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Socio-economic Conditions and Problems of Lady Health Workers in Bahawalpur

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Abstract:

This research aims to find out basic information, conscription, roles and responsibilities, socio-economic conditions, problems faced and suggestions given by lady health workers. Information were collected from 96 respondents through use of questionnaire as directed by drawn 40% sampling frame. After collection, raw data was edited, codified, classified, tabulated and interpreted through usage of both manual and computerized techniques (SPSS). Simple tables were interpreted and after detailed analysis, final study findings were drawn. Majority of the respondents LHWs were in adulthood age group ranged from 26-40 year and their education status were middle and matric.A Number of the LHWs were married and having the small family size and majority of them were living in the nuclear family system. Large number of LHWs adopted this profession due to unemployment. They were appointed as LHWs by the use of criteria and maximum were selected on basis of education. The husbands of mostly respondents were decision making authority in their families but they were not satisfied with their present income. Due to low socio-economic status community people did not cooperate with them and show the hatred in the beginning but with the passage of time they change their behaviors, their children were getting education from the Government schools. Many LHWs felt disturbance in their homes due to their low rank of job. It is familiar that numbers of respondents were having the security issues of harassments during the provision of services. Government and the Health department LHWs suggested an increase in their salary and also suggested community people to give owing regard to the LHWs presently are facing many socio-economic, health, security problems as well as are being discriminated on basis of class, caste, Government and community should take initiatives to improve the status and working conditions of lady health workers in Pakistan.

Key words

Information were collected from 96 respondents through use of questionnaire as directed by drawn 40% sampling frame. After collection, raw data was edited, codified, classified, tabulated and interpreted through usage of both manual and computerized techniques (SPSS).

Objectives of the study

- To do the study of the Lady Health Workers that are working in the region of Tehsil (city) Bahawalpur.
- To study their recruitment process, training and roles.
- To identify the information about which type of services they delivered
- To find out what the type of the material provided by the government for execution of the programme.
- To know about their socio-economic states and problems of Lady Health Workers.
- To interrogate the major causes of their problems.

- To study the recommendation of the Lady Health Workers for solution of their problems.

Material and Methodology

The lady health workers play a vital role on the provision the services of primary health care and family planning in the Tehsil Bahawalpur but also in the whole Pakistan. Lady health workers always discriminated on the basis of religion, caste, gender, and to the socio-economic status and degraded due to their profession. Their economic condition are very verse and salaries are very low while they work very verse conditions to provide primary health care services of the marginalized communities. Research studies on the various social issues and social problems of different contributed a lot to highlight them in the society. On the bases of such type of researches policies, projects and activities are formulated. There is a lack of comprehensive researches to highlight their socio economic conditions and problems which they face during work. This situation demands a factual study which will enable us to know the personal information, recruitment procedure and their training, roles and responsibilities, economic conditions, social conditions, and problems faced during work. This research will be beneficial in studying the lady health worker and will be a mile-stone regarding legislation and policy making for improvement of socio-economic status of lady health workers in Pakistan.

1. Introduction

"A state of complete physical, mental, and social well-being and not merely the absence of disease" according to the World Health Organization (WHO). Physical is about the body. Mental is about how people think and feel. Social talks about how people live with other people. It is about family, work, school, and friend.

Public Health

Refers to trying to stop a disease that is unhealthy to the community, and does not help in long life or promote your health. This is fixed by organized efforts and choices of society, public and private clubs, communities and individuals.

Public health has been described as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals." It is control of infectious and chronic diseases. The great positive impact of public health programs is widely acknowledged. Due in part to the policies and actions developed through public health, the 20th century registered a decrease in the mortality rates for infants and children and a continual increase in life expectancy in most parts of the world.

Lady Health Worker

The umbrella term “Lady Health worker” (LHW) embraces a variety of community health assistants selected, trained and working in the communities from which they come. A widely accepted definition was proposed by a WHO Study Group (WHO 1989):

Lady health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.

LHWs had and have a large number of different titles. Bhattacharyya et al. and Gilroy & Winch list altogether 36 different terms by which LHWs are known in different countries, which is not comprehensive and which does not include a range of untrained health workers who now purify different forms of services for people living with HIV and AIDS (PLWHA) (Bhattacharyya et al., 2001; Gilroy & Winch, All these types of LHWs carry out one or more functions related to health care delivery and are trained in some way for the mediations they are expected to perform. Not included, for example, are formally trained nurse aides, medical assistants, physician assistants, paramedical workers in emergency and fire services and others who are auxiliaries, mid-level workers and self- defined health professionals or health paraprofessionals. LHWs may receive training, which is recognized by the health services and national certification authority, but this training does not form part of a tertiary education certificate. The World Health Organization estimates there are over 1.3 million lady health workers working worldwide.

Lady Health Workers in Pakistan

Lady Health Workers programme (LHWP) provides reproductive healthcare to women by employing almost 110000 women as community health workers. They provide information, basic services and access to further care. Women are now more visible and mobile within the communities where the LHWs operate. The LHWs receive training, are knowledgeable, earn their own income, and gain respect, challenging gender imbalances in the home and the community.

Study Background

The Lady Health Worker Programme (LHWP) is an important element in the Government of Pakistan's plan to raise the health status of women and children in rural villages and poor urban areas. The Programme was launched in April 1994 as a Federal development programme funded by the Ministry of Health (MoH), and implemented by both the MoH and the provincial Departments of Health. The District Health Department heads all functions and activities of Lady Health Workers in Bahawalpur. Total 1606 LHWs are rendering their services in both urban and rural areas of District Bahawalpur. In Tehsil Bahawalpur 248 LHWs perform their duties in total 11 Union Councils having one Maternal Health Care (MHC) in each UC.

2. Literature Review

Health is a condition resulting from the body andconstant adjustment and adaptation in response to Stresses and changes in the environment for maintaining anInner equilibrium called homeostasis. The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This definition has been subject to controversy, in particular as lacking operational value and because of the problem created by use of the word "complete" Other definitions have been proposed, among which a recent definition that correlates health and personal satisfaction. Classification systems such as the WHO Family of International Classifications, including the International Classification of Functioning, Disability and Health (ICF) and the International (ICD), are commonly used to define and measure the components of health. Health is that balanced condition of the living organism in which the vital,harmonious performance of the vital functions tends to the preservation of the organism and the normal development of the individual.

Systematic activities to prevent or cure health problems and promote good health in humans are undertaken by health care providers. The term "healthy" is also widely used in the context of many types of non-living organizations and their impacts for the benefit of humans, such as in the sense of healthy communities, healthy cities or healthy environments. In addition to health care interventions and a person's surroundings, a number of other factors are known to influence the health status of individuals, including their background, lifestyle, and economic, social conditions, and spirituality; these are referred to as "determinants of health." Studies have shown that high levels of stress can affect human health.

Primary health care' refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology, which make universal health care universally accessible to individuals and families in a community. Primary health care relates to the professional health care provided in the community, usually from a general practitioner (GP), practice nurse, pharmacist or other health professional working within a general practice.

Primary Health Care (PHC) is globally acknowledged as the best model for the delivery of equitable and comprehensive essential services particularly for the underprivileged low-income communities. Pakistan has a nationwide health infrastructure network with thousands of first level care facilities, yet over the years, health indicators including those related to MDGs have not shown tangible improvement, reflecting the weak performance of the health system and the low health seeking behavior linked to gender related cultural immobility that hinder access to catchment area health facilities.

The concept of using lady members to render certain basic health services to the communities from which they come has a 50-year history at least. The Chinese barefoot doctor programme is the best known of the early programmes, although Thailand, for example, has also made use of village health volunteers and communicators since the early 1950s (Kauffman & Myers, 1997) .Barefoot doctors were health auxiliaries who began to emerge from the mid-1950s and became a nationwide programme from the mid-1960s, ensuring basic health care at the brigade (production unit) level .(Chen, M. S. (2001). .Partly in response to the successes of this movement and partly in response to the inability of conventional allopathic health services to deliver basic health care, a number of countries subsequently began to experiment with the village health worker concept (Sanders, 1985).

The early literature emphasizes the role of the village health workers (VHWs), which was the term most commonly used at the time, as not only (and possibly not even primarily) a health care provider, but also as an advocate for the community and an agent of social change, functioning as a community mouthpiece to fight against inequities and advocate community rights and needs to government structures: in David Werner's famous words, the health worker as "liberator" rather than "lackey" (Werner, 1981). This view is reflected in the Alma Ata Declaration, which identified LHWs as one of the cornerstones of comprehensive primary health care.

3. Material and methodology

This chapter give methods and procedure which adopted in research study. Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. The research methodology enabled the team to organize their efforts into one cohesive and conceptual product idea generation task for us. There are different steps in methodology. These are Research design, Universe, Sampling, Data collection tool, Data collection, Analysis, Report writing. In our research we use survey research method in quantitative research to get answers of questions.

Research Design

A detailed outline of how an investigation will take place. A research design will typically include how data is to be collected, what instruments will be employed, how the instruments will be used and the intended means for analyzing data collected.

Sampling

Sample is the small part of a whole which represents the whole population on the basis of similar characteristics. Sampling is the process of selecting some cases or individuals representing the whole population of that kind in a justified manner. For this research study, multistage sampling was considered most suitable. During second stage, proportionate systematic random sampling technique was adopted to reach the target population (LHW's). Forty percent (40%) lady health workers were selected from all selected health centers.

Data collection tool

In order to consider the research topic, problems that researchers want to explore through their study, questions that arise in their mind and purpose for which the study is being conducted; researchers designed some suitable & anticipated questions in their questionnaire which they selected as data collection tool.

Researchers put all questions in a sequence and divided into different sections. All questions were easy to understand. All the respondents were literate; they understood questions easily and put their response or behavior against question on paper. Researchers used closed ended question as a format . Language was quite simple.

PRE-TESTING

Before collecting the actual data, in order to check the workability, of the questionnaire, pre-testing was necessary in the same universe. Then questionnaire were applied on the three lady health workers as a pre-test for the data collection. During the data collection, some questions did not work, hence detected or either modified. Necessary modification

and changes were made in order to have required information.

Data collection

There are different ways & methods to collect data depending on which type of study researchers doing. There were 6 researchers in our study. Firstly we went to District Health officer office where we met Dr Aziz Ahmad and taken the information of health centers and also of the lady health workers. We got information there are 240 lady health workers delivered their services on 11 health centers and same union counsels. We collected the data into three categories on the first day we covered the three health centers, BHU Aghapur, BHU JhangiWali and BHU Khanuwali on that centers supervisors and lady health worker humbly treat to us. At the second day collected data from the five centers, NHU Mangwani, MCH Centers Sadiq Colony, MCH Centers Desert Rangers, MCH Center Farid Gate and MCH Centers Jinnah Colony were respond with a positive behaviors. On the third day the date collection was reached to end, we collected data from only three health centers which are MCH Centers Kousar Colony, MCH Centers Satellite Town and the JF Hospital these centers lady health workers and supervisors are hospitable and showed the positive attitudes.

Ethical Consideration:

Researchers follow all principles and ethical considerations at each step during research process.When researchers went for data collection from their selected health centers they provided information to them regarding their research by giving research brief. Selection of topic and questions that included in questionnaire was not harmful from any aspect for the respondents. During research survey while filling questionnaire from respondents they were free to answer questions, if they didn't want to answer any question they were not forced to reply must of all questions. All completing questionnaire were kept confidential.

Data collection limitations

- Researchers faced many problems during data collection process are as given below:
- Some health centers for off from the city the researchers consumed much of their time when they went for got information
- Due to lack of resources and time unable to conduct research at broader level
- Behind the current economic conditions of Pakistan and for security reasons some institutes were fear and were feeling hesitation to give permission to researchers for research survey.
- Some respondents were showing non-serious attitude.
- Due to time and budget constraints, the study was restricted to one Tehsil Bahawalpur only and the problems identified by LHWs may not necessarily apply to other regions in the country. However, some of the cross cutting issues reported in this study, may very well hold true for other regions as well.

Data Analysis:

After collection, raw data was edited, codified, classified, tabulated and interpreted through usage of both manual and computerized techniques (SPSS). Simple table were interpreted and after detailed analysis, final study findings were drawn.

Report Writing:

After having detailed analysis, the report was written collectively by all group members of research group. The study includes abstract, Introduction, Literature Review, Research Methodology, Results with tables, Discussion, Conclusions and Recommendations, Bibliography and Annexure.

4. Results

This chapter carries results of the research. Data were analyzed through Statistical Package for Social Sciences (SPSS). Results have been presented in tables and pie charts. All results are shown with frequencies and percentages.

Table No 4.1 Age

Response	Frequency	Percentage
18-25	4	4
26-40	50	52
41-50	36	38
51-60	6	6

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Volume 05 Issue 22
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Total	96	100

Table No 1 shows the age of the respondents. From 96 of the respondents 52% are belonging to the age of 26-40 years. Another big group of respondents are in age group of 41-50 years (38%). Another group of respondents are in age group of 51-60 years (6%). Another group of respondents are in age group of 18-25 years (4%). The results show that the majority of the respondents belong to the age of 26-40 years.

Table No.4.2 Religion

Response	Frequency	Percentage
Islam	96	100
Total	96	100

The above table shows the religion of the respondents. This table shows that all 100% respondents belong to the Islam.

Table No 4.3 Caste

Response	Frequency	Percentage
Jut	7	7
Rajpoot	15	16
Arine	25	27
Side	4	4
Khokhar	5	5
Bhatti	3	3
Chohan	4	4
Sindho	2	2
Kaaro	1	1
Kalwany	4	4
Boratth	3	3
Ludhar	2	2
Naar	1	1
Shaikh	5	5
Blouch	3	3
Maltiaho	5	5
Mughal	2	2
Abasi	3	3
Jaah	1	1
Baban	1	1
Total	96	100

Table No 3 show the cast of the respondents according to this table 7% respondents are belong to jut family (7%) are Rajpot 16% ,Arine 27% side and the respondent belong to the other casts are 52%

Table No 4.4 Language

Response	Frequency	Percentage
Suraki	59	62
Panjabi	29	30
Urdu	8	8
Total	96	100

Table No 4 shows the mother language of the respondents. Major language of the respondents is Suraki which is 62%. Second major language of the respondents is Panjabi (30%) and 8%respondent's mother language is Urdu.

Table No 4.5 Qualification

Response	Frequency	Percentage
Middle	27	28
Metric	54	56
Inter	9	10
Graduation	4	4
Clinical training	1	1
Other	1	1
Total	96	100

Table No 5 Shows the academicals qualification of the respondents. According to this table 28%respondents are Middle 56% are Metric which shows that the majority of this profession is Metric and 10% are Inter. Graduates leady health workers are 1% and only 1%gets the clinical training. According to these results educational improvement is required.

Table No 4.6 Marital Status

Response	Frequency	Percentage
Bachelor	7	7
Married	71	74
Divorced	4	4
Widow	14	15
Total	96	100

Table No 6 presents the results of the marital status of the respondents. Married respondents are 74%.Widow respondents are 15%.Bachelor 7% and Divorced 4%, the results of this table shows that the majority of the respondents are married.

Table No 4.7. Number of Children

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Volume 05 Issue 22
November 2018

Response	Frequency	Percentage
1-3 children	42	48
4-6 children	39	44
6-8 children	7	8
Total	88	100

Table No7 Show the number of the children the respondent has. From 96 respondents majority (48%) of respondents have 1to3 children. Other large group (44%) of respondents have 4to 6 children. There is also a group (8%) who has 6to7 children.

Table No 4.8 Family System

Response	Frequency	Percentage
Nuclear Family System	64	67
Joint Family System	32	33
Total	96	100

Table No 8 shows the family system according to this table from 96 respondents large majority (63%) leady health workers are belong to nuclear family system. Other group (33%) of respondent leady health workers belongs to the joint family system.

Table No 4.9 Residential status

Response	Frequency	Percentage
Rural	75	78
Urban	21	22
Total	96	100

This table shows the Residential status of the respondents. Most of the respondents belong to the rural area which is 78% of the total respondents and 22% are from the urban area.

Table No 4.10 Monthly Income

Response	Frequency	Percentage
10000-20000	93	97
21000-30000	2	2
31000-40000	1	1
Total	96	100

Table No 10 presents the monthly income of the respondents. The results show that the majority of the leady health workers monthly income is 10000-20000(97%), only (2%) respondents receive 21000-30000 and (1%) respondent's monthly income is 31000-40000. This shows that the monthly income is very low the people belong to this profession.

Table No 4.1 Other Resources of Income

Response	Frequency	Percentage
Daily wages	8	8
Business	2	2
Agriculture	4	4
Job	19	20
No Source	63	66
Total	96	100

Table No 11 shows the other resources of the income which a lady health worker adopted to increase their monthly income. According to the results large majority (66%) of respondents have no any other source of income. Other group (20%) of respondents done jobs. Other group (4%) of respondents engaged in agriculture and (2%) has their own business which the run other than their jobs. But at the same time there is a number of respondent how have less income but they have no any other source of income to increase their standard of living

Table No 4.12 Duration of Job

Response	Frequency	Percentage
3-4 years	1	1
5-6 years	10	10
7-8 years	21	22
9-10 years	64	67
Total	96	100

Table No 12 shows the time duration of the job of the respondents it shows that from how much time they are working in this profession. According to the results of this table from 96 respondents majority (67%) of the respondents are working from 9-10 years. Other group (22%) of respondents working from 7-8 years. There is a group of (10%) respondents which is working from 5-6 years and 1% started their duties from 3-4 years. This table also show that there is no new appointment done in the last two years.

Table No 4.13 Source of Motivation of Job

Response	Frequency	Percentage
Personal Interest	30	31

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Volume 05 Issue 22
November 2018

Friends	1	1
Unemployment	61	64
Any Other	4	4
Total	96	100

Table No 13 shows the motivation behind the selection of this job. The results of the table show that majority (64%) joined this profession due to the unemployment. Other group of (31%) of respondents asked that they have their own interest in this job. One other group (4%) of respondents are in this profession due to some other reasons, and1% joined this job on the recommendation of their friends. The results presents the situation that unemployment encourage the people to selected any available profession in which they are interested or not.

Table No 4.14 Criteria for Appointment

Response	Frequency	Percentage
Medical Training	4	4
Education	51	53
Residency	13	14
Age	1	1
Experience	1	1
All of These	26	27
Total	96	100

Table No 14 presents the criteria for appointment for the leady health workers. Majority (53%) of respondents selected because of their education. Second majority group (27%) of respondents selected by their multiple efficiency in this field. Other group of (14%) of respondents selected because of their residency. One another small group of (4%) respondents are selected on the basis of medical training, and 1% respondent on the base of their age there are also another 1% respondents who selected on their experience. The results show that there is not one specific criteria for the selection of the LHV.

Table No 4.15 Nature of Job

Response	Frequency	Percentage
Permanent	84	88
Adhoc	11	11
Daily Wages	1	1
Total	96	100

Above table show the nature of the job .According to results of this table from 96 respondent's large majority (88%) of respondent leady health workers are permanent on their job. Other group (11%) of respondents is on adhoc and 1% done their job on the daily wages.

Table No 4.16 Reason for not permanent Job

Response	Frequency	Percentage
Lack of Govt.policies	14	32
Lack of Interest of Health Department	2	4
All of these	28	64
Total	44	100

Table No 16 shows the results of the reasons behind not permanent jobs of the leady health workers. Majority (64%) of the respondents agreed on that all these factor are responsible and a hurdle in getting the jobs permanent. Other group (32%) of respondents thinks that there is a lack of Govt. policies for them is its reason. One other small group of 4% thinks that the health department is responsible for it. There is no mater of the lack of personal interest of the leady health workers all of them wants that their jobs are to be permanent. There is no mater of lack of qualification in the permanents jobs of leady health workers.

Table No 4.17 Reason to become permanent Job

Response	Frequency	Percentage
Job Security	4	5
Economic Security	19	27
Social Security	34	49
To Get Pension	13	19
Total	70	100

Table No 17 gives the factors why they want that their job is permanent. From 96 respondents majority (49%) respondents want the permanent jobs for their social security. Other large group (27%) of respondents wants the economic security by this. Other group (19%) of respondents wants to get pension after their job and want to secure their economic life after the job. There is also a group (5%) of respondents who wants the job permanent for the job security.

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Figure No. 4.1 Training after Recruitment

Graph No 4.1 shows the arrangements of trainings after their recruitment. According to this graph 100% of our respondents agreed there are number of trainings are done in different times to introduce them with the new inventions in their field.

Table No 4.18 Authority for Arrangement of Training

Response	Frequency	Percentage
Health Department	79	82
District Medical Officer	2	2
Lady Health Supervisor	4	4
All These	11	12
Total	96	100

Table No 18.1 shows the results about the authority who arranges the training for increasing their capability to perform their duties. Results of the table show that from 96 respondent's majority (82%) of respondents claimed that these trainings are arranged by the health department. Other group (12%) respondents told that these trainings are arranged by the cooperation of the all these authorities. There is also a group (4%) of respondents who claimed that these trainings are arranged by the lady health supervisor. Other group (2%) of respondents claimed that these trainings are arranged by the district medical officers.

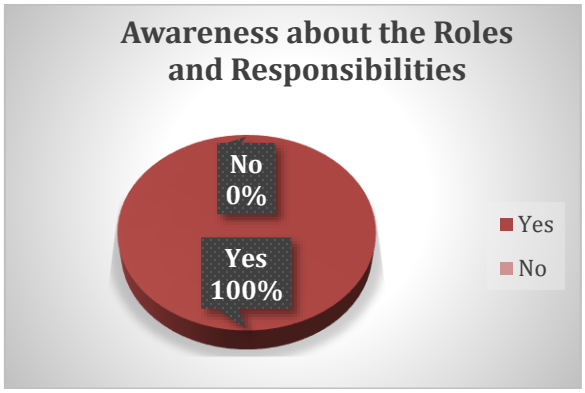

Figure No.4.2 Awareness about the Roles and Responsibilities

Above diagram shows that all the respondents' leady health workers are awared about their role and responsibilities. They know which type of responsibilities their profession required from them.

Table No 4.19 Nature of Roles and Responsibilities

Response	Frequency	Percentage
Provision of the Primary Care and Family Planning	57	59
Work for the Health of Males and Females	6	6
All of These	33	35
Total	96	100

Table No 18.1 presents the nature of the roles and responsibilities of the leady health workers they aware. Results of the table show that more than half (59%) of the respondents work for the provision of the primary care and family planning. Other group (35%) of respondents works on all these multiple issues. One other group (6%) of respondents work for the health of males and females.

Table No 4.20 Duty Timing or Daily Working Hours

Response	Frequency	Percentage
4-6	04	04
6-8	34	35
8-12	58	61
Total	96	100

Table No 19 presents the results about the daily working hours of the leady health workers. The results of the above table show that more than half (61%)

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Volume 05 Issue 22
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respondents worked for 8-12 hours. Other large group (35%) of respondents worked for 6-8 hours. One other group of 4 % respondents works for 4-6 hours. According to this table majority of the respondents working hours are 8-12.

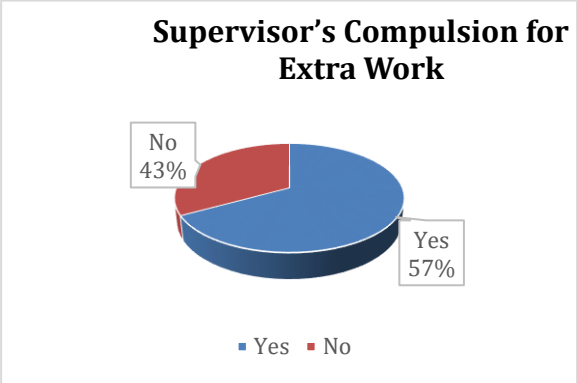

Table No. 4.3 Supervisor's Compulsion for Extra Work

Table No 4.3 shows the results of the supervisor's compulsion for extra work. Majority of (57%) 0f respondents claimed that their supervisors assigned them extra work after their duty hours. Other group 43% respondents disagreed from this statement their supervisor not assigned any extra work to them.

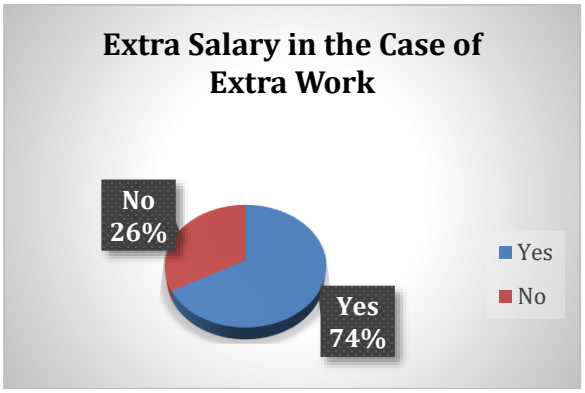

Figure No.4.4 Extra Salary in the Case of Extra Work

Figure No 4.4 shows the results of the question about the extra salary on any extra work they done assigned by the supervisors majority (74%) respondents not get any extra salary on doing extra work. Other group (26%) of respondents answer is yes they get extra salary if they done any extra work.

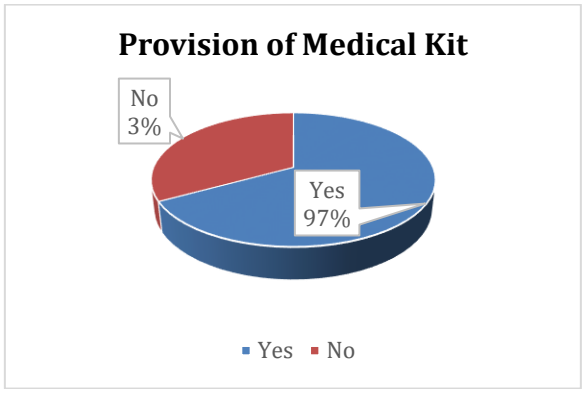

Figure NO. 4.5 Provision of Medical Kit

The results in the Figure No 4.5 shows that from 96 respondent's large majority (97%) of respondents get the medical kit only 3% of the respondents not get any medical kit.

Table No 4.21 Item Included in the Medical Kit

Response	Frequency	Percentage
Medicine	81	84
Vaccine	01	01
All These	14	15
Total	101	100

Table No 21.1 presents the items which are included in the medical kit. From 96 respondents majority (84%) of respondents view is that in medical kit medicines are provided to them. Other group (15%) of respondents received the medical kit in which all these medical aids are provided. Only 1% asked that vaccines are in medical kit. The results show that in medical kit mostly the medicines are provided to the leady health workers.

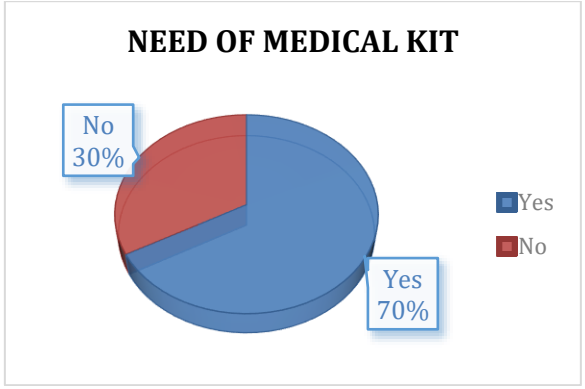

Figure No.4.6 Need of Medical Kit

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Volume 05 Issue 22
November 2018

Figure No 4.6 shows the need of the medical kit for the lead health workers. From 96 respondent's majority (70%) of respondents find the medical kit is essential for the leady health workers. Other group of (30%) respondents not considered the medical kit not important for their work.

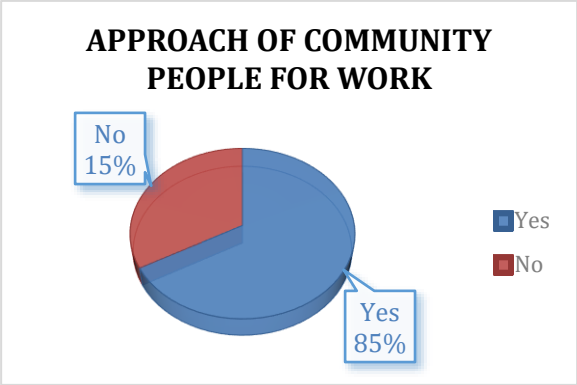

Figure No.4.7 Approach of Community People for Work

Figure No 4.7 shows the approach of the community people for their work to the lady health workers. By the results of the diagram large majority of (85%) respondents are approached by the community people. There is also another group of (15%) respondents who have not ever approached by the community people for their work.

Table No 4.22 Action Taken when Community People Approach for Work

Response	Frequency	Percentage
Approval for work by supervisor	69	73
Approval from community leaders	09	10
Self-Action	13	14
Any other	3	3
Total	94	100

Table No 22.1 shows the type of action taken by the leady health workers when the community people approach them for work. From 96 respondent's majority of (73%) respondents wait for the approvals from the supervisor. Other group of (14%) respondents takes self-action. Other group of (10%) respondents get approval from the leaders of the community. One other small group of (3%) respondents takes other type of action.

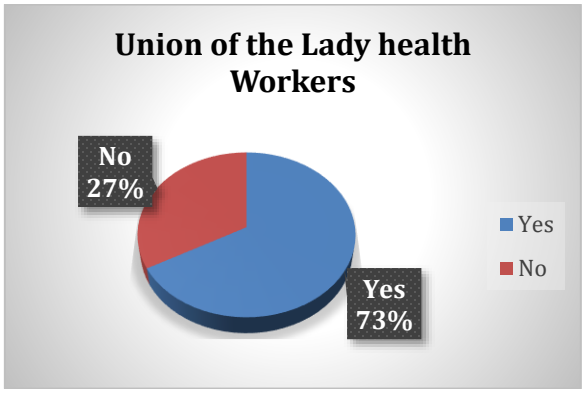

Figure No. 4.8 Union of the Lady health Workers

This Figure presents the results about the information of the any union which work for the benefits of the lady health workers. The results shows that majority of (73%) respondents know about this type of union. Other group of (27%) respondents has no information about it.

Table No 4.23 Your Status in the Union

Response	Frequency	Percentage
Chairman	2	2
Member	67	70
No Membership	9	9
Any Other Status	18	19
Total	96	100

Table NO23.1 presents the status of the lady health workers in the union working for their own rights. From 96 respondents majority of (70%) respondents work as the acting members of the union. Other group (19%) of respondents holds other type of the status which is not mentioned. Other group of (9%) respondent has no membership of the union. There is also another group of (2%) respondents who worked as the chairperson of the union.

Table No 4.24 Nature of Residence

Response	Frequency	Percentage
Personal	76	79
Government	03	3
Rented	13	14
Any other	4	4
Total	96	100

Table No 24 presents the type of residents the respondents have. Majority of the respondents had their own houses 79%. Other group of (14%) respondents live in rented houses. Other group of (4%) respondents has other type of residence. On the other hand 3% get the residence from the Government.

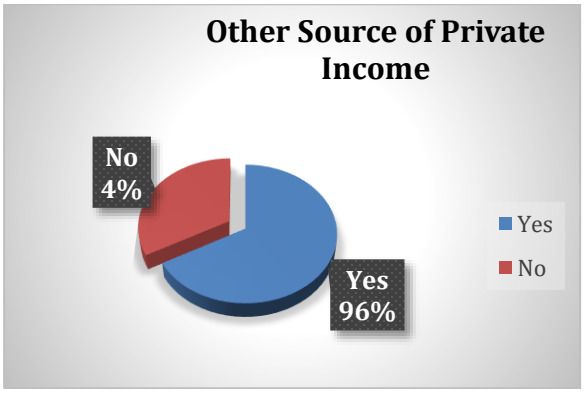

Figure No. 4.9 Other Source of Private Income

Figure No 25 shows the results about the sources of private income or the source they adopted other than their job to increase their income. From 96 respondent's large majority (96%) of respondents is done nothing for that purpose. Other small group (4%) of respondents is involved in different type of activities to increase their income.

Table No 4.25 Income Earned by Private Source

Response	Frequency	Percentage
3000-6000	1	50
11000-13000	1	50
Total	2	100

Table No 25.1 presents the results of the sources of income generated by the part time jobs and any business. From our 96 respondents only two respondents respond on this. 1 respondent earn 3000-600. The other one earn 11000-13000. Majority of 94 respondents have no source of income other than their job.

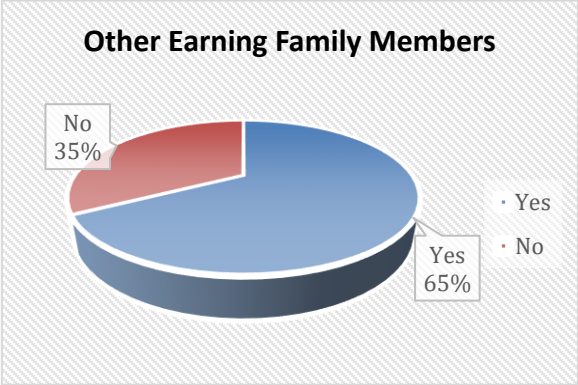

Figure No.4.10 Other Earning Family Members

Figure No 4.10 shows the other family members how contribute in the income of the family. From 96 respondents majority (65%) of respondents have other members how earned and contribute in the income of the family. Other group of (35%) respondents is the only source of income for their family.

Table No 4.26 Relation with Other Earning Family Members

Response	Frequency	Percentage
Father	4	4
Brother	5	5
Son	7	7
Husband	48	50
Any Other	32	34
Total	96	100

Table No 26.1 shows the results about the relationship of the respondent with the other earning member of the family. From 96 respondents half (50%) of the respondents families are financially supported by the husbands. Other group (34%) of respondents is supported by any other member of the family. One other group of (7%) respondents is supported by their Sons. Other group of (5%) respondents is supported by the brothers. Other group (4%) of respondent's father supports the family.

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e-ISSN: 2348-6848
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Volume 05 Issue 22
November 2018

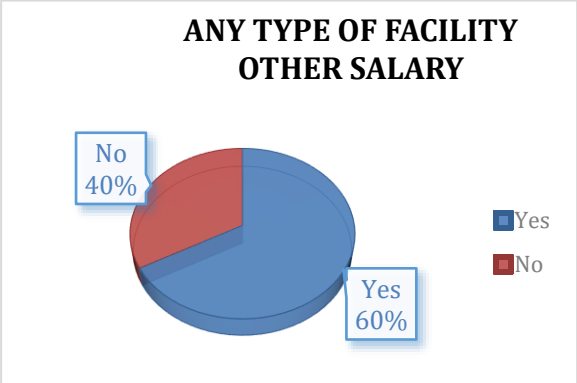

Figure No. 4.11 Any Type of Facility Other Salary

Figure No 4.11 presents the facilities enjoyed by the LHV other than their salary. From 96 respondents majority (60%) of respondents are not get any facility other than their salary. Other group (40%) of respondent's takes the facilities other than their salary. According to the results there is no equal distribution of the facilities among them some workers enjoy the facilities and the other are not.

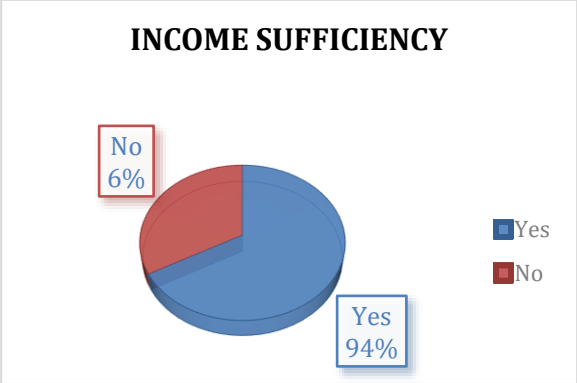

Figure No .4.12 Income Sufficiency

Sufficiency of the income mentioned in figure no 4.12.The results of the table show that majority of (94%) respondents not satisfied from their income they claimed that their income is not sufficient. Other group of (6%) respondent's income is according to their expenses they get enough salary and facilities which are according to their needs.

Table No 4. 27 Salary Needed

Response	Frequency	Percentage
6000-10000	10	11
11000-15000	2	3
16000-20000	30	33
21000-25000	50	53
Total	92	100

Table No 28 presents the suggestion about the salary leady health workers needed to increase. From 92 respondents out of 96 respond on it. Majority (53%) of respondents suggested that their salary increase 21000to 25000. Other group (33%) of respondents wants their salary increase 16000to20000. Other group of (11%) respondents suggested 6000to10000 increment in the salary. Other group of (3%) respondents wants 11000to15000 increment in their present salary.

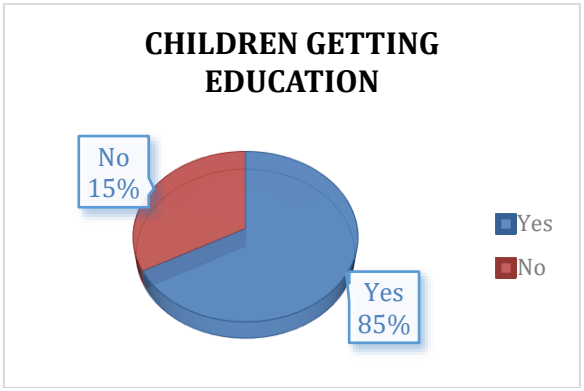

Figure No.4.13 Children Getting Education

Figure No 4.13 shows the no of children getting some kind of education. From 96 respondent's majority (85%) of respondents children get different kind of education from different institutions. Other group of (15%) respondents not enrolled their children in any educational institution.

Table No 4.28 Types of Educational Institution

Response	Frequency	Percentage
Govt.School	48	50
Private School	26	28
Madrasa	1	1
Missing	21	22
Total	96	100

Table No 4.28 presents the results about the type of educational institution the children of the LHV get education. Half of the children (50%) are enrolled in the Govt schools. Other group of (28%) respondents is get their education from the private schools. Other group (22%) of respondents is missing they do not get any type of education and 1% going to madrasa for the satisfaction of educational need.

Table No 4.29 Reason for not Getting Education

Response	Frequency	Percentage

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e-ISSN: 2348-6848
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Volume 05 Issue 22
November 2018

Poverty	47	90
Lack of Interest	3	2
Any Other	6	8
Total	57	100

Table No 29 shows the results of the reasons behind not getting education. 57 out of 96 respondent's response on it. According to the results large majority (90%) of respondents children's are not getting education because of poverty. Other group of (8%) respondents not mentions the reason behind not getting education. One other group of (2%) of respondent's children is not interested in getting education.

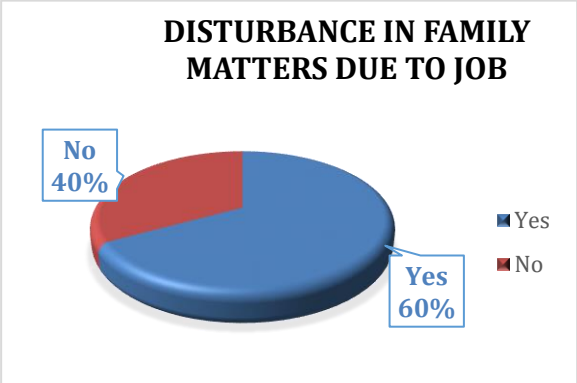

Figure No.4.14Disturbance in Family Matters Due to Job

Figure No 4.12 shows the disturbance in the family matters of the job holders. From 96 respondents majority (60%) of respondents face problem in their family matters due to their job. Other group of (40%) respondents manages their life between the job and the family responsibilities they are satisfied from their job and the family matters they have.

Table No 4.30 Causes of Disturbance

Response	Frequency	Percentage
Less Attention in Family Matters	33	45
Disregard for your profession	1	1
Insufficient salary	39	54
Total	73	100

Table No 30 shows the results of the causes of disturbance in the family matters due to their job. From 96 respondents 73 respondents record their problems from which majority (54%) respondents think that the insufficient salary is the cause of disturbance. Other group of (45%) respondents not gave the proper attention to their family matters due to their job. And 1% not gave attention to family mater because of their job.

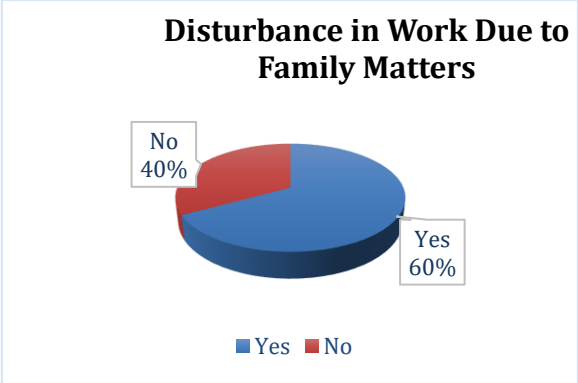

Figure No.4.15 Disturbance in Work Due to Family Matters

Figure No 4.15 show disturbance in job due to their family matters. From 96 respondents majority (60%) of respondents face problems in their work due to their family matters. Other group of (40%) respondents not faced any type of difficulty in their job due to the family matters.

Table No 4.31 Causes of Disturbance

Response	Frequency	Percentage
Busy in Children Education	16	28
Any Domestic Problem	42	72
Total	58	100

Table No 31 presents the causes of the disturbance in their professional life due to family matters. From 96 of the respondent's 58 respondents record their responses. The results show that majority (72%) respondents face problems due to their domestic problems. Other group of (28%) respondents is busy in their children education so they are not properly done their job

Table No 4.32 Attitude of Your Colleagues

Response	Frequency	Percentage
Friendly	85	88

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Volume 05 Issue 22
November 2018

Formal	03	03
Conflicting	08	9
Total	96	100

Table No 32 shows the results of the professional attitude of the professionals towards each other. Majority of (88%) of respondents have friendly attitude. other group of (09%) respondent's face conflicting attitude. Other group of (03%) respondents faces the formal attitude.

Table No 4.33 Attitude of Community People

Response	Frequency	Percentage
Friendly	96	100
Total	96	100

Table No 33 presents the attitude of the community people. The respondents not face any difficulty when they move in the community. Community people gave them warm welcome and show the friendly attitude.

Table No 4.34 Social Status in Own Community

Response	Frequency	Percentage
High Status	31	32
Middle Status	62	65
Low Status	02	2
Any other	01	01
Total	96	100

Table No 34 shows the different type of responses on the social status of LHV in the community. Majority (65%) of respondents hold middle status in community. Other group of (32%) respondents hold high status in community. Other group of (2%) respondents has low status in their community. Only 1% respondents not actually defined the status they hold in society. They have any other type of social status in the community.

Table No 4.35 Decision Makin Authority in Family

Response	Frequency	Percentage
Self	26	28
Husband	58	60
Father	06	06
Brother	04	04
Son	02	02
Total	96	100

Table No 35 Shows that who is the decision making authority in family. From 96 respondent's majority (60%) of respondent's family their husbands are the authority of decision making they take all the decisions in family matters. Other group of (28%) LHV is their self the authority of decision making. Other group of (6%) respondent's family their fathers are the head of the family they take decisions about the family matters. Other group of (4%) respondent's houses is those where the authority of the decision is in the hands of their brothers. Other group of (2%) respondents families the decision making power is in the hand of their son they take all the decision related to their family matters.

Table No 4.36 Leisure Time Activities

Response	Frequency	Percentage
To visit your relatives	25	26
Watching T.V	16	17
Religious Worships	53	55
Gossips	02	02
Total	96	100

Table No 36 presents the activities of the leisure time which they like the best use of their time after performing their duties. From 96 respondents more than half (55%) of the respondents involved in religious worships to the satisfaction of their religious believe and inner satisfaction. Other group (26%) of respondents liked to visits their relatives. Other group of (17%) of respondents feel good in watching TV. Other group of (2%) respondents feels pleasure in gossips in their time of leisure

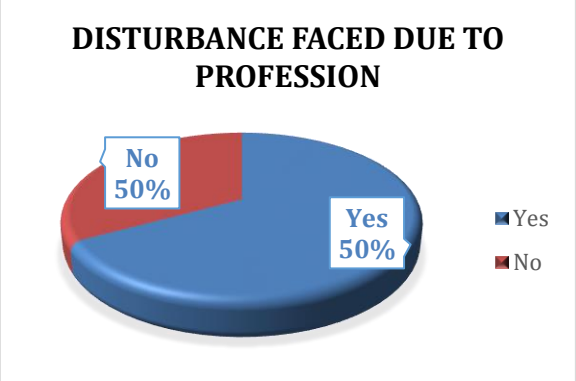

Figure No 4.16 Disturbance Faced Due to Profession

Figure No 37 shows the disturbance faced or not due to the profession in the daily routine life. Half (50%) of the respondents faced some kind of disturbance in the daily routine work. Other group of half (50%) of respondent's daily routine is not disturbed by their professional life. They manage their time and balanced their professional and daily routine activities.

Table No 4.37 Types of Issues Faced Due to Profession

Response	Frequency	Percentage
Low social status	10	21
Facing discrimination & hatred attitude	17	35
No health facility	12	25
All these	9	19
Total	48	100

Table No 37 presents the issues faced by the lady health workers due to their profession. From 96 respondents 48 respondents answer this question. According to the results shows in the table majority (35%) of respondents facing discrimination and hatred attitude. Other group of (25%) respondents has no health facilities. Other group of (21%) respondents has low social status. Other group (19%) of respondents faces all these problems more and less in their life due to their profession.

Table No 4.38 Attitude of Staff in Routine Life

Response	Frequency	Percentage
Friendly	96	100
Total	96	100

Table No 38 shows the results of the attitude of the staff members toward each other in routine life. All the respondents has friendly attitude for each other.

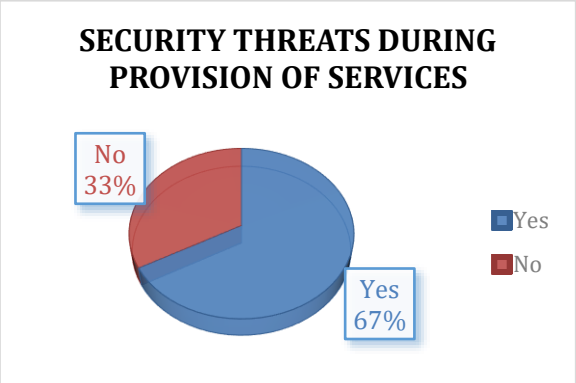

Figure No. 4.17 Security Threats during Provision of Services

Figure No 4.17 presents the results of the security threats the lady health workers faced during the performance of their duties. From 96 respondent's majority (67%) of respondents faced different type of threats during their work they faced hurdles in performing duties. Other group (33%) of respondents not faced any security thereat when they performed their duties in the community.

Table No 4.39 Nature of the Threats during Provision of Services

Response	Frequency	Percentage
Harassment	22	48
Fears	21	47
All of these	2	5
Total	45	100

Table No 39.1 presents the results of the nature of the threats faced by the LHV during the provision of the services.45 respondents recorded their response out of 96.According to the results presented in the table majority (48%) respondents face the harassment. Other large group of (47%) respondents has different kind of fears. Other group of (5%) respondents faces all these threats of harassment, abducting, fears and killing

Table No 4.40 Problems Faced During the Service Provision

Response	Frequency	Percentage
Less cooperation of the people	24	25
Less attention of department	02	02

Lack of medicine	39	41
No Problem	31	32
Total	96	100

Table No 40 shows the results of the nature of problems faced during the provision of the services. Table shows100 multiple responses given by the 96 respondents. Majority (41%) of respondents are faced the problem of medicine. Other group of (32%) respondents are not facing any type of the problem in the provision of the services. Other group of (25%) respondents faced the less cooperation of the people. People not cooperate with them which effect the provision of the services. Other group of (2%) respondents faced the lack of attention from the department. No sufficient quantity of medicines provided to them so they do not provide their services effectively.

Table No 4.41 Suggestion for the Health Department

Response	Frequency	Percentage
To increase the salary	82	85
Permanent policy	11	12
Permanent work	03	3
Total	96	100

Table No 41 Presents the response of the LHV for their valuable suggestion for the health department. Majority (85%) of respondents consider that increase in the salary is very important for their betterment. Other group of (12%) respondents want permanent policy for their job. Other group of (3%) respondents thinks that there should be the recoupment of permanent work done for the betterment of the LHVs.

Table No 4.42 Suggestion for the Community People

Response	Frequency	Percentage
To support the profession of lady health worker	96	100
To help the lady health worker during the work	53	55
To work for the rights of lady health workers	48	50

Table No 42 shows 197 multiple response of the 96 LHVs about the suggestions for the community people. All the respondents required from the community to support the profession of the lady health worker. More than half (55%) respondents want the help and cooperation of the community during their work. Other more than half (55%) respondents gave the suggestion to the community to work for the rights of the lady health workers because they are working for their benefits and to facilitating the community.

Table No 4.43 Suggestion for the Lady Health Workers

Response	Frequency	Percentage
Work hard with honesty	88	91
Should have a proper forum or union	03	03
To work for the rights of lady health workers	05	06
Total	96	100

Table No 43. Contain on the suggestions for the lady health workers. From 96 respondents majority (88%) of respondents recommended that the workers work hardly and with the honesty. Other group of (6%) respondents suggested that different type of work done for the rights of lady health workers. Other group of (3%) respondents suggested that there should be a proper forum such as the unions of the lady health workers required for their representation in the front of the higher authorities and in the community.

5. Discussion

The present study was under taken to find out the background of the social economic problems of the leady health workers. Overall results gave very clear

understanding about the problems of the leady health workers in tehsil Bahawalpur. It becomes obvious from the results the majority of the leady health workers is belonging to the age of 41-50 and they are married and having 1-3 children other majority of leady health workers have 4-6 children and they live in the nuclear family system. The results show that a large number of the leady health workers are from the urban community and only few of them belong to the rural community. The results verify that the majority of the workers in this job are from 7-8 years and the qualification of the majority respondents is matriculation second majority of the respondents qualification is middle the results tell us that the educational status of the workers is not very well. The majority of the leady health workers criteria for appointment are education and few of them are come in this profession after getting some kind of medical trainings a few number of the respondents appointed due to their residential location and their experience.

The source of motivation behind getting this job is unemployment and majority of the leady health workers joined this job due to the unemployment only few number of respondents have their personal interest in getting this job. The results also show that unemployment is major issue of this area. A large majority of the leady health workers appointed on permanent basis but at the same time few number of respondents are on adhoc and they also want to be permanent the reason behind this is the lack of the Govt policies for their betterment other major reason is the lack of interest from the side of health department . The leady health workers want to permanent on their jobs because they want the social and economic security and distribution of equal rights among all the employs. The results depict that number of trainings are arranged after the recruitment of the leady health workers. These trainings are arranged to increase their professional skills and to aware them with the new innovations of this field new basic medical innovations and how they work more efficiently in the community, new way of dealing with community are the basic part of these trainings. These trainings are arranged by the health department and sometime district medical officers and leady health supervisor arranged these training secessions. The majority of the leady health workers faced the economic problems the majority of the leady health workers earn only 10000-20000 from this profession and the results also clear that majority of the leady health workers not get any extra facility from the government side. Government also not pays any extra when the done extra work other than their working hours. Some of the leady health workers do extra work in part time to improve their economic conditions. The majority of the workers have other family members to contribute in the income of the family but their income is also not sufficient. Majority of the respondents are married so their husbands are the contributor of the income. Their income is not sufficient and the expensive are too much in number. Due to this reason the majority of the respondents not send their children in any educational institute for the full fill mint of their educational need.

6. Conclusion

This study was designed to examine the causes and effects of socio economic conditions and to investigate the problems of lady health workers. As well-thought-out in the argued of in hand study that interrogate the socio-economic facts and figures of the Lady Health Workers whose are working in Bahawalpur tehsil (city). This research will be helpful, informative for the Government policies, various institutions which are working on the maternal, child health care and those who work for provision of the rights of Lady Health Workers

That study was under taken by the students of Social Works department, with the determination to find their; basic information, recruitment, roles and responsibilities, socio-economic conditions, problems faced and suggestions given by lady health workers Bahawalpur Tehsil. Information were collected from 96 respondents through questionnaire as directed by drawn 40% sampling frame. After the study, we concluded that the majority of the respondent lady health workers were in adulthood age group ranged from 26-40 year and their education status were , middle and matric. Numbers of the lady health workers are married and having the small family size and majority of them were living in the nuclear family system. Majority of the respondents did not have other source of income other than their salary and were be located in in personal residences. Large number of lady health workers by profession due to unemployment. They were appointed as lady health workers by the use of criteria and maximum were selected on basis of education.97% respondents were not satisfied on their salaries appose to their duty timings. It was well-known that the husbands of mostly respondents were decision making authority in their families but were not satisfied with their present income. Due to low socio-economic status community people not cooperate with them and show the hatred in the beginning but with the passage of time they change their behaviors, their

children were getting education in the Government schools. Numbers of the lady health workers felt home disturbance due to their low rank of job .It is prominent that maximum respondent felt disturbance due to their family matters. It is familiar that numbers of respondent were having the security issues of harassments during the provision of services.

7. Recommendations

- Government should conduct the research studies on national, international and provincial level try to interrogate the socio-economic conditions and problems of Lady Health Workers as they have proved in this study.
- Government should developed a detailed policy regarding roles and responsibilities and show proper description of their duty timings.
- Government mentioned the proper description of their incentives.
- The community people should not the hate and discriminate the Lady Health Workers on the basis of religion, class, profession, caste and should respect the workers.
- Civil society organization and media should raise voice for the rights of lady health works in front of the community and Government.
- Government should save the rights of the lady health works by pass a proper legislation
- Government should increase the funds for the lady health works.
- Government should paid their salaries in time.
- In the form of extra work health department and Government should provide the extra pay.
- Government should increase the supply of the medicine so that they can deliver their services in a efficient way.
- Government should increase their knowledge common skills and abilities and provided the psychological support so that they can easy handle the community in the condition of the emergency
- Lady Health works should work hard with honesty as suggested by the respondents of this research study so that they can win favorable package by the Government and respectful social status in the community.
- Government and the Health department need to increase salaries of LHWs and also suggested community people to give owing regard to the lady health workers presently are facing many socio-economic, health, security problems as well as are being discriminated on basis of class, caste, Government and community should take initiatives to improve the status and working conditions of lady health workers in Pakistan.

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