

Beneficiaries' Knowledge and Perspectives Regarding Services of Lady Health Workers

Nazia Salah ud Din
&

Tahira Jabeen

Department of Social Work
University of the Punjab

Abstract

Globally, Health care and welfare services are provided by Community Health Workers to the people of underserved communities. In Pakistan they are known as Lady Health Workers (LHWs). The goal of this research was to look at the current state of knowledge and perspectives of beneficiaries regarding services of LHWs. To achieve the objective quantitative research methodology was used and the social ecological model served as the theoretical framework to explain the data obtained. The study was conducted with 15-49 years old beneficiaries from 398 households in Lahore district, drawn through proportionate systematic random sample, using an interview schedule as a tool of data collection. The study found that knowledge of beneficiaries regarding Lady Health Workers Program and their perspectives on the reason to avail services from LHWs are significantly associated with the reproductive health services provided by LHWs. Based on these findings it is recommended that awareness should be created through different campaigns about the services of LHWs, so that maximum number of women could avail reproductive health services from LHWs.

Keywords: Community Health Workers, Lady Health Workers, Knowledge, Reproductive Health Services, District Lahore.

تلخیص

عالمی سطح پر کمیونٹی ہیلتھ ورکرز غیر محفوظ کمیونٹیوں کے لوگوں کو صحت کی دیکھ بھال اور فلاحی خدمات فراہم کرتے ہیں۔ پاکستان میں انہیں لیڈی ہیلتھ ورکرز (ایل ایچ ڈبلیو) کے نام سے جانا جاتا ہے۔ اس مطالعے کا مقصد ایل ایچ ڈبلیو کی خدمات کے بارے میں فائدہ اٹھانے والوں کے علم اور نقطہ نظر کو تلاش کرنا ہے مقاصد کے حصول کے لیے مقداری تحقیقی طریقہ کار استعمال کیا گیا اور سماجی ماحولیاتی ماڈل نے حاصل کردہ ڈیٹا کی وضاحت کے لیے نظریاتی فریم ورک کے طور پر کام کیا۔ یہ مطالعہ ضلع لاہور کے 398 گھرانوں کے 15 سے 49 سال پرانے مستفیدین کے ساتھ کیا گیا ، جو کہ تناسب کے مطابق بے ترتیب نمونے کے ذریعے انٹرویو کے شیڈول کو ڈیٹا اکٹھا کرنے کے لیے استعمال کرتے ہیں۔ مطالعے سے پتہ چلا ہے کہ لیڈی ہیلتھ ورکرز پروگرام کے بارے میں فائدہ اٹھانے والوں کا علم اور ایل ایچ ڈبلیو سے خدمات حاصل کرنے کی وجہ کے بارے میں ان کے نقطہ نظر ایل

ایچ ڈبلیو کے ذریعہ فراہم کردہ تولیدی صحت کی خدمات سے نمایاں طور پر وابستہ ہیں۔ ان نتائج کی بنیاد پر یہ سفارش کی جاتی ہے کہ ایل ایچ ڈبلیو کی خدمات کے بارے میں مختلف مہمات کے ذریعے آگاہی پیدا کی جائے ، تاکہ زیادہ سے زیادہ خواتین ایل ایچ ڈبلیو سے تولیدی صحت کی خدمات حاصل کرسکیں۔

کلیدی الفاظ: کمیونٹی ہیلتھ ورکرز ، لیڈی ہیلتھ ورکرز ، علم ، تولیدی صحت کی خدمات ، ضلع لاہور

Introduction

Internationally, Community Health Workers' programs have served as significant strategies to address the scarcity of trained healthcare staff and the lack of accessible and cost-effective healthcare to underserved communities (World Health Organization, 2010). The core idea behind this concept is the centrality of local communities in their development, which takes various forms. One form is that Community Health Workers (CHWs) must be the residents of the communities where they provide services and, secondly, they must be selected by the communities (WHO, 2007).

CHWs play a vital role in promoting people's health and large scale investments has been made in the implementation of community health worker programmes. These CHWs play many roles to serve community people. According to Rosenthal, Wiggins, Ingram, Mayfield-Johnson and De Zapien (2011) it is the role and responsibility of CHWs to create connection among community people and health care and human facilities systems, to provide social support and informally counsel people, to provide information and health education according to the culture of the people, to raise voice for the individual and community level needs of people, to make sure that individuals get basic services, to enhance capabilities of individuals and communities and to provide screening services (Rosenthal et al., 2011; Ashaba, Tumuhimbise, Beebwa, Oriokot, Brenner & Kabakyenga, 2020).

Community Health Workers (CHWs) in the United States have a greater understanding of the communities in which they provide health care services, which allows them to improve access to care and better manage chronic conditions because they are familiar with the culture, language, and trusted individuals of the community in which they work (Malik, 2018). CHWs serve as a link between communities and public health systems in India, communicating, teaching, and increasing public awareness of healthy living as well as healthcare and the country is focusing on national Community Health Worker (CHW) plan (Nath, Sharma & Shukla, 2020; Patel & Nowalk, 2010). CHWs have a lot of potential in terms of assisting underserved populations to fulfil the pressing needs

of India's ever-increasing population, as well as to alleviate the health-care shortages in rural areas in obtaining health and nutrition services and because of the rising number of patients with infectious diseases and the shortage of health-care professionals, health-care programmes are increasingly utilising CHWs (Puett, Alderman, Sadler & Coates, 2015; Rachlis, Naanyu, Wachira, Genberg, Koech, Kamene, & Braitstein, 2016). A useful community health worker programme can serve to enhance the health of mothers and children, as well as the health system in rural areas as a whole. These types of initiatives can be made more effective by having CHWs' supervision and evaluation (Westgard, Naraine, & Villacorta, 2018). Cultural awareness has promoted through CHWs, which served as a "bridge" between health initiatives and the community and also served as a crucial community connection between communities and access to health care (McElmurry, Park & Buseh, 2003; Kok, Broerse, Theobald, Ormel, Dieleman & Taegtmeier, 2017). CHWs in the delivery of primary health care, play a crucial role, especially in areas where there are shortages in the health-care workforce. However, there is very little information available regarding the opinions of obstacles and motives shared by CHWs, as well as those shared by CHW beneficiaries (Condo, Mugeni, Naughton, Hall, Tuazon, Omwega, & Binagwaho, 2014). CHWs' performance is an important concern since it varies greatly depending on the circumstances, and it is strongly linked to the effectiveness of practice management procedures (Druetz, Kadio, Haddad, Kouanda & Ridde, 2015). CHWs have long been regarded as critical to providing health services at the grassroots level, while their particular function varies (Jerome & Ivers, 2010). CHWs are frequently used in countries with a low and moderate income and may be a valuable method in lowering mother and the death rate of children; however, research on their effectiveness for specific types of programmes, particularly preventive programmes, is sparse (Gilmore & McAuliffe, 2013). In providing primary health care services, CHWs function as a liaison between the medical system and the general public at large, while adequate communication skills of the CHWs are fundamental for the health care system's effectiveness (Haq & Hafeez, 2009). CHWs are an important part of the health-care team, increase health-care access and outcomes and improve the quality of life for people who live in underserved, diverse, and underprivileged communities (Rosenbaum, 2011; Rosenthal, Brownstein, Rush, Hirsch, Willaert, Scott & Fox, 2010). Community Health Worker teams have the ability to change the role in terms of assuring access to care in underserved communities (Thomas, Buch & Pillay, 2021). Client trust in CHWs is critical for increasing the quality and equality of global community health systems (Sripad, McClair, Casseus, Hossain, Abuya & Gottert, 2021). The effectiveness of CHWs is governed by a variety of factors and they have potential to improve access and quality of primary care, but they are underutilized (Kok, Kane, Tulloch, Ormel, Theobald, Dieleman & de Koning, 2015; Hartzler, Tuzzio, Hsu & Wagner, 2018). In low and middle income communities several different types of services are provided by CHWs to help

mothers and children stay healthy and when appropriately supported with adequate resources, CHWs are good primary health care providers because they have a variety of responsibilities and identities (Olaniran, Madaj, Bar-Zev & van den Broek, 2019; Rafiq, Wheatley, Mushi&Baynes, 2019).The relationships between the CHWs and their clients determine the success of their health care services (Gampa, Smith, Muskett, King, Sehn, Malone & Nelson, 2017).

CHWs serve as liaisons between communities and public health systems, educating, informing, and raising awareness about healthy lifestyles and healthcare facilities. In India the use of female community health activist Accredited Social Health Activist (ASHA) as health care facilitators at the community level has resulted in considerable reductions in maternal and child mortality rates.Many times, ASHAs get ahead of the step by setting up communication and interacting with doctors, if the patient's attendant is not qualified to interpret the discussion with the doctors. The remuneration and incentive structure appears to be a main factor of how well ASHAs perform. The lack of resources, including physical and human resources, poses a challenge for ASHAs in rural places (Nath, Sharma &Shukla, 2020).

In low-income nations, Community Health Workers (CHWs) are frequently tasked with delivering primary health care. In rural Pakistan and urban slums, Lady Health Workers (LHW) are Community Health Workers who offer basic health care at the door step of the community people (Haq, Iqbal & Rahman, 2008). In Pakistan, the Ministry of Health started the Lady Health Worker Program (LHWP) in 1994.The main goal was to provide community-based basic health care and family planning services. These female workers provide a variety of health care services associated to mother and child health including antenatal, postnatal, services for family planning and vaccinations (Douthwaite& Ward, 2005).

Ever since, a lot of research has been done on various aspects of this program as discussed in the next section on literature review. However, one aspect which is less researched in Pakista`n context is the beneficiaries' perspectives on the services provided by the LHWs. This article is based on a research study, which addresses the above identified gap by studying the services availed by respondents from Lady Health Workers (LHWs), factors affecting the utilization of LHWs' services and respondents' suggestions to improve services provided by LHWs. This article covers part of one objective, related to beneficiaries' intrapersonal factors and their perspectives on the services provided by LHWs.

Review of Literature

Otiniano, Carroll-Scott, Toy and Wallace (2012) stated that CHWs have exclusive contact to disadvantaged and difficult-to-reach populations which have been combating health disparities. CHWs have been working as a linkage between the health-care system and the general public and a diversity of marginalized populations to change. The CHW model and the profession encourage community-based participatory approaches and culturally appropriate actions to, individual, community, and social problems.

According to Gampa et al., (2017) Community Health Representatives (CHRs) are Community Health Workers (CHWs) that provide vital services to patients and their families to Navajo Nation. The relationships between the CHRs and their clients determine the success of their interventions. A qualitative study conducted by Gampa et al., (2017) explored the culturally unique aspects that contribute to the development and maintenance of the CHR-client relationship. Four key results emerged from the research that is crucial to the formation of a CHR-client relationship. This relationship is built on trust, which serves as a foundation for offering high-quality services to the client. Tradition and culture define one's ability to develop and sustain trust. CHRs must be sensitive to a wide range of cultural and social practises. The study concluded that understanding the cultural aspects of the CHR-client interaction can help community partners and professional providers to develop CHR programmes and achieve improved health outcomes for marginalised people. The foundation for good CHR service delivery is trust.

Thomas, Buch & Pillay (2021) conducted a secondary data study on CHWs activities in South Africa. The study highlights the contributions of CHWs and their efforts to reduce the triple burden of disease in South Africa. According to the findings of the study, CHWs provided early screening and referrals for pregnant women and children under the age of five. Access to social assistance, programs to protect children and women from gender-based violence, other services, such as food parcels were also offered by CHWs as psychosocial support. The study also found CHWs influence mothers' and caregivers' health-seeking behaviour, resulting in accurate clinic reporting and contributing to the district's overall immunisation performance. In order to achieve universal health care, developing countries must acknowledge the need of CHWs.

Puett, Sadler and Alderman (2012) conducted a research in southern Bangladesh to know the cost-effectiveness of managing severe acute malnutrition (SAM) through CHWs at community level. It was found that the average per households cost for the patient to get well from SAM was one-sixth that of hospitalized patients. The study concluded that the community based services by CHWs was an economical approach in comparison to hospitalization and CHWs can be an

effective way to increase access to cost-effective treatment if they are properly supervised and trained.

Brooks, Quinn, Boyce, Fatouma, Oumarou & Silverman (2019) in rural Niger, looked into the link between CHW visits and contraceptive use among married young females and CHW visits were shown to be substantially associated with contraceptive use among young married females in Niger, according to the study.

A study was conducted by Bhattarai, Khanal, Khanal, Regmi, Paudel, Dhakal & Singh(2020) in Nepal on the factors related to utilization of services of child health and found 62.6% of Female Community Health Volunteers (FCHVs) were providing at least any one of child health service. It was also found in the study that there is high rate of provision of services related to child health by FCHVs, who used cash from FVHV fund, held meetings of health mother' groups, supportive towards antenatal care, provide out of clinic health services and engaged in the committees at local level. The efficiency of FCHVs is directly associated with the availability of health supplies. There was no significant association between the provision of health services related to child with the educational status, place of living, received training of FCHVs, uniform allowance and distance from health facility, while availability of important medical supplies were significantly related with the provision of child health services. Lack of supplies severely hampers FCHVs' capability in the provision of services and affects the trust, which have community people on FCHVs.

Shahabuddin, Nöstlinger, Delvaux, Sarker, Delamou, Bardají, and De Brouwere (2017) conducted a qualitative study in three sub-districts of Bangladesh. The sample was consisted of thirty adolescent girls who had been married. The Social-Ecological Model (SEM) was used to analyse the data related to factors at various levels (personal, interpersonal, social, and health care facilities level) which are responsible for respondents' behaviour towards maternal health care. It was found that individual knowledge regarding maternal health care, family tradition, availability of CHWs of BRAC and facilities at community clinics are important factors which affects their maternal health care seeking behaviour.

A qualitative study on CHWs was conducted in Uganda by Ashaba et al., (2020) to identify factors affecting sustainability of CHW program. The study's participants were selected through purposeful sampling technique and focus group discussion was used as tool of data collection. The study revealed that recognition from community people is essential for the continuation of activities of CHWs. It was also found that supervision is important to maintain community-based programs and CHWs, because supervision of CHWs by the health facility staff creates trust which is helpful for the successful maintenance of networking of CHWs. To enhance motivation, knowledge and skills among CHWs, refresher trainings were found very supportive, while knowledge of community people

regarding duties of CHWs was also an important factor to enhance and sustain CHWs activities.

Nath, Sharma and Shukla (2020) conducted a study in India to examine health workers' different tasks, as well as the obstacles and barriers they experience when providing services. It was a mixed method study. According to the analysis of the study from minor diseases to registration for pregnancy, the majority of respondents rely on the services of CHWs. The other services were reported as support with government-provided financial services, assistance during pregnancy, organizing hospital transportation, supporting with abortions, helping with child vaccinations and educating on the importance of living a healthy lifestyle. The incentive system is one of the most fundamental problems that workers encounter, as well as a lack of medical tools and medications. The community's socio-economic situation, as well as the geographical location, add to the problems and barriers. The study concluded that CHWs' working circumstances must be improved by health administrators reforming the incentive structure and providing quick access to health deliveries.

Sarin & Lunsford, (2017) conducted a study in India to explore different socio-cultural and institutional factors which were responsible for facilitating or hampering Accredited Social Health Activists' (ASHAs) capability to provide health care services efficiently. According to study findings there were many institutional, cultural, community and internal factors affect the activities of ASHA. The other factors which help in the performance of their role were respect and worth in the community, self-confidence coming from use of knowledge and support from family and supervisors. Community acknowledgment gives a sense of self-worth to ASHAs that was helpful to motivate ASHA to work with more efficiency. Furthermore the factors which were responsible for demotivation of ASHA were the problems like insufficient facilities in hospitals, poor handling by the staff of clinics, and lack of incentives.

In Pakistan's Hala & Matiarisubdistricts, Bhutta, Soofi, Cousens Mohammad, Memon, Ali, & Martines (2011) investigated the effectiveness of community-based treatments administered by Lady Health Workers to reduce infant mortality. The results of the study support that the interventions through Lady Health Workers are helpful to achieve maximum potential in the promotion of mother and newborn health care services.

A multi-method study was undertaken by Haq, Iqbal, & Rahman (2008) to evaluate the perspectives of LHWs on the difficulties they face and the levels of stress they experience. The geographical universe was Tehsil Kahuta (sub-district of Rawalpindi). All LHWs from the chosen union councils were included in the sample. The findings of the study showed that the absence of career advancement, working with opposite sex, being undervalued by the department and things they

don't have direct control over were the factors of increased job pressure among respondents. It was also found that the most common problem faced by LHWs had to cope with bureaucratic inefficiencies, such as failure to receive their salary on time and an inconsistent supply of drugs and vaccines. Inadequate pay was the second most common issue, with over 60% of respondents citing it as a major issue. Other concerns included finding it difficult to persuade women and families to be getting their children vaccinated and to take preventive measures, communication problems on family planning concerns, attitudes in the community that aren't cooperative, and a lack of knowledge.

Afsar & Younus (2005) conducted a qualitative study in Karachi, Pakistan to evaluate the National Program for Family Planning and Primary Health Care's strengths and weaknesses to develop recommendations for strengthening LHWs' role. It was found that majority of the respondents enrolled in the programme for financial reasons as well as a desire to help others. Some women reported as having convenient job schedules and easy to receive permission from their families to work because they were serving in their local communities. The fact that it is a government job was also a factor in decision to participate in the programme. The initial three months of training, according to all LHWs, was of excellent quality. The respondents identified different problems such as doctors did not give them enough attention and additional workload, which was not included in their job description.

However, the above literature review depicts that none of these studies cover beneficiary' perspective on the services provided by LHWs and this article is going to fill this gap.

The study used ecological model to explain the findings of the study as according to Bronfenbrenner, (1994) social ecological model individual behaviour, for example, utilization of services provided by LHWs depends on factors in one's surroundings at various levels, comprising intrapersonal and interpersonal levels, as well as institutional, community, and policy levels. According to the literature reviewed above, the utilization of LHWs' services has been affected by different factors at multiple levels in the communities. Therefore, present study used ecological model to explain the findings of the study.

Methodology

This article is based on a cross-sectional study of beneficiaries of Lady Health Workers. For the study quantitative method was used to collect information. The geographical universe of the study was district Lahore and respondents of the study consisted of married female household members of reproductive age (15-49) who have availed services from LHWs. Probability sampling technique,

proportionate systematic random sampling, was used to draw a sample of 398 households. Interview schedule was tool of data collection, and data was processed using SPSS and analyzed using chi square test. The study objectives included the identification of services availed by respondents from Lady Health Workers (LHWs), factors at different levels affecting the utilization of LHWs' services and respondents' suggestions to improve services provided by LHWs. However, present article is focused on just one objective related to beneficiaries' intrapersonal factors. According to the social ecological theory, human behaviour is affected by different factors and intrapersonal factors are the characteristics of the individual including knowledge, attitudes and beliefs. Present study is related to knowledge and perspectives of beneficiaries regarding the utilization of health care services provided by LHWs.

Data Analysis and Results

Table 1 contains the demographic characteristics of respondents. According to the findings around one third of the respondents i.e. 37.2% were in the age group of 25-29 years of age, while 27.1% were in the age group of 20-24 years. The age group between 30-34 years was reported by 23.9% respondents. The average age of respondents was calculated as 33 years. According to study findings around one fourth of the respondents i.e. 26.6 % had qualification of secondary level, while 18.3% each had elementary level and intermediate level qualification. No education was reported by 16.8 %, while graduation and post graduation was reported by 12.8 % and 7 % respondents respectively. The data shows that an overwhelming majority of the respondents i.e. 90.5% were house wives and 5% respondents were government employees. Only 3.5% respondents were doing private job, while 1% respondents were involve in their own business. An overwhelming majority i.e. 88.4% were residing in their own houses, while only 11.6% were living in rented houses. Family income of majority of the respondents i.e. 65.3% was Rs.31001-48000 and 16.3% respondents were having Rs.31001-48000 family income. The average family income was calculated as Rs.30035 per month.

Table: 1
Demographic characteristic of respondents

Characteristics	No.(n)	Percentage
Age in years		
15-19	8	2
20-24	108	27.1
25-29	147	36.9
30-34	94	23.6
35-39	35	8.8
40-44	4	1
45-49	2	0.5
Average Age	33 years	
Qualification		
No education	67	16.8
Elementary	73	18.3
Secondary	106	26.6
Intermediate	73	18.3
Graduation	51	12.8
Post-graduation	28	7
Occupation		
Housewife	360	90.5
Govt. Employee	20	5
Private Job	14	3.5
Business	4	1
Occupancy		
Own	352	88.4
Rented	46	11.6
Monthly family income		
Less than 15000	19	4.8
15000 – 31000	260	65.3
31001 – 4800	65	16.3
48001 – 65000	41	10.3
65001 – 83000	11	2.8
83001 – 100000	1	0.3
More than 100000	1	0.3

Average Family Income per month Rs.30035

Table 2 shows the association between intrapersonal factors of respondents with antenatal care provided by LHWs. A statistically significant association can be

seen between knowledge of respondents about LHWs Program and utilization of antenatal care provided by LHWs. Likewise there is strong association between respondents' perspective related to main reason of utilization of services, which was provision of services at the door step and antenatal care service provided by LHWs. The findings depicts that respondents have knowledge regarding the services provided by LHWs under the Lady Health Workers Program. The majority of respondents said it is a mother and child health care program, while others said it is a program that provides family planning services. The table also shows reasons respondents chose LHWs for antenatal care, and it was shown that the majority chose LHWs because they provide door-to-door services and are trustworthy. Other considerations included the fact that LHW is a woman from the respondents' own community.

Table: 2
Association between intrapersonal factors of respondents with antenatal care provided by LHWs

	Antenatal Care		Pearson Chi Square	df	P-Value
	Fair	Good			
Knowledge about LHWs program					
Mother and child health care	23	353	4.78	1	0.03
Family planning services	4	18			
Perspective of main reason to utilize LHWs' services					
Serve at door step	21	204	24.07	4	0.00
She is a women	1	9			
She is trustworthy	2	145			
She is from our own community	2	13			
Family member recommended	1	0			

Discussion

As evident from literature review, the utilisation of Community Health Workers in the provision of health care services to underserved populations is a global phenomenon but in Pakistan services of the Lady Health Workers (LHWs) are underutilized due to different factors. The findings of the present study explored intrapersonal factors of beneficiaries affecting the utilization of services provided by LHWs. The findings of the study show a significant relationship between knowledge of respondents about LHWs program and utilization of LHWs' services. Shahabuddin et al., (2017) conducted a study that supports these findings utilizing social ecological model to explore respondents' behaviour towards reproductive health care and found that individual knowledge regarding

reproductive health care, family tradition, availability of CHWs of BRAC in the community were important factors, which affects the health-seeking behaviour of mothers. A study in Uganda reached the similar conclusion (Ashaba et al., 2020). Therefore, it is concluded that the communities' increased knowledge about LHWs' services can enhance the utilization of LHW program in Pakistan.

Furthermore, in the present study strong association was found between respondents' perspectives on main reasons related to utilization of LHWs' services and antenatal care services provided by LHWs. From the beneficiaries' perspective, potential reasons included provision of services at the door step, and the LHWs being female and from the same community considered trustworthy. The present study found that the reason of utilization of LHWs services among beneficiaries was that the LHWs provide services at the door steps of the people. These findings are in line with the findings of SWOT analysis conducted by Wazir, Shaikh & Ahmed (2013) on Lady Health Workers Program (LHWSP) which found that the services of LHWs are quite efficient in providing unprivileged people with health care at their doorstep. This is also supported by another study conducted by Charanthimath, Vidler, Katageri, Ramadurg, Karadiguddi, Kavi & Revankar (2018) in India, on the factors related to acceptance of Community Health Workers (CHWs) by community people for detection and primary care in illnesses because of hypertension during antenatal stage. Charanthimath et al., 2018 found that community people were very much supportive towards home visits conducted by CHWs to monitor blood pressure. In a country like Pakistan, where women's mobility is restricted by so many factors including gender bias, distance, and poor means of transportation among others (Ali, Bhatti & Kuroiwa, 2008), provision of services by LHWs at their door step becomes really significant from the beneficiaries' perspective. Second important reason, from the beneficiaries' perspective, was trustworthiness of LHWs, because of which beneficiaries were utilizing LHWs' services.

These findings are in accordance with a qualitative study of South Africa conducted by Nxumalo, Goudge and Manderson (2016) to explore the complex interactions that happen among CHWs and beneficiaries, regarding familiarity and trust. It was an ethnographic research used case studies to know the views of different stakeholders related to duties and experiences regarding CHWs. The main theme found in the study was the role of trust. It was found essential that recipients have trust in the services they are getting as that decides the selections they make about the use of services, their acceptance of advice, and continuity of taking services. In Pakistan, reproductive health/antenatal care of females is considered a private affair and women feel confident to talk about these issues only with someone they are familiar, could relate with and have a relationship of trust (Jafree, Bukhari, Muzamill, Tasneem & Fischer, 2021). From these beneficiaries' perspective, a female LHW who belongs to their own community

and regularly visit them is one such person, and therefore, they utilize LHWs' services trusting them. It was also found by Sripad et al., (2021) that building client confidence in Community Health Workers (CHWs) is crucial for improving the quality and equality of global community health systems.

Conclusions

From the above discussion of the study findings, it is concluded that women's knowledge of the LHW program is important in the utilization of antenatal care provided by LHWs because study's findings reveal a significant link between respondents' knowledge of the LHW program and their use of LHW services. The study also concluded that provision of services at the doorstep, is one of the causes of availing LHWs services, while the other main concern was the LHWs' trustworthiness, according to the beneficiaries. A female LHW who is a member of their own community and visits them on a regular basis is one such person in the perspective of these beneficiaries, and as a result, they use LHWs' services with trust.

Recommendations

1. It is essential to create awareness through mass awareness campaigns as well regular individual contacts with potential beneficiaries in the under privileged communities regarding the services of LHWs, so that women of those communities could be able to utilize the services of LHWs.
2. The LHWs provide health care services related to reproductive health to women, at their door step in a relationship of trust, therefore the role of LHWs is of paramount importance in resource constraint areas, where female mobility is limited by many factors so, efforts should be made at different levels to maximize the utilization of this human resource for the provision of community-based health care services.
3. There must be strict adherence to the policy of recruitment of LHWs exclusively from the community they serve, and limiting the number of households they cover so that they could give more time and attention to their individual clients, thus building rapport with the potential beneficiaries who value LHW's services because of the trust they have in LHWs being from their own community and providing crucial reproductive health/antenatal care at their door steps.

References

Afsar, H. A. & Younus, M. (2005). Recommendations to Strengthen the Role of Lady Health Workers in the National Program for Family Planning and

- Primary Health Care in Pakistan: The Health Worker's Perspective. *J Ayub Med Coll Abbottabad*, 17.
- Ali, M., Bhatti, M. A. & Kuroiwa, C. (2008). Challenges in Access to and Utilization of Reproductive Health Care in Pakistan. *J Ayub Med Coll Abbottabad*, vol.20:4, 3-7.
- Ashaba, S., Tumuhimbise, M., Beebwa, E., Oriokot, F., Brenner, J. L. & Kabakyenga, J. (2020). Factors Impacting Sustainability of Community Health Worker Programming in rural Uganda: A Qualitative Study.
- Bhattarai, H. K., Khanal, P., Khanal, V., Regmi, K., Paudel, N. R., Dhakal, L. & Singh, S. (2020). Factors associated with child health service delivery by female community health volunteers in Nepal: findings from a national survey. *BMC health services research*, 20(1), 1-8.
- Bhutta, Z. A., Soofi, S., Cousens, S., Mohammad, S., Memon, Z. A., Ali, I. & Martines, J. (2011). Improvement of perinatal and newborn care in rural Pakistan through community-based strategies: a cluster-randomised effectiveness trial. *The Lancet*, 377(9763), 403-412.
- Bronfenbrenner, U. (1994). Ecological models of human development. In: *International Encyclopedia of Education*, vol.3, 2nd ED. Oxford: Elsevier. Reprinted in: Gauvain, M. & Cole M. (Eds.), *Readings on the Development of Children*, 2nd Ed.(1993, pp. 37-43).NY: Freeman.
- Brooks, M. I., Johns, N. E., Quinn, A. K., Boyce, S. C., Fatouma, I. A., Oumarou, A. O. & Silverman, J. G. (2019). Can community health workers increase modern contraceptive use among young married women? A cross-sectional study in rural Niger. *Reproductive health*, 16(1), 1-10.
- Charanthimath, U., Vidler, M., Katageri, G., Ramadurg, U., Karadiguddi, C., Kavi, A. & Revankar, A. (2018). The feasibility of task-sharing the identification, emergency treatment, and referral for women with pre-eclampsia by community health workers in India. *Reproductive Health*, 15(1), 77-86.
- Condo, J., Mugeni, C., Naughton, B., Hall, K., Tuazon, M. A., Omwega, A. & Binagwaho, A. (2014). Rwanda's evolving community health worker system: a qualitative assessment of client and provider perspectives. *Human resources for health*, 12(1), 1-7.

- Douthwaite, M. & Ward, P. (2005). Increasing contraceptive use in rural Pakistan: an evaluation of the Lady Health Worker Programme. *Health policy and planning*, 20(2), 117-123.
- Druetz, T., Kadio, K., Haddad, S., Kouanda, S. & Ridde, V. (2015). Do community health workers perceive mechanisms associated with the success of community case management of malaria? A qualitative study from Burkina Faso. *Social Science & Medicine*, 124, 232-240.
- Gilmore, B., & McAuliffe, E. (2013). Effectiveness of community health workers delivering preventive interventions for maternal and child health in low- and middle-income countries: a systematic review. *BMC public health*, 13(1), 1-14.
- Gampa, V., Smith, C., Muskett, O., King, C., Sehn, H., Malone, J., ...& Nelson, A. K. (2017). Cultural elements underlying the community health representative–client relationship on Navajo Nation. *BMC health services research*, 17(1), 1-8.
- Haq, Z., & Hafeez, A. (2009). Knowledge and communication needs assessment of community health workers in a developing country: a qualitative study. *Human resources for health*, 7(1), 1-7.
- Haq, Z., Iqbal, Z., & Rahman, A. (2008). Job stress among community health workers: a multi-method study from Pakistan. *Journal of Mental Health Systems*, 2(1):15
- Hartzler, A. L., Tuzzio, L., Hsu, C., & Wagner, E. H. (2018). Roles and functions of community health workers in primary care. *The Annals of Family Medicine*, 16(3), 240-245.
- Jafree, S. R., Bukhari, N., Muzamill, A., Tasneem, F., & Fischer, F. (2021). Digital health literacy intervention to support maternal, child and family health in primary healthcare settings of Pakistan during the age of coronavirus: study protocol for a randomised controlled trial. *BMJ open*, 11(3), e045163.
- Jerome, J. G., & Ivers, L. C. (2010). Community health workers in health systems strengthening: A qualitative evaluation from rural Haiti. *AIDS (London, England)*, 24(Suppl 1), S67.
- Kok, M. C., Broerse, J. E., Theobald, S., Ormel, H., Dieleman, M., & Taegtmeier, M. (2017). Performance of community health workers: situating their

intermediary position within complex adaptive health systems. *Human resources for health*, 15(1), 1-7.

Kok, M. C., Kane, S. S., Tulloch, O., Ormel, H., Theobald, S., Dieleman, M., ...& de Koning, K. A. (2015). How does context influence performance of community health workers in low-and middle-income countries? Evidence from the literature. *Health Research Policy and Systems*, 13(1), 1-14.

Malik, S. (2018). The Use of Community Health Workers in Chronic Disease Management. <https://doi.org/10.17615/r1bm-5493>

McElmurry, B. J., Park, C. G., & Buseh, A. G. (2003). The nurse-community health advocate team for urban immigrant primary health care. *Journal of Nursing Scholarship*, 35(3), 275-281.

Nath, N. J., Sharma, S., & Shukla, T. (2020). Exploring the Liaising Role of Community Health Workers in the Bordering Region of India-Bangladesh: A Mix-Method Approach. *Online J Health Allied Scs*, 19(1), 1.

Nxumalo, N., Goudge, J. & Manderson, L. (2016). Community health workers, recipients' experiences and constraints to care in South Africa—a pathway to trust. *AIDS care*, 28(sup4), 61-71.

Olaniran, A., Madaj, B., Bar-Zev, S., & van den Broek, N. (2019). The roles of community health workers who provide maternal and newborn health services: case studies from Africa and Asia. *BMJ global health*, 4(4), e001388.

Otiniano, A. D., Carroll-Scott, A., Toy, P., & Wallace, S. P. (2012). Supporting Latino communities' natural helpers: a case study of promotoras in a research capacity building course. *Journal of immigrant and minority health*, 14(4), 657-663.

Patel, A. R., & Nowalk, M. P. (2010). Expanding immunization coverage in rural India: a review of evidence for the role of community health workers. *Vaccine*, 28(3), 604-613.

Puett, C., Sadler, K., Alderman, H., Coates, J., Fiedler, J. L., & Myatt, M. (2012). Cost-effectiveness of the community-based management of severe acute malnutrition by community health workers in southern Bangladesh. *Health policy and planning*, 28(4), 386-399.

- Rachlis, B., Naanyu, V., Wachira, J., Genberg, B., Koech, B., Kamene, R. & Braitstein, P. (2016). Community perceptions of community health workers (CHWs) and their roles in management for HIV, tuberculosis and hypertension in Western Kenya. *PloS one*, *11*(2), e0149412.
- Rafiq, M. Y., Wheatley, H., Mushi, H. P. & Baynes, C. (2019). Who are CHWs? An ethnographic study of the multiple identities of community health workers in three rural Districts in Tanzania. *BMC health services research*, *19*(1), 1-15.
- Rosenbaum, S. (2011). The Patient Protection and Affordable Care Act: implications for public health policy and practice. *Public health reports*, *126*(1), 130-135.
- Rosenthal, E. L., Wiggins, N., Ingram, M., Mayfield-Johnson, S., & De Zapien, J. G. (2011). Community health workers then and now: an overview of national studies aimed at defining the field. *The Journal of ambulatory care management*, *34*(3), 247-259.
- Rosenthal, E. L., Brownstein, J. N., Rush, C. H., Hirsch, G. R., Willaert, A. M., Scott, J. R. & Fox, D. J. (2010). Community health workers: part of the solution. *Health Affairs*, *29*(7), 1338-1342.
- Shahabuddin, A., Nöstlinger, C., Delvaux, T., Sarker, M., Delamou, A., Bardají, A. & De Brouwere, V. (2017). Exploring maternal health care-seeking behavior of married adolescent girls in Bangladesh: a social-ecological approach. *PloS one*, *12*(1), e0169109.
- Sripad, P., McClair, T. L., Casseus, A., Hossain, S., Abuya, T. & Gottert, A. (2021). Measuring client trust in community health workers: a multi-country validation study. *Journal of Global Health*, *11*.
- Thomas, L. S., Buch, E. & Pillay, Y. (2021). An analysis of the services provided by community health workers within an urban district in South Africa: a key contribution towards universal access to care. *Human resources for health*, *19*(1), 1-11.
- Wazir, M. S., Shaikh, B.T. & Ahmed, A. (2013). National program for family planning and primary health care Pakistan: a SWOT analysis. *Reproductive Health*, *10*(1), 1-7.

- Westgard, C., Naraine, R. & Villacorta, D. M. P. (2018). Performance Evaluation of Community Health Workers: Case Study in the Amazon of Peru. *Journal of Community Health*, 43(5), 908-919.
- World Health Organization. (2010). Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems. Retrieved on October 8, 2020, from <https://www.who.int/workforcealliance/knowledge/resources/chwreport/en/>
- World Health Organization. (2007). Community health workers: What do we know about them? Retrieved January 27, 2019, from http://www.who.int/hrh/documents/community_health_workers_brief.pdf

Nazia Salah ud Din is Ph.D Scholar in the Department of Social Work, University of the Punjab.

Dr. Tahira Jabeen is an Associate Professor in the Department of Social Work, University of the Punjab.