Community's Satisfaction with Maternal Health Services Provided by LHW's in District Jehlum, Pakistan

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Abstract

Lady Health Workers Program is a significant initiative by Government of Pakistan to improve the health of women in Pakistan. As the member of community Lady Health workers provide services related to maternal health in their own community. The research was based on quantitative research design in which sample of 120 women from the three areas of district Jhelum were selected by using purposive convenient sampling technique. Semi structured Questionnaire was the tools of study. The findings of the study indicated LHWs were providing services related to maternal health for improving women health in district Jhelum. The study concludes that community is satisfied from the maternal services that were being provided by LHWs.

Introduction

The Lady Health Workers Program (LHWP) is a federally sponsored development program working at the grass root level since 1994. Lady health workers are primary health care providers to community. They provide necessary maternal and child health, family planning services and health education to the whole community. In Pakistan, community workers known as Lady Health Workers (LHW), provide basic health care at the doorstep in the rural areas and urban slums. The "Lady Health Worker" (LHW) of the National Program for Family Planning and Primary Health Care in Pakistan largely fits into the definition of community health worker, and is an essential element of the health care delivery system of the country (Haq, Iqbal, & Rahman, 2008).

Review of Literature

Pakistan has high maternal and infant mortality rate, low women's access to health services with less than one third going to health centers unescorted and low contraceptive usage among the rural population. Thus the job of the LHW is challenging (Kazi & Sathar, 1997, Population Council, 1997 & UNICEF, 2007). CHWs were rapidly considered ad important and trusty members of basic health care staffs in poor people and patients. As a part of community these leading edge workers were respected for their cultural capability and source of communication between medical practitioners and different kind of people (Rosenthal, 1998).

Lady Health Workers are performing different kind of activities like register all married couples especially pregnant women, providing them health education, family planning give them medicine and contraceptives to patients, sanitation, creating awareness regarding the hygiene, nutritious diets, coordinate with EPI (extended program of immunization), carry out prevention and treatment of minor ailments. Cure of trivial ailments (and referral to the First level care facility when required). LHWs are also playing role in door to door Polio

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immunization during NPIDs (National Polio immunization days) (Government Of Pakistan, 2011).

Village Health Workers/Lady Health workers are an important agent in creating a connection between proper health system and the community. They play a pivotal role in betterment of maternal health through different services like ante natal care, nutritional counseling, post natal care and family planning (Government of Pakistan, 1987). CHWs were highly respected and valued in the communities by providing them free medicine and check up (Swider & Susan, 2002: Brown, Macala, Miranda, & Zumarana, 2006).

Community Health Workers act as two way referral mechanisms between community and professionals at the health system (Marguerite, Northridge, & Treadwell, 2003). Close connection between health facilities and people are necessary and must be a two way process. Health workers services should be consistence according to perceived and actual needs of community where these health workers are performing their tasks and services. Community health worker are the members of community so personally know all the families in their community and also well aware of situation of local people (Belsay, Hart,& Tarino, 1990). Community Based antenatal care approach has positive results (Brodie, Davis,& Homer ,2000).

Faruqi, (2001) indicated that in societies where women have less approach to information about health problems and limited mobility in seeking the information and care, the LHWs are good way for giving information, health education and family planning care to female and children at their home. CHW raise the women's access and reduce the expenditure of health care and increase the quality of care through establishing strong communication between patient and health care provider. People themselves assess and evaluate the services that are provided by LHWs at community to check the accuracy of the program either perceiving the needs and requirement of people living in community or not.

Assimilating LHWs with health care system would decrease prenatal mortality and maternal deaths (Cheng, Jokhio,& Winter, 2005). LHWs are necessary to providing maternal and child health care. LHWs visit the people home for checkup of pregnant women in their homes, as many as seven day, make sure that women are properly taking parental inspections and eating nutritious diets appropriately and visit home of women after delivery of pregnant women (Bano & Seeger, 2010).

Now a day, patients look for free and quick services of health. This demand is only possible with optimum utility of the resources through multitasking in a single window system of the outpatient department (OPD) (Srinivasan, 2000). The patient care has become exceptionally essential in the health care setting. Patients' satisfaction and their hopes have become the effective signs for excellence of health care service. Patients were generally satisfied with health services providers but rating of satisfaction is quite low just because of their behavior toward their patients especially the staffs temperament, accessibility and respect. If these thing carefully manage and handle than the quality and effectiveness of the health related services for patients will be improved (Cuevas, 2008).

CHW educate and encourage women to receive antennal care showed increased utilization of health facility. CHW became gradually effective members of the health care delivery team because they were able to deliver outreach services to people been missed through larger main stream organization (Jabari & Leinberger 2005).

A study conducted in India in Khurda district of Orrisa on assessing the performance of Primary Health Centers (PHC) indicated the very low ratio of community health workers. The reason behind that the community do not felt that their health needs and requirement can be fulfilled be community health workers and they were not satisfied with the provision of their services (Babu, Chhotray, & Satyanarayana, 2001)

Methodology

Objective of the study

The objectives of this research study were as following;

- To identify the types of Health Care Services provided by LHWs.
- To identify the level of satisfaction among women about Health Care Services provided by LHWs.

Statement of problem:

To study the Community's Satisfaction with maternal health services provided by LHWs in District Jehlum.

Research design:

This research is based on Quantitative research design in order to check the level of satisfaction with maternal health related services provided by lady health workers in district Jhelum.

Tool of study:

Semi structure questionnaire was used for collecting data from community (female) in order to check the level of satisfaction regarding the health services provided by LHWs.

Study Area:

The locale of this research study was district Jhelum. The areas selected for study were Bhelowal, Toba and Sarooba.

Sample size;

Total sample size for this study was 120 female were selected for filling the questionnaires related to check the level of satisfaction about the maternal health services provided by LHWs.

Inclusion criteria of sample:

Inclusion criteria of these women were married, taking benefits from LHWs services and belonging to age 20 to above 40.

Sample Technique:

This research was based on non probability sampling technique in which the purposive convenient sampling technique was used to approach the sample. The rational of using this technique was convenient of researcher as well as fulfilling the purpose and objectives of the research study.

Procedure:

The data was collected properly in the field. For collecting data many visited were made by researcher to each areas of the study. Mostly data from community (women) were collected from 9:00 am to 12 o'clock in a day because that time they were easily available and had time. Researcher visited door to door to collect the data from the desired respondents and had record the responses of sample for analyses very carefully.

Results and Discussions

This section deals with the results of study in two parts Part 1 deals with demographics characteristics of community Part 2 is consisted on the quantitative analyses in which questionnaire survey was conducted by community in order to check the satisfaction of community towards the services provided by LHWs in district Jhelum**.**

PART 1:

This part deals with demographics characteristics of community in the form of percentage and frequencies.

Table 1
Frequency and percentage distribution of Qualification of respondents (n=120)

Qualification	*f*	%
Illiterate	50	41.7
Primary	37	30.8
Middle	11	9.2
Metric	9	7.5
Intermediate	9	7.5
Graduation	4	3.3
Total	120	100

Above table shows the qualification of respondent that indicated 42 % of respondents were illiterate, almost 31% of the respondents had primary level education, 9% of respondents were middle passed, 7% of respondents had matriculation level education, 7% of respondents were in intermediate and 3% of respondents had educational qualification up to graduation. Majority of respondents were illiterate.

Table 2
Frequency and percentage distribution of age of respondents (n=120)

Age	*f*	*%*
20-30	63	52.5
31-40	50	41.7
above 40	7	5.8
Total	120	100

Above table is about respondents' age. That shows 52 percent respondents were in 20-30 age group, 42 percent respondents were in 31-40 of age group and 6 percent of the respondent's age were above 40. Majority of respondents were belongs to 20-30 years of age group category.

Table 3
Frequency and percentage distribution of type of family (n=120)

Type of family	*f*	*%*
Nuclear	62	51.7
Joint	58	48.3
Total	120	100

Above table consisted on the family type which shows 53% of the respondents were living in nuclear family system and 48% of the respondents were living in joint family system.

Table 4
Frequency and percentage distribution of Paid employment (n=120)

Paid employment	*F*	%
Yes	5	4.2
No	115	95.8
Total	120	100

The table shows that 4 percent of the respondents were working for paid employments as compare to 96 of the respondents who were not working for any job. So majority of respondents were unemployed.

Part Two:

This part consist of the data collected from women regarding the types of health service provided by LHWs and their satisfaction with services.

Table 5

Frequency and percentage distribution of Maternal Health Services LHWs provided to women (n=120)

Services related to maternal health	F	%
Family Planning	49	40.8
Pregnancy & Ante-natal and post natal Care	17	14.2
option 1 & 2	28	23.3
Basic Hygiene	26	21.7
Total	120	100

Above table indicates the different types of Maternal Health Services LHWs provided to women**.** 41 % of respondents had opinion that LHWs were providing Family Planning services related to maternal health.14 % of respondents said that LHWs were providing pregnancy & ante-natal and post natal Care services related to maternal health to women. 23 % of respondents had opinion that LHWs were providing Family Planning and Pregnancy & Ante-natal and post natal Care services related to maternal health to women. 22 % of respondent said LHWs provide knowledge about the basic hygiene issues related to health especially maternal health related care.

Table 6

Frequency and percentage distribution of Level of satisfaction with services (n=120)

No	Level of satisfaction	f	%
1	High	83	69.2
2	Medium	26	21.7
3	Low	11	9.2
Total		120	100%

Above table is about the level of satisfaction regarding the health services facilities provided by LHWs on improving the health status of women. This table indicates that 69 %of respondents had high level of satisfaction with the services, 22 % of respondents had medium level of satisfaction and 9 % of respondents had low level of satisfaction with the health services provided by the LHWs.

Table 7

Table of correlation between provision of Maternal Health service and Improvement in women's health Status

No of item	N	r	p
22	120	.410**	.000

r (120) =.410*;<0.01

The table indicated the correlation of maternal services provided by LHWs and improvement of women's health status. It is indicated that correlation value .410** is highly significant at

.000. This shows that maternal health services provided by the LHWs were improving the women's health status in District Jhelum

Discussion

The study mainly focuses on identify the level of satisfaction among women about maternal Health Services provided by LHWs. respondents from community responded that LHWs providing health related services to only women at their door step. This program basically started to improve the health condition of women in villages and it was also the part of duty of LHWs to provide the health related services to women those didn't have easy access and couldn't easily afford to spend the heavy amount of money for the treatment. So LHWs creating connection between the women and basic health care centre. As a previous research also support the argument that Community Health Workers act as two way referral mechanisms between community and professionals at the health system (Marguerite, Northridge, & Treadwell, 2003).

LHWs were not highly effective than medical professionals in treating primary care. Medical professionals as a doctor surgeons etc are highly qualified and had more knowledge about the medical fields and health related issues than LHWs. Although LHWs also had training but experience and knowledge about the medical fields and health related issues of medical specialists are more. Some People also show dissatisfaction that LHWs were not an important way of counseling, advising for the community people those who were sick, ill and injured. Reason may be that people didn't like to avail the services when they were sick, ill and injured and they might like to go doctors instead of getting services of LHWs or access of LHWs might be less.

LHWs were providing free of cost services to women without taking any kind of charges. All the medicines provided by government for the welfare of the people especially women's health and for performing this job government gave them salary. So people were satisfied from the services of LHWs and give them respect as LHWs. As the findings of the research study show that community members were highly (69.2%) satisfied from the services of LHWs. People were satisfied from the quality of services, behaviors of LHWs, information they were providing women related to maternal health about family planning nutritious and healthy diets during pregnancy.

Few of respondents (9.2%) had low level of satisfaction. 21.7 % of respondents had medium level of satisfaction. As previous study also indicated that CHWs were highly respected and valued in the communities by providing them free medicine and check up (Swider & Susan, 2002: Brown, Macala, Miranda, & Zumarana, 2006). Though this profession people were becoming more and more aware about their health problems and LHWs were working for the welfare of their family members' especially women and children health. Including other reasons LHWs were part of their own (people) community and working for their benefit.

The findings of the research study also show that there was high significance relationship between the services provided by LHWS and satisfaction of community regarding the improving women's health status. Its mean that services that are provided to women and community was according to the needs and requirements of community so especially for women so people were satisfied from the services.

As result of study shows that majority of respondent from community were satisfied with the number of visits made by the LHWs as they felt the behavior of LHWs was responsible, cooperative and supportive with people. They did not speak harshly with people and treat them in well manner because when LHWs behave in unfriendly manners with people they don't like to take treatment and benefits from the services of LHWs. So people were satisfied from the services of LHWs.

The data finding of the study indicate that people were satisfied from the quality of maternal health services that provided by LHWs. As their quality of services was good so they had fully trust on the services of LHWs so LHWs becoming the trusty member as previous research also supported the discussion that CHWs were rapidly considered ad important and trusty members of basic health care staffs in poor people and patients. As a part of community these leading edge workers were respected for their cultural capability and source of communication between medical practitioners and different kind of people (Rosenthal, 1998).

Majority of community members show high satisfaction that LHWs pay proper attention to women problems and concern relating to family planning, reproductive health and during pregnancy LHWs provides information to women about proper treatment, and also satisfied that LHWs were educating and motivating women to receive antennal care during pregnancy. A previous study also supported the argument that LHWs play a pivotal role in betterment of maternal health through different services like ante natal care, nutritional counseling, post natal care and family planning (Government of Pakistan, 1987). So these programs also have positive impact on women health and helpful in improving the women health as a previous study also supported the argument that that Community Based antenatal care approach has positive results (Brodie, Davis,& Homer ,2000).

Conclusion

LHW is a remarkable program by Government of Pakistan to improve the health of women in Pakistan. Those poor women who don't have easily access to health facilities especially maternal health services so community people are satisfied from the maternal health services provided by LHWs. LHWs are creating two way connections between community and health staffs.

Recommendations

For further enhancement of knowledge regarding medical and health related issues of community especially women's issues, training may be conducted for LHWs after 6 month or one year.

LHWs may provide services to community on time and according to the need of community.

LHWs may also visit to pregnant women living in very remote areas, so these women may not deprive from the services of LHWs and carefully register these pregnant women.

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