

# Challenges Faced by Lady Health Workers (LHW) in Tehsil Hafizabad, Punjab (Pakistan)

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## ABSTRACT

This investigation was attempted to discover the difficulties looked by challenges faced by lady health workers in tehsil Hafizabad and investigate the working states of them. A sum of 263 LHWs are working in tehsil Hafizabad. Test size of 40% was chosen haphazardly out of aggregate from all the chose health centers with the reaction pace of 100%. Information was gathered from 105 respondents utilizing a self-managed survey as an instrument of information accumulation. Greater parts of respondents were between the ages sections of 26-40 years. Lion's shares of respondents have un-good working association with their partners and directors. Because of exceptional nature of occupation, lion's share of LHWs is casualty of employment stress. Occupation pushed has additionally demonstrated to be reason for physical and mental sicknesses; like dementia, hypertension and different issue. The greater part of the LHWs is irritated from network individuals and thinks about them as the greatest obstacle in their activity execution. Larger part of LHWs state that they are not paid enough restorative recompense. Lady health workers are not paid hard region recompense for working in various territories. Over the top remaining task at hand is the most serious issue that workers are confronting. Kids training are influenced and social exercises of workers are kept. Because of absence of enough paid leaves workers can't orderly family works additionally because of tight plans workers are in some cases not accessible with their families on

extraordinary events like Eid and so forth. Majority said that organizational policies sometimes ignore the benefits of LHWs and

organizational policies can be a great source of frustration for LHWs if they are unclear. Noteworthy number of workers likewise face demoralizing frame of mind from their in-laws, the primary explanation behind this blasting demeanor is that workers don't give appropriate time to the family. Impressive number of respondents has been casualty of provocation at work spot.

**Index Terms:** WHO, LHW, Maternal Health Care (MHC), Primary Health Care (PHC), UNICEF.

## 1. INTRODUCTION:

A broadly acknowledged definition was proposed by a WHO Study Group (WHO 1989): The umbrella term "lady health workers" grasps an assortment of network health aides chose talented and working inside the networks from that they are accessible. Lady health workers (LHWs) are worried in the conveyance of health administrations to the network and comprise the main purpose of contact on health related issues in some low-and center salary nations. There are broad assortments of LHWs, with various names, working enthusiastically or paid, with different or single and network based or halfway ability based assignments. LHWs assume key job in making, awareness and achieving changes in contemplations with respect to essential issues of health and family

arranging. One LHW is in control for around 1000 individuals, or, 150 homes, and visits 5 to 7 houses day by day. The limit of work and obligation of LHW incorporates more than 20 undertakings, extending from, health training as far as antenatal consideration and suggestion, inoculation administrations and, backing to network activation, arrangement of family Planning and fundamental therapeutic care (**Dawn, 11, 2018**).

### **1.1 Background of Lady Health Workers in Pakistan:**

In **1978**, the World Health Organization (WHO) and UNICEF composed a show on Primary Health Care (PHC) at Alma Ata (USSR). In this gathering the legislatures of 134 nations just as non-government partners were bring mutually to revamp the global health plan. Thus, in **1980s** PHC approach was viewed as a social occasion generation movement for preparing network health workers in a few creating nations. Like to other creating nations, Pakistan also had weakness pointers as far as maternal and youngster health, during **1970s and 1980s**. Government of Pakistan with hold up from WHO likewise demonstrated its commitment by starting network lady health workers modified known as the "**National Programmed for Family Planning and Primary Health Care (FP&PHC)**". The Programmed was propelled in **April 1994** as a Federal development customized financed by the Ministry of Health (MoH), and executed by both the MoH and the common Departments of Health. Lady Health Workers customized gives regenerative medicinal services to ladies by utilizing right around 110000 ladies as network health workers. Ladies are presently increasingly recognizable and versatile inside the networks where the LHWs work To help an expand in work power of LHWs, the Government, from **July 1, 2001** has joined the Village Based Family Planning Workers framework being controlled by the Ministry of

Population and Welfare with the national program. This has esteem added another thirteen thousand staff to the program. Over the long haul, the Government intends to utilize 100,000 workers to build 100% detailing. In present position 110000 lady health workers are working and government need to add to their quality 150000 toward the part of the arrangement. The checking and regulatory frameworks incorporate Lady Health Supervisors at a proportion of 1:20-25 LHWs, Field Programmed Officers and the administration framework at the District, Provincial and Federal level. Right now, pretty much 110,000 LHWs are working from corner to corner every one of the regions of Pakistan on condition that PHC administrations to the number of inhabitants in provincial and urban ghetto regions In the last venture time frame, the standard expense of each LHW was just about Pak Rs 44,000 (US\$ 570 approx.) every year. This coordinated their pay (over half of the aggregate), drug and arrangements, official costs, the board and preparing costs for the entire year. The total spending plan was given by the administration of Pakistan (**Rahman, A. (2007)**).

### **1.4: Challenges faced by LHWs in Tehsil Hafizabad:**

The LHWs whined that their compensation arrives behind schedule because of that thought process they confronted a great part of the home issues and somebody said that who have just one stock of pay which depends on it, on the off chance that it arrive behind schedule the entire family been vexed. The second issue was the deficient medications and the absence of contraceptives because of that for the most part individuals estimated that they deal the meds in the market. LHWs state that shortage of HMIS (Health Management Information System) instruments and the absence of vehicles for tubal-ligation for the most part customer carry on in a savage way. The number of lady health

workers grumbled that they have a conveying issue in light of the fact that the hold from the Health Facility to the town is so long (-**Pakistan, 2002**). For most LHWs the safely arranged five-day campaign includes further worry as well as developing outstanding task at hand for almost no compensation. "They [the management] inconvenience us much over polio [campaigns]. There is an issue with that. We need to go door to-door and they give us almost no pay for that". In including, many feel increasingly on edge and unconfident about completing way to-entryway vaccination in outsider zones than they do about directing network work in their neighborhoods. When we go to the houses, they [the residents] state that comes encompassed by [and] infuse the inoculations. Along these lines, we are apprehensive, we feel dangerous, and figure what will befall us when we go to obscure spots.

### **1.5: Study Background:**

The Lady Health Worker Program (LHWP) is a significant component in the Government of Pakistan's arrangement to climb the health evaluation of ladies and kids in rustic towns and poor urban regions. The Program was propelled in April 1994 as a Federal improvement customized subsidized by the Ministry of Health (MoH), and executed by both the MoH and the local Departments of Health. The District Health Department heads all capacities and activities of Lady Health Workers in Hafizabad. All out 900 LHWs are interpretations their administrations in both urban and rustic zones of District Hafizabad. In Tehsil Hafizabad 263 LHWs follow up on their obligations in absolute 12 Union Councils having one Maternal Health Care (MHC) in each UC.

### **1.6: Research question:**

1. What challenges faced by lady health workers in Tehsil Hafizabad?

2. What factors contribute to these challenges?
3. What interventions can be put in place to minimize these challenges?

### **1.7: Objectives of the Study:**

1. To determine challenges faced by lady health workers in Tehsil Hafizabad.
2. To identify factors contributing to these challenges.
3. To identify strategies that can aid in decrease these challenges.

### **1.8: Hypothesis:**

**H1:** Higher level of job related stress contributes to LHWs challenges.

**H 2:** Environmental challenges have negative effect on LHW's job.

**H 3:** Discontentment with departmental policies and procedures cause challenges for LHWs.

## **2. Review of Literature:**

**Lewis et al., (2005)** uncovered that any lady health workers completing capacities identified with human services liberation; qualified here and there with regards to the mediation; and having no formal master or paraprofessional certificated or degreed tertiary instruction.

**Kauffman and Myers, (1997)** presumed that the idea of utilizing lady health workers to cause to be sure essential health administrations to the networks from which they come has a 50-year history at any rate. The Chinese shoeless specialist customized is the best known about the early modified, despite the fact that Thailand, for instance, has additionally utilized town wellbeing volunteers and communicators since the mid-1950s.

**Khan (1999)** point out that Women's versatility and independence in judgment making concerning lady health workers administration utilize is seriously powerless in Pakistan.

**Gupta et al. (2007)** announced that LHW's are relied upon to give a scope of administrations to

networks including conveyance of family arranging administrations, inoculations, treatment of regular illnesses, health advancement and instruction. They additionally give referrals to ladies to acquire safe parenthood administrations including referrals for antenatal consideration, safe conveyance, and postnatal consideration.

**Frankenberg and Duncan (2001)** used that a developing assemblage of writing recommends that when purposive program task depends on in secret attributes (social capital, social standards, chief's inclinations and so on.) and that uniqueness are interrelated to the result of intrigue; the impact of the program will be preferential.

On **December 18, 2012**, four polio laborers, Fahmida, Madiha, Kaneez Fatima, and Naseem, were shot dead in various pieces of Karachi. A day sooner Umer Farooq Mehsud, a polio campaign unpaid right hand in Karachi's Gadap zone was the casualty of a comparable assault. In the Shagai suburb of Peshawar, a multi-year-old partner was executed. These were the early instances of a grouping of assaults against wellbeing laborers: an administrator and her driver were killed on **December 19, 2012**, that day the UN and WHO ended its polio vaccination battles across the nation in Pakistan. Seven more wellbeing laborers were killed on **January 2013** in Swabi in the territory of Khyber-Pakthunkhwa. In a similar region and month, a police officer energizing with cautious lady health workers associated with the continued polio battle was shot dead. Two more police officers endured a similar destiny in February and April of that year.

### **3. Research Methodology**

#### **3.4: Sampling:**

The researcher adopted proportionate systematic random sampling technique to reach the target population (LHW's). Forty percent (40%) lady health workers were selected from

The approach is that the precise, hypothetical examination of the techniques applied to a field of study. It contains the hypothetical examination of the collection of procedures and standards identified with a part of the data. The examination procedure empowered the group set up their endeavors into one strong and dynamic item plan age task for the USA. There are various strides in procedure. These are Research structure, Universe, Sampling, Data accumulation device, Data gathering, Analysis, Report composing. In this exploration, overview inquires use about technique in quantitative research to find solutions for inquiries.

#### **3.1: Research Design:**

The research design was a cross-sectional investigation where the respondents were drawn from lady health workers in tehsil Hafizabad.

#### **3.2: Quantitative Study:**

This study was quantitative in nature. Survey method is used to carry out this study, because we needed exterior information and as questionnaire is used as a tool for data collection and due to high population of girl health workers" survey technique is appropriate

#### **3.3: Universe:**

A universe might be singular, gathering of individuals, association or item. There are two sorts of universe.

##### **3.3.1: Human Universe:**

Lady health workers working in region Hafizabad were considered as human universe for this research study.

##### **3.3.2: Geographical Universe:**

In this research, Hafizabad Tehsil and there twelve health centers were set apart as a geographical universe.

all selected health centers. List of selected centers and number of selected sample is given in the table below:

S. No	Health Centers	Name of Union Council	LHWs	Sample Size (40%)
1	BHU Ramky Chattha	Ramky Chattha	16	6
2	BHU Chak Chattha	Chak Chattha	18	7
3	BHU Kalianwala	Kalianwala	28	11
4	BHU Waniky Tarar	Waniky Tarar	10	4
5	MCH Center of Kolo Tarar	Kolo Tarar	28	11
6	RHC Lalky Tarar	Lalky Tarar	36	14
7	MCH Center Chak Kharl	Kharl Chak	32	13
8	BHU Suianwala	Suianwala	12	5
9	RHC Pindi Bowra	Pindi Bowra	12	5
10	MCH Center Kasoki	Kasoki	29	12
11	MCH Center Madhrinwala	Madhrinwala	19	8
12	RHC Nidalakham	Nidalakham	23	9
	<b>Total</b>		<b>263</b>	<b>105</b>

### 3.5: Sample Size:

An aggregate of 105 respondents was chosen for this site.

### 3.6: Validity:

In this investigation, develop and content legitimacy was utilized to survey the legitimacy of the instruments by methods for evaluating the sufficiency, reasonableness, breadth, and significance of the inquiries to the subject under examination was surveyed.

### 3.7: Reliability:

In this research, dependability of the instrument was tried by methods for the Cronbach's 35 Alpha which is the most widely recognized methods for testing inner consistency of the things, utilizing the SPSS bundle. The value of the .616 was moderate. Inner consistency unwavering quality alludes to the degree to which all the sub-portions of an instrument will quantify the distinguished traits.

### 3.8: Development of Data Collection Tool:

The self-directed questionnaire was planned as an instrument for information gathering. The survey was created after a point by point exchange with the lady health workers and as per the goals of the research. Before building up the survey two basics talk sessions were led in the workplace of director of lady health workers.

### 3.11: Data collection:

Data was collected from BHUs, THQs in Hafizabad tehsil with the cooperation of District Health Officer Dr. Zaheer Ahmad Khokhar.

### 3.13: Ethical Consideration:

Researcher pursues all standards and moral contemplations at each progression during the exploration process.

### 3.14: Data collection limitations:

Researcher confronted numerous issues during information gathering procedures are as given underneath: Time consumption, Absence of assets and time Security Reasons, Non-Compliant respondent's and geographic limitations.

**3.15: Data Analysis:**

The quantitative information was broke down by utilizing SPSS programming.

**4. Findings and Analysis of Data**

This chapter deals with data analysis. The data analysis comprises on the contingency tables downgrading the categories, frequency and percentages of the variables. Moreover, the linear regression and chi-square test are applied to check impacts and associations between the variables.

**4.1 UNIVARIATE ANALYSIS**

Univariate analysis is the analysis of a single variable. The purpose of univariate analysis is to summarize and present data to readers in easy to understand and meaningful manner. Univariate analysis of the data includes summarizing and presentation of socio-demographic characteristics of the respondents.

**Section: 1 (Bio-data):**

**Table No 4.1 Age:**

Age	Frequency	Percentage
18-25	20	20
26-40	50	47
41-50	32	30.2
51-60	3	2.8
Total	105	100

Mean= 1.36 S.D=.607

**Table No 4.2 Marital Status:**

Response	Frequency	Percentage
Married	50	47.7
Unmarried	20	19.05
Divorced	15	14.25
Widow	20	19
Total	105	100

Mean= 1.71 S.D= .927

**Table No 4.4 Qualification:**

Response	Frequency	Percentage
Middle	29	28
Metric	54	52
Inter	15	13
Graduation	5	5
Clinical training	2	2
Total	105	100

Mean= 1.98 S.D= .709

**Table No 4.5 Residential status:**

Response	Frequency	Percentage
Rural	75	72

Urban	30	28
Total	105	100

Mean= 2.20                      S.D= .987

**Table No 4.6 Monthly Income:**

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

Mean= 1.37                      S.D= .689

**Section: 2 (Challenges Related To Working Condition):**

**Table 4.8: To what extent you are aware about your duties and responsibilities?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Not at All	35	34.0	34.0	34.0
Sometimes	17	16.0	16.0	50.0
Not Sure	20	20.0	20.0	70.0
Aware	30	28.0	28.0	98.0
Fully aware	3	2.0	2.0	100.0
Total	105	100.0	100.0	

Mean= 2.67                      S.D= 1.217

**Table 4.9 Additional tasks performed; other than job description?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	75	72.0	72.0	72.0
No	30	28.0	28.0	100.0
Total	105	100.0	100.0	

Mean=2.45                      S.D=0.933

**Table 4.10 If yes, do you get extra remuneration?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	30	28	28.0	28.0
No	75	72	72.0	100.0
Total	105	100.0	100.0	

Mean=2.41                      S.D=1.163

**Table 4.11 Do you have un-achievable deadline?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	25	24	24.0	24.0
Agree	10	9	9.0	33.0
Not Sure	15	14	14.0	47.0
Disagree	30	29	29.0	76.0
Strongly Disagree	25	24	24.0	100.0
Total	105	100.0	100.0	

Mean=2.51

S.D=1.107

**Table 4.12 Do you get help from your colleagues about your job tasks?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
To some extent	50	48.0	48.0	48.0
to great extent	30	29.0	29.0	77%
not at all	25	23.0	23.0	100.0
Total	105	100.0	100.0	

Mean= 2.67

S.D=1.24

**Table 4.13 Feelings about the nature of your job tasks.**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Slightly intensive	23	21.9	21.9	21.9
Moderately intensive	34	32.4	32.4	54.3
Highly intensive	48	45.7	45.7	100.0
Total	105	100.0	100.0	

Mean=3.00

S.D=2.98

**Table 4.14 Do you feel stress at you work place?**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Yes	88	84.0	84.0	84.0
No	17	16.0	16.0	100.0
Total	105	100.0	100.0	

Mean=2.65

S.D=1.662

**Table 4.15 Main reason of stress**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Due to overload of tasks.	35	33.3	33.3	33.3
Non-cooperation of colleagues	20	19.1	19.1	52.4
Non-cooperation of community	20	19.1	19.1	71.5
Due to Harassment	30	28.5	28.5	100.0
Total	105	100.0	100.0	

Mean=2.50

S.D=1.159

**Table 4.16 Who the break timing during the job is decided in your institution?**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Supervisor decides	40	38.1	38.1	38.1



Specific timings	45	42.8	42.8	80.9
When we tired, take break	5	4.8	4.8	85.7
No concept of break	10	9.5	9.5	95.2
Assign task to colleague	5	4.8	4.8	100.0
Total	105	100.0	100.0	

Mean=2.47

S.D=1.129

**Table 4.17 Are working conditions healthy?**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	15	14.2	14.2	14.2
Agree	10	9.6	9.6	23.8
Not Sure	5	4.8	4.8	28.6
Disagree	36	34.2	34.2	62.8
Strongly Disagree	39	37.2	37.2	100.0
Total	105	100.0	100.0	

Mean=2.56

S.D=1.135

**Table 4.18 Do you feel that physical dangers exist at your work place?**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	39	37.2	37.2	37.2
Agree	36	34.2	34.2	71.4
Not Sure	5	4.8	4.8	76.2
Disagree	10	9.6	9.6	85.8
Strongly Disagree	15	14.2	14.2	100.0
Total	105	100.0	100.0	

Mean=2.50

S.D=1.533

**Table 4.19 Do you have to perform heavy physical tasks?**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Strongly Agree	39	37.2	37.2	37.2
Agree	36	34.2	34.2	71.4
Not Sure	5	4.8	4.8	76.2
Disagree	10	9.6	9.6	85.8
Strongly Disagree	15	14.2	14.2	100.0
Total	105	100.0	100.0	

Mean= 2.30

S.D = 1.171

**Table 4.20 Does supervisor provide you any feedback?**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Never	11	10.5	10.5	10.5
Very little	22	20.9	20.9	31.4
Enough feedback	40	38.1	38.1	69.5

Strong and Concrete feedback	32	30.5	30.5	100.0
Total	105	100.0	100.0	

Mean= 2.52

S.D=1.152

**Table 4.21 Are promotions made justified?**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	24	22.8	22.8	22.8
Agree	28	26.7	26.7	49.5
Not Sure	20	19.1	19.1	68.6
Disagree	22	20.9	20.9	89.5
Strongly Disagree	11	10.5	10.5	100.0
Total	105	100.0	100.0	

Mean=2.88

S.D=2.134

**Section: 3 (Challenges Related to Job):**

**Table 4.22 Job security?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Very secure	19	18.1	18.1	18.1
Secure	20	19.1	19.1	37.2
Unsure	15	14.2	14.2	51.4
At risk	51	48.6	48.6	100.0
Total	105	100.0	100.0	

Mean= 2.88

S.D=2.134

**Table 4.23 If at Risk, what are the reasons?**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Working on contract basis	23	21.9	21.9	21.9
Nepotism or favoritism	34	32.4	32.4	54.3
Irregularities in your work	48	45.7	45.7	100.0
Total	105	100.0	100.0	

Mean=2.90

S.D=1.243

**Table 4.24 What kind of financial problems do you face?**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Poor Pension	48	45.7	45.7	45.7
Insufficient Medical Allowance	34	32.4	32.4	78.1
Insufficient	23	21.9	21.9	100.0

additional Remuneration				
Total	105	100.0	100.0	

Mean=2.80

S.D=2.183

**Table 4.25 Do you receive adequate material resources to perform your job?**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	24	22.8	22.8	22.8
Agree	28	26.7	26.7	49.5
Not Sure	20	19.1	19.1	68.6
Disagree	22	20.9	20.9	89.5
Strongly Disagree	11	10.5	10.5	100.0
Total	105	100.0	100.0	

Mean=2.33

S.D=1.161

**Table 4.26 What is the major cause hindrance in performing your job?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Patients	19	18.1	18.1	18.1
Attendants	20	19.1	19.1	37.2
Colleagues	15	14.2	14.2	51.4
Administration	51	48.6	48.6	100.0
Total	105	100.0	100.0	

Mean=2.58

S.D=1.199

**Table 4.27 What is the nature of your professional relationship with your colleagues?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Formal & Satisfactory	19	18.1	18.1	18.1
Informal & Satisfactory	20	19.1	19.1	37.2
Formal & Unsatisfactory	15	14.2	14.2	51.4
Informal & Unsatisfactory	51	48.6	48.6	100.0
Total	105	100.0	100.0	

Mean=2.70

S.D=1.211

**Table 4.28 If Un-satisfactory what are the reasons?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Attitude	25	23.0	23.0	23.0
Work Load	50	48.5	48.5	71.5
Working Environment	30	28.5	28.5	100.0
Total	105	100.0	100.0	

Mean=2.61

S.D=1.196

**Table 4.29 When does conflict arises between the colleagues during your work?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
During the field work	56	53.3	53.3	53.3
During the break time.	29	27.6	27.6	80.9
Does not happen	20	19.1	19.1	100.0
Total	105	100.0	100.0	

Mean=2.81

S.D=1.195

**Table 4.30 What is the nature of your professional relationship with Supervisors?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Formal & Satisfactory	19	18.1	18.1	18.1
Informal & Satisfactory	20	19.1	19.1	37.2
Formal & Unsatisfactory	15	14.2	14.2	51.4
Informal & Unsatisfactory	51	48.6	48.6	100.0
Total	105	100.0	100.0	

Mean=2.57

S.D=1.213

**Table 4.31 If Un-satisfactory what are the reasons?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Attitude	25	23.0	23.0	23.0
Work Load	50	48.5	48.5	71.5
Working Environment	30	28.5	28.5	100.0
Total	105	100.0	100.0	

Mean=2.69

S.D=1.172

**Table 4.32 Do you feel trouble talking to your supervisor?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
I feel fear from him	35	33.2	33.2	33.2
She doesn't listen to subordinate views	15	14.2	14.2	47.4
I don't feel any trouble	55	52.6	52.6	100.0
Total	105	100.0	100.0	

Mean=2.69

S.D=1.172

**Table 4.33 Do you feel that your supervisor is critical of your work?**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Strongly Agree	39	37.2	37.2	37.2
Agree	36	34.2	34.2	71.4
Not Sure	5	4.8	4.8	76.2
Disagree	10	9.6	9.6	85.8
Strongly Disagree	15	14.2	14.2	100.0
Total	105	100.0	100.0	

Mean=2.76

S.D=1.521

**Table 4.34 Are you subject to any kind harassment or unkind work at work place?**

Responses	Frequency	Percent	Valid percent	Cumulative percent
Yes	88	84.0	84.0	84.0
No	17	16.0	16.0	100.0
Total	105	100.0	100.0	

Mean=2.65

S.D=1.192

**Table 4.35 If YES what type of harassment do you feel?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Sexual Harassment	56	53.3	53.3	53.3
Bulling	20	19.1	19.1	72.4
Religious	5	4.8	4.8	77.2
Racial	24	22.8	22.8	100.0
Total	105	100.0	100.0	

Mean=2.76

S.D=1.214

**Section 4: (Social Problems)**

**Table 4.36 Do you feel there is social stigma attached to this LHW profession?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	55	52.5	52.5	52.5
No	30	28.5	28.5	81.0
Uncertain	20	19.0	19.0	100.0
Total	105	100.0	100.0	

Mean= 2.71

S.D=1.168

**Table 4.37 According to you what kind of social stigma is attached to LHW profession?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Problems regarding engagement	20	19.0	19.0	19.0
Criticism from in laws	50	48.5	48.5	67.5
Criticism on husband	10	9.5	9.5	77.0
Children social life	5	4.0	4.0	81.0

Problems to manage	20	19.0	19.0	100.0
Total	105	100.0	100.0	

Mean=2.67

S.D=1.167

**Table 4.38 When you introduce yourself as LHW in your social gatherings. How do people normally response?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
They feel happy	20	19.3	19.3	19.3
Appreciate you	15	14.3	14.3	33.6
Unsure how to respond	10	9.5	9.5	43.1
Feel annoyed	5	4.0	4.0	47.1
Pass any undesirable comments	55	52.9	52.9	100.0
Total	105	100.0	100.0	

Mean= 2.68

S.D=1.188

**Table 4.39. Attitude of your family members towards your job?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Encouraging	50	48.5	48.5	48.5
discouraging	45	43.0	43.0	91.5
Uncertain	10	8.5	8.5	100.0
Total	105	100.0	100.0	

Mean=2.56

S.D=1.059

**Table 4.40. How does your family effects on job functions?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Affects your attendants	50	48.5	48.5	48.5
Lack of concentration on work	45	43.0	43.0	91.5
Interruption during duty timings	10	8.5	8.5	100.0
Total	105	100.0	100.0	

Mean=2.60

S.D=1.496

**Table 4.41. What effects do you see; will this LHW profession has on your family life?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Don't give proper time to family	45	43.5	43.5	43.5
Lack of attention to children	30	28.5	28.5	72.0

education				
Can't attended family function	25	24.0	24.0	96.0
Unable to give time on Special occasions (like Eid, etc)	5	4.0	4.0	100.0
Total	105	100.0	100.0	

Mean=2.49

S.D=1.069

**Table 4.42 If you are married how do your in-laws see your job?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
They feel happy	10	11.8	11.8	11.8
Appreciate you	5	5.8	5.8	17.6
Unsure how to respond	10	11.8	11.8	29.4
Feel annoyed	60	70.6	70.6	100.0
Total	85	100.0	100.0	

Mean=2.53

S.D=1.129

**Table 4.43 During work on other areas, what problems do you face?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Problems to manage family matters	50	48.5	48.5	48.5
Transportation problems	20	19.0	19.0	67.5
Feeling of Insecurity	30	28.5	28.5	96.0
Health issues	5	4.0	4.0	100.0
No problem	0	0.0	0.0	100.0
Total	105	100.0	100.0	

Mean=2.69

S.D=1.186

**Section 5: (Environmental Challenges):**

**Table 4.44 My work environment is safe and free from hazards.**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	24	22.8	22.8	22.8
Agree	28	26.7	26.7	49.5
Not Sure	20	19.1	19.1	68.6
Disagree	22	20.9	20.9	89.5
Strongly Disagree	11	10.5	10.5	100.0
Total	105	100.0	100.0	

Mean=2.67

S.D=1.146

**Table 4.45 Good workplace layout.**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	23	22.0	22.0	22.0
Agree	20	19.1	19.1	41.1
Not Sure	5	4.0	4.0	45.1
Disagree	30	29.2	29.2	74.3
Strongly Disagree	27	25.7	25.7	100.0
Total	105	100.0	100.0	

Mean= 2.64

S.D=1.121

**Table 4.46 Necessary instruments are available.**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	30	28.2	28.2	28.2
Agree	15	14.3	14.3	42.5
Not Sure	5	4.1	4.1	46.6
Disagree	30	29.2	29.2	75.8
Strongly Disagree	25	24.2	24.2	100.0
Total	105	100.0	100.0	

Mean=2.50

S.D=1.159

**Table 4.47 Instruments in working conditions.**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	30	28.2	28.2	28.2
Agree	15	14.3	14.3	42.5
Not Sure	5	4.1	4.1	46.6
Disagree	30	29.2	29.2	75.8
Strongly Disagree	25	24.2	24.2	100.0
Total	105	100.0	100.0	

Mean= 2.58

S.D=1.193

**Table 4.48 Materials and supplies are sufficient:**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	30	28.2	28.2	28.2
Agree	15	14.3	14.3	42.5
Not Sure	5	4.1	4.1	46.6
Disagree	30	29.2	29.2	75.8
Strongly Disagree	25	24.2	24.2	100.0
Total	105	100.0	100.0	

Mean= 2.62

S.D=1.045

**Table 4.49 How many households do you cover in a day?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 3	0	0	0	0
3-5	15	13.5	13.5	14.3
6-10	35	32.5	32.5	47.6
More than 10	55	54.0	54.0	100.0
Total	105	100.0	100.0	



Mean=2.50 S.D=1.130

**Table 4.50 How do you move from household to household during your visits?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
By foot	80	77.0	77.0	77.0
Using a bicycle	20	19.0	19.0	96.0
Using motorbike	5	4.0	4.0	100.0
Boarding vehicles (PSV)	0	0	0	100.0
Total	105	100.0	100.0	

Mean=2.53 S.D=1.236

**Table 4.51 What is your daily coverage in kms during your visits?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Less 3km	0	0	0	0
3-5 km	10	8.2	8.2	8.2
5-7 km	35	33.4	33.4	41.6
Above 7 km	60	58.4	58.4	100.0
Total	105	100.0	100.0	

Mean=2.58 S.D=1.213

**Table 4.52 What mostly hinders your movement during your visits?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Rugged terrain	15	14.3	14.3	14.3
Wild animals	10	9.3	9.3	23.6
Rivers/streams crossing	0	0	0	0
None of the above	80	76.4	76.4	100.0
Total	105	100.0	100.0	

Mean=2.46 S.D=1.068

**Section 6: (Economic Factors):**

**Table 4.53 Do you receive any cash payment on what you do for the community?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	30	28	28.0	28.0
No	75	72	72.0	100.0
Total	105	100.0	100.0	

Mean=2.56 S.D=1.051

**If yes from who?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Government	0	0	0	0
NGO/Donors	25	23.8	23.8	23.8
Community	5	4.2	4.2	28.0
Total	30	28.0	28.0	

Mean=2.58 S.D=1.049

**Table 4.54 Do you receive any cash payment?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Salary	80	76.9	76.9	76.9
Stipend	0	0	0	0
Allowance	25	23.1	23.1	100.0
Others specify	0	0	0	100.0
Total	105	100.0	100.0	

Mean=2.42

S.D=1.105

**Table 4.55 Which of the following in kind incentives are you receiving currently?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Community recognition	25	23.0	23.0	23.0
Management of a commodity kit	75	73.0	73.0	96.0
Career advancement opportunities	5	4.0	4.0	100.0
Total	105	100.0	100.0	

Mean=2.88

S.D=4.541

**Table 4.56 Which of the following incentives do you think would motivate you the most as a LHW?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Salary	50	48.5	48.5	48.5
Allowance	25	22.9	22.9	71.4
Provision of supplies and commodities	15	14.3	14.3	85.7
Recognition by the community	15	14.3	14.3	100.0
Total	105	100.0	100.0	

Mean=2.60

S.D=1.079

**Table 4.57 Who would you recommend to deal with the remuneration of a LHW?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
CHC	25	24.0	24.0	24.0
MOH	60	58.0	58.0	82.0
Community	10	9.0	9.0	91.0
Donors	10	9.0	9.0	100.0
Total	105	100.0	100.0	

Mean=2.58

S.D=1.049

**Table 4.58 Do you ask the community to buy some of the things like razors, cotton wool for you to be able to serve them?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
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Yes	30	28	28.0	28.0
No	75	72	72.0	100.0
Total	105	100.0	100.0	

Mean=2.56

S.D=1.051

### Section 8: (Organizational Policies)

**Table 4.59 Organizational policies sometimes ignore the benefits of LHWs.**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	30	28.2	28.2	28.2
Agree	15	14.3	14.3	42.5
Not Sure	5	4.1	4.1	46.6
Disagree	30	29.2	29.2	75.8
Strongly Disagree	25	24.2	24.2	100.0
Total	105	100.0	100.0	

Mean=2.58

S.D=1.213

**Table 60. Organizational policies can be a great source of frustration for LHWs if they are unclear.**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	24	22.8	22.8	22.8
Agree	28	26.7	26.7	49.5
Not Sure	20	19.1	19.1	68.6
Disagree	22	20.9	20.9	89.5
Strongly Disagree	11	10.5	10.5	100.0
Total	105	100.0	100.0	

Mean=2.67

S.D=1.146

**Table 61. Organization's policies tend to force their workers to act against their values will negatively effect on LHWs job.**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	21	20.5	20.5	20.5
Agree	37	34.5	34.5	55.0
Not Sure	23	22.0	22.0	77.0
Disagree	21	20.5	20.5	97.5
Strongly Disagree	3	2.5	2.5	100.0
Total	105	100.0	100.0	

Mean=2.51

S.D=1.107

**Table 62. Organization's policies have no proper schedule of duty timing for LHWs.**

Responses	Frequency	Percent	Valid percent	Cumulative Percent
Strongly Agree	30	28.2	28.2	28.2
Agree	15	14.3	14.3	42.5
Not Sure	5	4.1	4.1	46.6
Disagree	30	29.2	29.2	75.8
Strongly Disagree	25	24.2	24.2	100.0
Total	105	100.0	100.0	

Mean= 2.62

S.D=1.045

**Section 8: (Suggestions)**

**Table 4.63 Suggestions for the Health Department/ Govt.?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Should increase salary	10	9.0	9.0	9.0
Should introduced proper policy	10	9.0	9.0	18.0
Job should be Permanent	10	9.0	9.0	27.0
All above	75	73.0	73.0	100.0
Total	105	100.0	100.0	

Mean= 2.50

S.D=1.130

**Table 4.64 Suggestions for the community people?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Should regard profession of LHW	5	4.0	4.0	4.0
Should help LHW on the duty	10	9.0	9.0	13.0
Should work for the rights of LHW	5	4.0	4.0	17.0
All of above	85	83.0	83.0	100.0
Total	105	100.0	100.0	

Mean=2.67

S.D=1.146

**Table 4.65 Suggestions for the lady health workers?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Work hard and honesty	5	4.0	4.0	4.0
Should have a proper forum/ union	10	9.0	9.0	13.0
Work for rights of LHW	5	4.0	4.0	17.0
All of above	85	83.0	83.0	100.0
Total	105	100.0	100.0	

Mean= 2.69

S.D=1.186

**Table 4.66 Suggestions to reduce the challenges?**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Increase and improve facilities	5	4.0	4.0	4.0
Increase awareness on health issues	10	9.0	9.0	13.0
Staff training	5	4.0	4.0	17.0

Availing the necessary drugs to the unit	5	4.0	4.0	21.0
All above	80	79.0	79.0	100.0
Total	105	100.0	100.0	

Mean=2.53

S.D=1.129

### 5. Conclusion:

The purpose of this study was to identify the factors that effect on LHW’s job in tehsil Hafizabad. Research argues that the work environment is a better predictor of job satisfaction. Lady health workers assume a noteworthy job in mitigating the deficiency of doctors, birthing assistants and medical caretakers over the network. These impacts are exceptionally articulated in creating nations particularly in Pakistan where squeezing health prerequisites can’t be satisfied. Majority of lady health workers strongly agreed that organization’s policies have no proper schedule of duty timing for LHWs. Difficulties looked by workers, for example, sporadically paid wages, lewd behavior, and dangers to individual security. Consistently, they visit almost 150 family units, or around 1400-1500 individuals. They are prepared to make mindfulness about wellbeing, cleanliness, sanitation and the executives of TB and hepatitis, handle minor sicknesses, and assume an essential job in polio destruction, inoculation, ailment aversion, sustenance, contraception and, in particular, labor, hence decreasing maternal and youngster death rates.

### 6. Recommendations:

Researcher has made following recommendations for the future research:

- Government should conduct the research studies on national, international and provincial level try to interrogate the

challenges of Lady Health Workers as they have proved in this study.

- Government should develop 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 pay 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 an 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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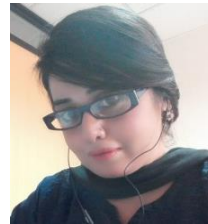
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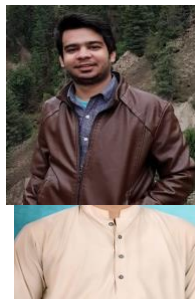
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