



A Summary of Challenges, Faced by Lady Health Workers (LHWs) in District Sheikhpura (Pakistan).

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ABSTRACT

This investigation was made to find out the difficulties faced by lady health workers in district Sheikhpura and summarize working conditions of them. A sum of 263 LHWs are working in district Sheikhpura. Review technique was utilized to gather information from respondents. Then again there are a few difficulties which appear as exact moment in nature yet in all actuality when these minor issues include, they transform into a huge issue. The greatest test looked by LHWs is of intemperate remaining task at hand; LHWs need to work a ton and a portion of the workers have complaints against annuity framework and significant lion's share of respondents are of the supposition that they are come up short on. Because of overwhelming remaining task at hand they become focused and this pressure is expanded when lady health workers subsequent to being exhausted they can't give appropriate time to their family. Dominant part of respondents feel that workers are not given due regard from society notwithstanding of the way that they work in field with commitment.

Generally, workers are of the sentiment that lady health workers are socially vilified. When they go in get-togethers and present themselves as lady health workers, individuals are uncertain how to react and a few people even pass bothersome remarks. Greater part of lady health workers likewise faces issues because of tight plan, particularly those with new conceived infants, it turns out to be incredibly hard for them to make balance between their activity and childcare. A large portion of the workers guarantees that their in-laws don't see their activity with deference and don't comprehend the issues related with LHWs calling and don't participate with them; lion's share of these workers were liable to inappropriate behavior and some were pestered based on race and religion. A portion of the lady health workers were not fulfilled by the move made by experts against individuals who submitted provocation. In this research, we analyzed daily life and bio-graphic information of LHWs, most prevalent problems faced by them and suggesting some possible solutions to their problems. Data was collected and analyzed, statistics were compared and solutions were funneled.

Keywords : LHWs, WHO, NGOs, Bivariate Analysis, Social Insurance Administration

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1. INTRODUCTION:

Lady health workers should be individuals from the networks any place they work, hand-picked by the networks, responsible to the networks for their exercises, upheld by the health framework anyway not basically a piece of its association, and have shorter preparing than expert workers.

1.1 Background of Lady Health Workers (LHWs) in Pakistan:

They supply data, fundamental administrations and access to further mind. The LHWs acquire preparing, are well-educated, procure their own pay, and addition regard, testing sex irregular characteristics in the home and the network. With the devolution procedure in full hang, even official staff is short in conveying. In Punjab Province close around 55000 Lady Health Workers conveyed the essential medicinal services administrations. The Government must ensure that there are an up to standard number of all units of reasonably talented workers to ensure even activity of the program. Nature of consideration by the LHWs is kept up through a profound established managerial system from the network up to the Federal level. Each LHW is finished with fundamental things for her health house and urgent medications to extravagance slight illnesses in collection to contraceptives. These contraceptives and arrangements are sans given of expense, to the populace, in the catchment region of each LHW. The acquirement framework for these arrangements is focal. Be that as it may, the order is created from locale and a solidified thinking about medications, non-tranquilize things and stationary is publicized yearly from the government office. The LHW is the most critical connection among networks and essential social insurance administrations, and in that capacity she does the accompanying:

1.2: LADY HEALTH WORKERS VS. THE STATE: A BACKGROUND ON THE LHWs MOVEMENT:

Islamabad's Press Club, in Pakistan, is frequently the site of dissents and April 18, 2012 was the same. Banding under the umbrella of the across the country association All Pakistan Lady Health Workers Association (APLHWA) - which was framed in 2010 - they have regularly held absence of nourishment strikes and dissents at danger to their very own lives. A significant number of the dissents in 2011 and mid 2012 turned forceful. In Lahore, the strikers conflicted with police as they attempted to advance towards Punjab's Central Minister's (CM) home. The APLHWA's representative Bushra Arain has openly expressed that "there are individuals alarming us, the young ladies [LHWs] are being unsettled". Regardless of these weights, the LHWs have indicated extraordinary resolution and solidness. In Karachi, the LHWs re-united after the shelling finished and proceeded with their dissent. In Lahore they advanced toward the CM house where one of the priest's associates tuned in to their worries and consented to their requests.

1.3: Challenges faced by LHWs in District Sheikhpura:

In Sheikhpura society, where conventions still rule and there are social taboos identifying with female activities, ladies have more commitments predominantly as housewives. No general public in this world is free from social issues since life isn't fixed yet progress, constant and now and again confounding. Working ladies face various difficulties because of their new methods of life. The Larger piece of the lady health workers in Sheikhpura, working in, the field was hitched, gaining a month to month pay of Rs16, 245, while, the month to month costs, revealed by them remained at Rs29, 567. Generally said they have, to acquire cash as the men in, their home doesn't work as are the main providers in there, family.

Inconsistent pay rates, reluctant circumstance, work vulnerability, obscured work clarification, and being assaulted and abused by the individuals they keep running into are, among the difficulties perceived by health workers.

1.4: Study Background:

This examination study was considered in the environmental zone of district Sheikhpura with certain goals which were unattended before.

1.5: Research question:

1. What are the most common problems encountered by lady health workers in district Sheikhpura?
2. What are the etiologies to these problems?
3. What innovative approaches can lead administration to ease off LHWs?

1.6: Objectives of the Study:

1. To determine problems encountered by LHWs in district Sheikhpura.
2. To determine specific reasons which add up to these problems?
3. To determine management plans.

1.7: Hypothesis:

H1:Enhanced stress levels contribute to increased LHWs problem.

H 2: Environmental problems put adverse effects on LHW's work.

H 3: Dissatisfaction with policies and procedures of health Department enhances problems for LHWs.

1.8: Significance of the Research:

Their monetary conditions are very stanza and pay rates are low while they work very refrain conditions to supply with essential human services administrations of the minimized networks. This condition strains a precise report which will encourage us to know the individual data, enrollment procedure and their preparation, jobs and obligations, monetary conditions, social conditions, and difficulties looked during work. This exploration will be good in considering the lady health workers and will be a feature with respect to enactment and approach making for improvement of occupation state of the lady health workers in Pakistan.

2. REVIEW OF LITERATURE

2.1: Problems encountered by LHWs:

Service of Health Pakistan (2011) detailed that LHWs are viewed as understanding specialists and are associated with an administration health office where they are gifted and acquire therapeutic arrangements. They get a little pay every month and are paid during preparing. LHWs are allocated to health office catchment regions and every specialist serves pretty much 1,000 occupants. In zones where the populace is spotted, LHWs may serve fewer people. LHWs serve in groups which comprise of pretty much 100 to 200 families, and ought to have the option to arrive at the most extreme family unit inside one hour of strolling. For the most part, the LHW makes all things considered 5-7 home-visits a day. In including, the LHW home is viewed as a health house, where the network may go to access benefits in crises. The working hours of the LHW are generally bendable and they don't truly answer to obligation. They are unsurprising to visit the neighborhood health office once every month to gather supplies, preceded with instructive sessions, and to propose month to month reports. The administrations and supplies gave to the network are free of expense.

Khalid (1990) inquired about "The difficulties looked by lady health workers" and experiential that the status of ladies as peasants was non-delicate by the slight word related open doors available to them. They were discouraged from battling with men by their childhood and practically unmistakable bias they needed to contend inside the activity advertise. Increasingly over various difficulties, for example, the frame of mind of society individuals, partialities and unrecognition, which the working ladies experienced with respect to their status and job in the monetary life gravely, influenced the administration of their ability and work capacities.

Ennis (2007) discussing the life of lower white collar class ladies in lady health workers is liable to rather various types of weights. Her working day begins ahead of schedule, for she should feed her significant other and youngsters and send them off to class before she herself surges off to work. On account of a lady who is the first to

be chosen up or the last to be dropped home this can include 60 minutes, or even two, to the taxing day depleted at work. She needs to end numerous regular employments like planning supper for the family, dealing with kids, washing and so on in the wake of a monotonous day of work. Not many ladies jump out at have overwhelmingly dynamic and supportive relatives (for example a relative) or a steady spouse who is pleasant to assume control over a portion of the ranch obligations.

Praveen (2009) express that lady health workers have confronted exact difficulties which must be cooked for. Not simply the subject of preference in the work environment, the junior charge of compensation on the legitimization of sex, absence of rights, and so forth., yet in addition addresses identified with maternity, pregnancy, and so on. The job of ladies as youngster bearers raises the requirement for uncommon rights to take care of pregnant ladies and moms. The prelude of just formal reasonableness doesn't resolve the fundamental difficulties of ladies. Maneuvering ladies into the workforce without barrier or rule had a horrendous expense for family life and the health of ladies, who likewise held responsibility for comportment posterity and the presentation of the standard of family unit errands inside the home.

Rizwan and Sabir (2006) discussing "Ladies' Fight Back" commented that a lady health worker gets just a large portion of the standard man's compensation. The wedded ladies at a firm day at work return home just to begin another activity, housework. She further remarked that the unadulterated corporal work worried in a lady's life was tremendous. She generally experiences considerable difficulties however in the event that a lady is ineffective adequate to be isolated or widow, our general public makes her life totally a torment. Aside from this, the social disfavor joined to a spouse without a husband doing some battle back to bring home the bacon, is tenaciously disrespected and embarrassed by the businesses.

Maria (2005) reasoned that in the wake of researching the "Challenges faced by lady health workers in Hafizabad City" expressed that the lady health workers were commonly malcontented with their callings and their states of work. They were hopeless in view of the absence of working accommodations and threatening methodology of the general public individuals. Serious issues looked by lady health workers were experiential for example transportation, family, official, cabin, social and medical issues. There are various purposes behind the need or poor worth of an organization.

Gilson et al. (1989) point out that "the expense of the executives has, specifically, been ignored, despite the fact that the various contacts compulsory to help CHWs effectively can create the executive's costs that represent 40% of the expense of one CHW". Be that as it may, not just has the expense been without being seen: frequently the requirement for direction has been either unnoticed or belittled, or not adequately intended for. Additionally, managers ought to be and what their undertakings are is regularly diverted.

Ofozu-Amaah (1983) makes reference to cases in which network commitment in the guideline was productively executed, yet this scraps the exception; supervision is left generally to staff (fundamentally nurture) in the wellbeing administrations. They, notwithstanding, May not value the CHWs' or their very own job appropriately and moreover may detest the strengthening task. A couple of months after the fact, six polio laborers were killed in Pakistan over a degree of two days in what seemed, by all accounts, to be fit assaults.

4. RESEARCH METHODOLOGY

3.1: Research Design:

The research design is a cross-sectional investigation where the subjects are selected from LHWSin district Sheikhpura.

3.2: Quantitative Study:

This research study is quantitative. Survey is used to study, because external information was needed, a questionnaire was used as a measuring tool to collect data and because of very high number of female health workers" survey is the most suitable technique.

3.3: Sampling:

For this study, proportionate systematic random sampling technique was used to collect data from the target population of LHW's. 40%LHWs were selected from all health centers.

3.4: Sample Size:

A total of 105 subjects were chosen. The specialist visited the health centers of region Sheikhpura at the underlying stage and assembled the underlying data.

3.5: Development of Data Collection Tool:

The self-constructed questionnaire was devised as a tool for data collection tool, every subject was asked about, in any event, metric and confirmation in medicinal aspects.

3.6: Pre Testing:

Subsequent to creating device for information gathering; it was pre tried by offering survey to five (5) lady health workers in five (5) distinctive health centers. During pre-testing, it was recognized that respondents confronted trouble while giving recommendations and understanding diverse social phrasings and words. The questionnaire was settled after important new changes identified during pre-testing.

3.7: Data Analysis:

The quantitative information that was collected by questionnaire was analyzed by utilizing SPSS program.

5. FINDINGS AND ANALYSIS OF DATA

4.1 UNIVARIATE ANALYSIS

Section: 1 (Bio-data):

Table No 4.1 (Age):

| Age | Frequency | Percentage |
|-------|-----------|------------|
| 18-25 | 21 | 21 |
| 26-40 | 52 | 47 |
| 41-50 | 30 | 29.9 |
| 51-60 | 1 | 2.9 |
| Total | 105 | 100 |

Mean= 1.36 S.D=.607

Table No 4.2 (Marital Status):

| Response | Frequency | Percentage |
|-----------|-----------|------------|
| Married | 49 | 47.5 |
| Unmarried | 21 | 19.3 |
| Divorced | 14 | 14.2 |
| Widow | 21 | 18.9 |
| Total | 105 | 100 |

Mean= 1.71 S.D= .927

Table No 4.3(Qualification):

| Response | Frequency | Percentage |
|-------------------|-----------|------------|
| Middle | 28 | 27 |
| Metric | 55 | 53 |
| Inter | 14 | 12 |
| Graduation | 6 | 6 |
| Clinical training | 2 | 2 |
| Total | 105 | 100 |

Mean= 1.98 S.D= .709

Table No 4.4 (Residential status):

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Rural | 76 | 73 |
| Urban | 29 | 27 |
| Total | 105 | 100 |

Mean= 2.20 S.D= .987

Table No 4.5(Monthly Income):

| Response | Frequency | Percentage |
|-------------|-----------|------------|
| 10000-20000 | 100 | 96 |
| 21000-30000 | 2 | 1.4 |
| 31000-40000 | 3 | 2.6 |
| Total | 105 | 100 |

Mean= 1.37 S.D= .689

Table No 4.6 (Family System):

| Response | Frequency | Percentage |
|-----------------------|-----------|------------|
| Nuclear Family System | 76 | 73 |
| Joint Family System | 29 | 27 |
| Total | 105 | 100 |

Mean= 1.57 S.D= .958

Section: 2 (Challenges):

Table 4.7 (Tasks Performed Other than Job Described)?

| Responses | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------|-----------|---------|---------------|--------------------|
| Yes | 74 | 71.5 | 71.5 | 71.5 |
| No | 31 | 28.5 | 28.5 | 100.0 |
| Total | 105 | 100.0 | 100.0 | |

Mean=2.45 S.D=0.933

Table 4.8 (Feel About the Job).

| Responses | Frequency | Percent | Valid percent | Cumulative percent |
|----------------------|-----------|---------|---------------|--------------------|
| Slightly intensive | 24 | 22 | 22 | 22 |
| Moderately intensive | 33 | 32.5 | 32.5 | 55.0 |
| Highly intensive | 48 | 45.7 | 45.7 | 100.0 |
| Total | 105 | 100.0 | 100.0 | |

Mean=3.00 S.D=2.98

Table 4.9 Do you feel Stress at Workplace?

| Responses | Frequency | Percent | Valid percent | Cumulative percent |
|-----------|-----------|---------|---------------|--------------------|
| Yes | 89 | 84.5 | 84.5 | 84.5 |
| No | 15.5 | 15.5 | 15.5 | 100.0 |
| Total | 105 | 100.0 | 100.0 | |

Mean=2.65 S.D=1.662

Table 4.10 Working Conditions are Healthy?

| Responses | Frequency | Percent | Valid percent | Cumulative Percent |
|-------------------|-----------|---------|---------------|--------------------|
| Strongly Agree | 16 | 14.7 | 14.7 | 14.7 |
| Agree | 11 | 9.7 | 9.7 | 23.9 |
| Not Sure | 4 | 4.8 | 4.8 | 28.6 |
| Disagree | 35 | 34.1 | 34.1 | 62.6 |
| Strongly Disagree | 39 | 37.2 | 37.2 | 100.0 |
| Total | 105 | 100.0 | 100.0 | |

Mean=2.56 S.D=1.135

Table (4.11 Physical dangers is present at your Workplace)?

| Responses | Frequency | Percent | Valid percent | Cumulative Percent |
|-------------------|-----------|---------|---------------|--------------------|
| Strongly Agree | 38 | 37.1 | 37.1 | 37.1 |
| Agree | 35 | 34.1 | 34.1 | 71.2 |
| Not Sure | 6 | 4.9 | 4.9 | 76.4 |
| Disagree | 11 | 9.7 | 9.7 | 86.0 |
| Strongly Disagree | 15 | 14.2 | 14.2 | 100.0 |
| Total | 105 | 100.0 | 100.0 | |

Mean=2.50 S.D=1.533

Table 4.12 (Type of financial problems do you face)?

| Responses | Frequency | Percent | Valid percent | Cumulative percent |
|--------------------------------------|-----------|---------|---------------|--------------------|
| Poor Pension | 49 | 45.9 | 45.9 | 45.9 |
| Insufficient Medical Allowance | 35 | 32.5 | 32.5 | 78.3 |
| Insufficient additional Remuneration | 22 | 21.7 | 21.7 | 100.0 |
| Total | 105 | 100.0 | 100.0 | |

Mean=2.80 S.D=2.183

Table 4.13 (Major hindrance in your job Performance)?

| Responses | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Patients | 20 | 18.2 | 18.2 | 18.2 |
| Attendants | 19 | 19.0 | 19.0 | 37.0 |
| Colleagues | 16 | 14.4 | 14.4 | 51.8 |
| Administration | 50 | 48.3 | 48.3 | 100.0 |
| Total | 105 | 100.0 | 100.0 | |

Mean=2.58 S.D=1.199

Section 3: (Suggestions)

Table 4.14 (What do you Suggest to the Department of Health)?

| Responses | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------------------|-----------|---------|---------------|--------------------|
| Should increase salary | 11 | 9.2 | 9.2 | 9.2 |
| Should introduced proper policy | 9 | 8.8 | 8.8 | 17.6 |
| Job should be Permanent | 11 | 9.2 | 9.2 | 27.4 |
| All above | 74 | 72.8 | 72.8 | 100.0 |
| Total | 105 | 100.0 | 100.0 | |

Mean= 2.50 S.D=1.130

4.2 BIVARIATE ANALYSIS:

In bivariate analysis, combined analysis of two variables at a time is presented. Bi-variate is a technique of data analysis in which two variables were examined simultaneously for association or relationship with each other.

Table 4.15:

Hypotheses 1: (Enhanced stress levels contributes to increased LHWs problem)?

| Count | | | | | | | |
|--|-------------------|--|----------|----------|-------|----------------|-------|
| | | Organizational policies sometimes ignore the benefits of LHWs. | | | | | |
| | | strongly disagree | Disagree | Not sure | Agree | strongly agree | Total |
| Do you feel that physical dangers exist at your work place | strongly disagree | 2 | 1 | 0 | 2 | 0 | 5 |
| | disagree | 0 | 1 | 2 | 9 | 0 | 13 |
| | Not sure | 0 | 1 | 13 | 19 | 0 | 32 |
| | agree | 4 | 2 | 0 | 15 | 9 | 31 |
| | strongly agree | 2 | 3 | 0 | 10 | 10 | 24 |
| Total | | 8 | 8 | 15 | 55 | 19 | 105 |

The statement was inquired by the researcher from the respondents that do you feel that physical dangers exist at your work place and organizational policies sometimes ignore the benefits of LHWs. Both the statements were highly favored by the respondents. The value of chi-square and the level of significance is given below table.

| | Value | Df | Asymp. Sig. (2-sided) |
|------------------------------|----------------------|----|-----------------------|
| Pearson Chi-Square | 187.111 ^a | 12 | .000 |
| Likelihood Ratio | 45.094 | 12 | .000 |
| Linear-by-Linear Association | 4.464 | 1 | .035 |
| N of Valid Cases | 105 | | |

a. 17 cells (68.0%) have expected count less than 5. The minimum expected count is .28.

Table 4.17

Hypotheses 2: Environmental problems put adverse effects on LHW's work.

| Count | | | | | | | |
|---|-------------------|--|----------|----------|-------|----------------|-------|
| | | My work environment is safe and free from hazards. | | | | | |
| | | strongly disagree | Disagree | Not sure | Agree | strongly agree | Total |
| Do you think that your working conditions are healthy | strongly disagree | 2 | 1 | 0 | 2 | 0 | 5 |
| | disagree | 0 | 1 | 2 | 9 | 0 | 11 |
| | Not sure | 0 | 1 | 13 | 19 | 0 | 34 |
| | agree | 4 | 2 | 0 | 15 | 9 | 31 |
| | strongly agree | 2 | 3 | 0 | 10 | 10 | 24 |
| Total | | 8 | 8 | 15 | 55 | 19 | 105 |

The statement was inquired by the researcher from the respondents that do you think that your working conditions are healthy and my work environment is safe and free from hazards. Both the statements were highly favored by the respondents. The value of chi-square and the level of significance is given below table.

| | Value | Df | Asymp. Sig. (2-sided) |
|------------------------------|----------------------|----|-----------------------|
| Pearson Chi-Square | 251.361 ^a | 16 | .000 |
| Likelihood Ratio | 4.455 | 16 | .000 |
| Linear-by-Linear Association | 4.411 | 1 | .036 |
| N of Valid Cases | 105 | | |

a. 17 cells (68.0%) have expected count less than 5. The minimum expected count is .28.

Table 4.18

Hypotheses 3: (Dissatisfaction with policies and procedures of health Department enhances problems for LHWs)?

| Count | | | | | | | |
|--|-------------------|---|----------|----------|-------|----------------|-------|
| | | Organization's policies tend to force their workers to act against their values will negatively effect on LHWs job. | | | | | |
| | | strongly disagree | Disagree | Not sure | Agree | strongly agree | Total |
| Do you feel that physical dangers exist at your work place | strongly disagree | 2 | 1 | 0 | 2 | 0 | 5 |
| | disagree | 2 | 1 | 0 | 2 | 5 | 11 |
| | Not sure | 3 | 1 | 2 | 9 | 5 | 19 |
| | agree | 4 | 2 | 0 | 15 | 9 | 29 |
| | strongly agree | 15 | 5 | 0 | 10 | 10 | 41 |
| Total | | 26 | 10 | 2 | 38 | 29 | 105 |

The statement was inquired by the researcher from the respondents that do you feel that physical dangers exist at your work place and organization's policies tend to force their workers to act against their values will negatively effect on LHWs job. Both the statements were highly favored by the respondents. The value of chi-square and the level of significance is given below table.

| | Value | Df | Asymp. Sig. (2-sided) |
|------------------------------|----------------------|----|-----------------------|
| Pearson Chi-Square | 174.435 ^a | 16 | .000 |
| Likelihood Ratio | 49.094 | 16 | .000 |
| Linear-by-Linear Association | 45.464 | 1 | .035 |
| N of Valid Cases | 105 | | |

a. 17 cells (68.0%) have expected count less than 5. The minimum expected count is .28.

5. DISCUSSION

Lady health workers assume an indispensable job in giving health and restorative administrations in any network, because of upgrades in the field of prescription and new frameworks of human services are built up the significance of lady health workers has expanded the complex.

By far most of lady health workers are between the ages of 26-40. This demonstrates lady health workers are for the most part youthful with a moderate degree of work involvement. Then again this might be viewed as need deficiency of experienced staff which is clearly progressively capable and can work under strain and unspecialized circumstances with most extreme productivity.

Larger part of lady health workers is having metric as their greatest training. The most compelling motivation at the back of this that there are no advanced education's projects offered by instructive organizations of Pakistan.

Numerous LHWs said that they miss family works for their obligations. One thing more to be included here is that portion of obligations and leaves are the significant reasons for struggle among LHWs in district Sheikhpura.

Extensive dominant part of LHWs guarantees that when they present themselves as LHWs in any get-together individuals are passing undesirable remarks, this makes as the feeling of social instability and dis-delight for LHWs when they go into get-togethers and they are not acknowledged.

6. CONCLUSIONS AND RECOMMENDATIONS

6.1: Conclusion:

The legislature of Pakistan has taken a few activities to improve the weakness markers in the nation and the LHW modified is one of such activities. With a plan to lessen neediness through an improvement in the health status of the public, especially ladies and youngsters, the LHWs work at the grass-root level. They are enrolled from among local networks to deliver preventive way-to-entryway medicinal services administrations.

The objective of this survey was to determine the etiologies that effect on LHW's job in district Sheikhpura. Research says that the work place environment is a better indicator of job contentment. The papulation chosen for study were female LHWs of district Sheikhpura. Sample of 105 subjects was taken. Data was collected using a Self-Constructedquestionnaire;data sheet was developed using SPSS. Later on frequency and percentage tables were made for each variable. Consolidatedcross tab were made. Chi-square test was applied to see the relationship between concerning variables.

LHWs have an important job in combating the deficiency of doctors, medical caretakers and birthing assistants over the health network. This examination identified numerous flaws which were looked byLHWs in district Sheikhpura. Recognized Challenges determined with working place are; - Unavailability of medicines and other central items, Uncertainty at the workplace, Limited Equipment's. Different factors which contributed are; - differences, vanishing obligation, and delay. Provokes identified with patient variables incorporated a few patients being fierce, rebelliousness to treatment. The Final topic was factors identified with observation and the primary issue is criticism from the general population. Components enhancing the problems are; natural, work-related difficulties, financial and social and provokes identified with working conditions and Departmental policies.

6.2: Recommendations:

Following proposals are made for future research. The department must provide the settlement for the LHWs. There must be association between the LHWs staff for the enhanced care of the patients. There must not be any biasness based on position, social class, among the LHWs in the general public.

Researcher has made following recommendations for the future research:

- Department of Health should devise a policy regarding roles and responsibilities and show proper description of their Job timings
- Department of Health should mention the detailed description of their allowances.
- The common people should not the spread hate or discriminative behavior for the LHWs on the basis of religion, profession, class, caste and should respect the workers.
- Social NGOs and media should raise voice for the rights of LHWs in front of the Public and Government.
- Government should enhance the funds allocation to the LHWs.
- Government should pay salaries of LHWs in time.

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