcare professionals. The study underscores their influence in advancing family planning, prenatal and postnatal care, and safe delivery, notwithstanding the social and cultural obstacles encountered. A rise in salaries, better facilities, and ensuring their safety while they advocate sensitive issues among the rural community are things that can boost the morale of these LHWs. Indeed, the LHWs' contributions are crucial for enhancing maternal health outcomes, particularly in rural and underdeveloped regions of Pakistan.

RECOMMENDATIONS

To control maternal deaths and to enhance the effectiveness of LHWs role in rural and remote areas, it is very important to provide training and continuous professional development to lady health workers. The training on antenatal, neonatal, and postnatal care, along with birth preparedness, may be given regularly. Supply of essential medical kits and community awareness sessions with the help of these LHWs may be conducted in these areas. Moreover, keeping in view the local norms, health advocacy may be ensured through different offline and online messages.

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Dr. Sonia Omer is working as **an** Associate Professor, Department of Social Work, University of the Punjab, Lahore; she can be reached at sonia.dsw@pu.edu.pk

Dr. Sadia Jabeen is working as Assistant Professor, Department of Sociology, Virtual University of Pakistan. She can be reached at Sadiajabeen@vu.edu.pk

Syeda Narjis Sherazi is working as Lecturer, Department of Psychology, Virtual University of Pakistan. She can be reached at narjis@vu.edu.pk