FORMAN CHRISTIAN COLLEGE
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A Comparative Study of Lady Health Workers Experiences in Delivering Family Planning Services in South versus Central Punjab

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Abstract

The growth of society and overall well-being are both impacted by Sexual and Reproductive Health (SRH), which is especially important for the health and empowerment of women. However, there are differences across the regions and populations in terms of SRH awareness and the use of family planning techniques. Women in Central Punjab face significant barriers to getting and using contraceptive options. Meanwhile, in South Punjab, traditional and natural family planning methods are preferred over modern options. At the same time, both regions face similar problems that influence women's family planning choices and practices, such as societal stigma, religious concerns, and spousal opposition. The aim of this research is to assess and compare the experiences and challenges of Lady Health Workers (LHWs) in South Punjab versus Central Punjab in delivering sexual and reproductive health awareness. Moreover, it aims to identify the differences in preferred family planning methods between both regions. In this study, a qualitative research methodology has been employed. Qualitative in-depth interviews have been collected with 60 LHWs- 30 from Central Punjab and 30 from South Punjab. The study revealed that in South Punjab, deep-rooted mistrust in family planning initiatives persists, while in Central Punjab, higher literacy rates foster support for government-led efforts. However, male community members in both regions obstruct LHWs' work, exacerbating the trust gap. Additionally, clients demand improved medicine quality and treatment protocols at health centers, reflecting frustrations with existing healthcare services. It is suggested that South Punjab ensure a visible social presence (promotion on social media) for LHWs, establish more family planning-oriented health centers, and provide essential medicines. Conversely, for Central Punjab there is a need for an increase in

LHW workforce, to prioritize safety measures for LHWs, and to utilize media for community awareness.

1 Introduction

The Lady Health Worker (LHW) program is one of the main programs in Pakistan's healthcare system aimed at providing family planning services to underserved and vulnerable areas. This community health worker initiative, which was started in 1994, has proven crucial in bridging the gap between isolated or rural populations and healthcare institutions (Khan et al., 2006). The LHWs, frequently referred to as the foundation of Pakistan's primary healthcare system, are primarily local community women who undergo training in providing basic healthcare services, such as family planning counseling and contraceptive method distribution (Ul Huda, 2014).

In a nation where cultural norms, religious beliefs, and sociodemographic factors can affect reproductive decisions and access to healthcare, it is important for Lady Health Workers to provide family planning services. Pakistan's population growth rate stands out as one of the highest in South Asia the urgent need for successful family planning programs. A key factor in enhancing mother and child health outcomes is access to family planning services, as maternal and newborn mortality rates continue to be dangerously high (Ashraf & M, 2015).

Due to changes in cultural, social, and geographical circumstances, there may be discrepancies in the degree of awareness and decision-making processes around sexual and reproductive health in the South and Central of Punjab. This study compares these two areas in order to find patterns in terms of family planning desires and knowledge of sexual and reproductive health (Zakar et al., 2014).

This research project will offer a thorough knowledge of the factors impacting sexual and reproductive health awareness and, as well as the preferred family planning techniques used in these areas, by performing a comparison analysis between the South and Central parts of Punjab. In the end, this information will aid initiatives aimed at enhancing sexual and reproductive health

services, lowering health inequities, and enhancing reproductive health outcomes generally in the area.

1.1 Statement of the problem

In Pakistan, lady health workers (LHWs) have been an essential part of the primary healthcare system, particularly in providing family planning services and SRH education to marginalized groups. The choices for family planning techniques and the experiences of LHWs in providing these services, however, may range dramatically between areas as a result of cultural, socioeconomic, and demographic disparities. This research thesis seeks to resolve the following significant issues: What differences exist between the South and Central Punjab regions of Pakistan in the Lady Health Workers' experiences promoting family planning techniques and sexual and reproductive health awareness?

This issue statement includes numerous important areas of investigation. physical Disparities: The physical and cultural areas of South and Central Punjab in Pakistan are dissimilar from one another. These discrepancies may have an impact on how difficult it is for LHWs to provide SRH information and services as well as how widely accepted and preferred family planning techniques are in the communities they serve. It's important to comprehend what LHWs go through in each area. The success of SRH awareness programs and family planning services may vary depending on variables including availability to training, community acceptability, and cultural sensitivity.

The choice of family planning methods can be influenced by cultural norms, religious convictions, and societal views. For healthcare policymakers and practitioners, learning which techniques are more frequently chosen in South and Central Punjab might offer insightful information. In the end, these differences in LHW experiences and family planning technique

choices may have an effect on the reproductive health outcomes of the populations they serve. For SRH and family planning programs to be more effective, these effects must be identified.

This research thesis aims to add to a nuanced knowledge of the challenges faced by LHWs providing family planning services in various parts of Punjab, Pakistan by examining these elements. It seeks to provide information on evidence-based tactics that might boost the LHW program's efficiency and, as a result, promote the reproductive health and well-being of Pakistani women and families. In order to provide family planning services in Punjab's various areas, Lady Health Workers play an important role, which is explored and analyzed in this study thesis. It intends to illuminate the difficulties and achievements faced by the LHW in promoting family planning, the influence of cultural and religious variables on contraceptive usage, and the overall efficiency of the program in enhancing reproductive health outcomes. This research project aims to provide useful insights into the ongoing efforts to improve family planning services in Pakistan and advance the more general objectives of reproductive health and sustainable development by looking at the experiences of both Lady Health Workers and the communities they serve.

In the South and Central of Punjab, this research project intends to undertake a comparative analysis of sexual and reproductive health awareness and preferred family planning techniques. Understanding the variables that affect knowledge of and decision-making in obtaining reproductive health care is essential for creating successful treatments and policies since sexual and reproductive health is an important component of overall well-being.

1.2 Objectives of the study

The study aims to assess and compare the experiences of Lady Health Workers (LHWs) in South Punjab and Central Punjab in delivering sexual and reproductive health awareness, Moreover the research is conducted to examine the challenges faced by LHWs in both regions while delivering

sexual and reproductive health awareness. It is observed that lady health workers face various issues in the process of delivery of services therefore, it is important to identify the differences in preferred family planning methods between individuals served by LHWs in South Punjab and Central Punjab.

1.3 Significance of the research

The role of lady health workers in promoting family planning methods is vital in third-world countries such as Pakistan. The research on Lady Health Workers (LHWs) and their family planning services in Punjab holds significant importance due to several compelling reasons.

First and foremost, Punjab, being one of the most populous regions in Pakistan, faces substantial challenges related to maternal and child health. Research on LHWs' family planning services can shed light on the role they play in improving reproductive health outcomes, reducing mortality rates, and improving the number of safe pregnancies.

Being a region of diverse cultures, socioeconomic trends, and access to health facilities in two different regions, the importance of studying Central and South Punjab cannot be denied. The research will help to identify the regional disparities and differences in approach to deal with such a serious issue. Further, the research will contribute to highlighting the efficiency of LHW services in Punjab. The issue is also linked with religious beliefs, which strongly exert influence in molding opinions regarding the selection of choices.

Moreover, the research on Central and South Punjab can also provide insights into family planning dynamics and the social and cultural factors that shape the opinion of decision-makers within a family. It will indicate efforts to deal with norms and stereotypes, within social spheres. By amplifying the voices and experiences of LHWs, the research can contribute to broader discussions on better employment of services.

1.4 Definitions

LHW: According to the WHO, Lady Health Workers are "community health workers, predominantly women, selected by and accountable to the communities where they work. They are trained to provide a range of promotive, preventive, and curative health services."

SRHR: According to the United Nations Population Fund (UNFPA, 2022) a condition of ample physical, mental, and social good fortune in all contexts related to the reproductive system establishes good sexual and reproductive health.

Family planning: The ability of individuals and couples to predict and achieve their desired number of children as well as the spacing and time of their births (WHO, 2008).

1.5 Research Questions

1. What are the key differences in family planning method preferences and utilization between South and Central Punjab?
2. What are the main differences between South and Central Punjab in terms of preferred and used family planning methods?
3. How are LHWs' experiences providing SRH and family planning services different in South and Central Punjab?

2 Literature Review

This literature review is focused on the working of lady health workers in Central and South Punjab. Specifically comparing the difference in services in both regions. Its main focus is to correlate the existing work of different authors and scholars that would help analyze the family planning services being delivered by lady health workers.

2.1 The Role of Lady Health Workers

The lady health worker program (LHW) was established in Pakistan in 1993 to provide specific, fundamental primary healthcare services as well as preventive services to create a healthy environment, improve interaction between patients and healthcare professionals, and facilitate prompt treatment, prevention, and screening. A total population of roughly 1000 people or about 200 families are under the care of each LHW. The promotion of prenatal care, the use of supplements and vitamins throughout pregnancy, the care of the baby immediately after birth, the care of the umbilical cord, and the encouragement of breastfeeding are all part of the LHW program's curriculum. LHWs talk with the community about problems pertaining to better health, cleanliness, nutrition, sanitation, and family planning, highlighting their advantages in enhancing quality of life. The official health system and the community are connected via LHWs as they help spread cleanliness and hygiene education across their community LHWs provide basic medicines for the treatment of minor ailments such as diarrhea, malaria, acute respiratory infections, intestinal worms, and contraceptive supplies to qualifying couples. LHWs also prepare to enhance vaccination programs through an extended immunization campaign.

2.1.1 Preferred Family Planning Methods

Gender equality cannot be achieved without everyone having access to high-quality sexual and reproductive health (SRH) and family planning services In low- and middle-income countries, significant strides have been achieved to enhance women's access to these services, but little is known about the effectiveness of family planning methods and services. The main goal of this was to investigate the part that healthcare professionals play in women's decision-making about family planning (Yirgu, 2020). In terms of preferred family planning methods, the choice of contraception varies between South and Central Punjab, influenced by cultural norms, religious beliefs, and socioeconomic factors. Methods of family planning are used by couples but in early marriages, there is zero usage of contraceptives until the first child is born and even after 2 years of first born they don't practice using family planning methods and the fertility rate is high it is a common practice in these regions, especially in poverty areas (Nasrullah et al 2014; WHO 2014; and UNFPA 2013). Family planning methods are well known all over Pakistan as the Punjab region has the highest literacy rate but still the practice of contraceptive prevalence rate remains low. The majority of adolescent married women have a basic understanding of family planning methods. Pakistan Demographic and Health Survey data clearly show that the use of modern family planning methods is being used by women aged 16-29 (Ahmed, 2017). In South Punjab one factor that majorly affects the usage of contraceptives is the male of the house he doesn't empower the woman of the house so that she can make decisions according to her own free will. Moreover, women are perceived as sexual objects by society and their identity is labeled on how they appear physically. In every city, women have a fear of leaving their homes alone and they need continuous protection while outside that is how women become dependent on men if they wish to work women need the support of men at every step of their lives (Kamran et al., 2019).

2.1.2 South Punjab:

Despite the fact that Pakistan was one of the first Asian countries to establish national family planning programs, a survey on assessing predictors of contraceptive use and demand for family planning services in underserved areas of Punjab province in Pakistan found that current modern contraceptive use is only 26%. Male members of society are less aware of family planning methods than women. Women need support from their husbands to use contraceptives. She doesn't have any authority without permission from her husband. For family planning husband's role is very crucial and prominent (Azmat 2015). Knowledge of modern methods such as male condoms, pills, or injectables is very low. Women in South Punjab have limited awareness of typical contemporary procedures. In contrast to national statistics, which showed nearly universal awareness of contraceptive procedures and male condoms as one of the two most commonly known and used modern contraceptive methods in Pakistan. This is due to inter-spousal contact being practically non-existent in this region (Abdullah, 2023).

Central Punjab:

In Central Punjab, modern family planning methods, including pills and implants, are more widely accepted. The majority of women visiting hospitals agree that they have an awareness of modern methods of family planning. According to research conducted by the Department of Community Health Sciences on Trends in Family Planning Practices of Women in Child Bearing Age, A Community-Based Survey in Centrale Peri-Urban Areas of Lahore, the majority of the 104 respondents had planned pregnancies, while half of the pregnancies reported were unplanned and attributed to a desire for a male child and contraception failure (Omar, 2018). This can be considered an important breakthrough indicating a change in the behavior of the community. There has been the involvement of religious leaders, and community leaders campaigning for family

planning in their respective communities. This has resulted in breaking the barrier of misconception in the context of religion on family planning. Educated couples have a strong emphasis on the concept of contraceptive services and they have strong perceptions of modern family planning methods. There should be more focus on improving access to these methods and dispelling misconceptions (Naureen, 2018).

2.1.3 Comparative evaluation between these two regions:

The major difference is their method South Punjab follows the traditional method or rhythm method (of any kind), withdrawal, and lactational amenorrhea. These practices are the factors that eventually lead to unplanned pregnancies despite following these methods. These methods are also the cause of high child and women mortality rates. There is also a huge communicational gap between married couples as in this region males are dominant and they don't follow any safety measures. The greatest problem encountered by women in South Punjab is social pressure to establish their fertility immediately after marriage, and myth fear, such as side effects or bad repercussions of modern family planning methods, is also a major cause of women's discomfort. In South Punjab, it is a social evil that women are aware of family planning, or even discuss such topics with their husbands (Tariq, 2019). Men belonging to the South Punjab region don't feel comfortable discussing such issues and they even stop their spouses from being aware of such sensitive topics. Couples use modern methods of contraception such as the pill, male and female sterilization, IUD, injectables, implants, male and female condoms, diaphragm, and emergency contraception in the Central Punjab region, which is significantly more advanced than the rest of Punjab in terms of family planning techniques. This practice has resulted in planned pregnancies and low mortality rates of children and women. Longer birth intervals, fewer unwanted pregnancies, and lower fertility rates are all effects of women's status and empowerment, which have strengthened them to make decisions of their own accord (Alyahya, 2019). Contraceptives

are now available to women, enabling them to better manage their fertility preferences and prevent undesired pregnancies and the possible issues that may follow.

2.2 SRH Awareness in South and Central Punjab

Sexual and reproductive health (SRH) is an important aspect of adolescent development that is protected under SRHR. Despite various global programs to improve adolescent SRHR (ASRHR), the majority of teenagers still lack understanding and autonomy when it comes to obtaining SRH-related information and services. (Iqbal et al., 2017). Early-age marriages are a leading cause of death among teenage girls all over the world. Sexual and reproductive health is essential to enhance the capacity of people towards a safe, satisfying, and responsible sex life. Women have authority in fertility choice, deciding the number of children, consent to marriage, and marriage equality. Men and women in adolescence age face many hurdles in accessing sexual and reproductive services in Pakistan as they have no caretaker who will guide them (Azmat, 2011). Despite some women having full access to reproductive health care don't have full bodily autonomy as to whether to use contraceptives or get abortions. Women having higher economic status have full access to sexual reproductive rights. A woman's economic status is a major influence on her capacity to exercise her reproductive rights. Often researchers argue that only the wealthy can afford to use their legally guaranteed access to abortion and contraception. Campaigners for reproductive rights have voiced similar concerns (Manzoor et al., 2023).

2.2.1 South Punjab:

South Punjab faces greater SRH challenges due to lower literacy rates, limited access to healthcare facilities, and conservative cultural norms. LHWs in this region play a crucial role in disseminating information about SRH, including family planning methods, contraception, and antenatal care. Sociocultural barriers are the main cause that discourages discussion on sexual reproductive services with young people such discussion is not encouraged and it makes the work of LHWs

difficult in giving awareness on sex education and sexually transmitted diseases. These topics are prohibited by elders, which does not build awareness of HIV/AIDS (Uzma et al., 2021). Comprehensive knowledge of reproductive health is very low among youth.

2.2.2 Central Punjab:

In contrast, Central Punjab generally exhibits better SRH awareness due to higher literacy rates and improved access to healthcare. However, pockets of low awareness still exist, primarily in remote areas. LHWs contribute to enhancing SRH awareness, targeting underserved communities. Stereotypes are seen as a major hurdle in Central Punjab as sexual reproductive health is often considered a service that would promote sex between men and women in adolescent age. LHWs of Central Punjab have reported that religious communities have shown extreme reactions to the promotion of sexual reproductive awareness as they consider it to spread vulgarity and discomfort within the society (Iqbal, 2019).

2.2.3 Comparison between these two regions:

South Punjab and Central Punjab both regions have huge differences in terms of literacy rate, economic status, or awareness level of sexual reproductive rights. A lower literacy rate creates a major difference in terms of awareness or decision-making power. Which eventually leads to women's ability to have any voice regarding their decision to have children or not. It is then totally in the hands of a man who is also unaware of the rights of women which leads to unplanned pregnancies. On the other hand, Central Punjab has higher literacy rates is more developed in terms of social values and women are more empowered in this region. There are fewer cases of harassment, abuse, and intimidation. Women have decision-making power and have full bodily autonomy regarding bodies, sexuality, health, relationships, and whether or not to start a family. In some side areas of this region, women are still vulnerable and are the target of sexual harassment. Human rights laws have been passed at the local, state, and federal levels but still,

despite all these efforts by government and private organizations people are not fully aware and cases of forced pregnancies are still recorded (Frohmader's, 2014).

2.3 Experiences of Lady Health Workers

LHWs face various challenges and experiences in delivering SRH awareness and family planning services. Such as in some cases it could either be their pattern of home visitation or extended family relationships (Salway, 2013). Women's inability to travel alone and socio-cultural barriers are major hurdles for women to access health and other services. In urbanized areas with better healthcare access, they often face higher workloads, which can lead to overburdening and increased stress levels (Nishtar, 2006). South Punjab LHWs don't receive proper respect from doctors or hospital staff they are not taken seriously and when they take their clients to the hospital doctors often treat them harshly and often remark why are you not even able to do this on your own it's very simple. Comments like these are very common from doctors. This kind of unethical and unprofessional attitude from doctors undermines the credibility and further difficult for LHWs to convince people to visit health facilities it is also reported that referred clients by LHWs are not treated with respect. Some workers have also reported that the job is a threat to themselves as some communities' reactions could be extremely offensive and could hinder the safety of workers. Biasness has also been reported during the selection of health workers (Afsar, 2005). Lack of supplies such as contraceptives and logistical support. Central Punjab LHWs have also suggested that trained professionals need to be more engaged in field activity. There is also a misconception by community people regarding the LHWs that they will provide all health care services at their doorstep and also believe that they are doctors which could be very alarming and any mishap can occur due to any LHW malpractice. The community also needs to be educated on the roles of LHWs and the provision of their services. LHWs are also approached by the community for other issues such as for clean water and sanitation. Due to low resources when communities visit LHWs'

houses and are unable to fully satisfy their needs, LHWs are seen as corrupt individuals (Younus, 2005). The lowest use of contraceptives is reported in rural areas due to the difficulties and barriers available in these areas.

2.3.1 Socio-Cultural Barriers:

In some areas of Pakistan, especially in illiterate areas follow a social hierarchy system that is based on their wealth and social class. In these areas LHWs face discrimination and they are not allowed to properly give their services to the community. As most LHWs are from weak social backgrounds they are not allowed to be even near their residence. Then women who need services are engaged in excessive domestic work and they are unable to focus on their health. Family is another barrier especially in-laws they don't encourage their daughter-in-law to use contraceptives or injectables. Husband permission is also a factor that is a hurdle in the usage of contraceptives. Then some ethnic groups such as Pathans don't allow their women to use family planning methods. LHWs tried to maintain privacy as much as possible while consulting such areas (Khan, 2012). Maintaining confidentiality and privacy has resulted in positive results and the community has started accepting their role as beneficial for them.

2.3.2 Limited Resources

LHWs in South Punjab may face resource constraints, affecting the quality of services they can provide. Low resources mean ineffective work. The government has allocated a total budget of PKR 14.46 trillion for SRHR which would be very beneficial in achieving desired results. LHWs in Central Punjab report that injectables and contraceptives are not sufficient to cover the targeted community. When they are unable to provide contraceptives to the community, it loses their faith in them which results in high HIV/AIDS cases as well as unsafe abortions. In South Punjab, the major problem seen is inefficient reporting and monitoring done by professionals on the assigned destination, and desired implementation is not delivered to society (Javed, 2023)

2.3.3 Empowerment

LHWs in both regions have experienced increased empowerment and recognition, leading to positive changes in community attitudes towards SRH. This shows the effective working of LHWs. In Central Punjab married couples are more knowledgeable about SRHR and their services, and positive results have been reported by hospitals. On the other hand, in South Punjab availability of services to youth is not encouraged it is believed it could result in increased sexual activity among unmarried it is considered taboo to discuss SRHR in the presence of young people especially unmarred (Javed, 2023).

2.3.4 Service Overload

Central Punjab, with its relatively higher urbanization and better access to healthcare, often places a heavier workload on LHWs. These LHWs may find themselves serving larger populations, leading to overburdening and increased stress levels (Nishtar, 2006). This can negatively affect the quality of SRH services. Comparatively in South Punjab LHWs are burdened with work outside of their job description as they are covering a designated area estimated 30-45 houses per day also they tend to visitors coming to their houses for home checkups they are working 24/7 which has resulted in increased stress level and eventually leading to negative results (Hashim, 2019).

2.3.5 Comparative Analysis

The comparative analysis will differentiate the factors that are involved in the delivery of family planning methods in both South and Central Punjab by LHWs. LHWs' main role in the community is to provide sexual reproductive health services to married couples and promote the usage of modern methods of family planning. They are responsible for the delivery of contraceptives. Helping women with planned pregnancies and safe sex promotion. LHWs of both regions face many challenges in the field while providing their services to the community. All these hurdles are unique to their respective regions. In Central Punjab, we see the majority of women visiting

hospitals agree that they have an awareness of modern methods of family planning. On the other hand, in the South Punjab region, men are not aware of modern family planning methods. They still use traditional methods such as the withdrawal method. Females face struggles in receiving reproductive health services by LHWs it could vary differently for some as some are not encouraged by their in-laws, some are unable to go alone to avail of such services and in some areas, women are prohibited from even discussing this matter. The low literacy rate in South Punjab has a major effect on awareness of Sexual Reproductive Health Rights. On the other hand, Central Punjab has a high level of awareness of SRHR. Community members have a good sense of family planning and the usage of contraceptives in this region. Apart from various factors that affect, the deliverance of modern family planning methods are socio-cultural barriers, limited resources, lack of awareness, and workload on LHWs. In South Punjab, there is fear of side effects of using family planning methods and in Central Punjab, if a woman wishes to use contraceptives she needs the approval of her husband. The lack of resources in Central Punjab has resulted in unprotected sex and unplanned pregnancies. The targeted area is so vast that LHWs are unable to cover the whole population in the South region there is a lack of motivation by LHWs to work for the betterment of the community, and monitoring reporting is not done accurately. There is also a huge demand for professionals required for on-ground activities but the government is unable to meet such criteria.

3 Theoretical Framework

3.1 Theory of Planned Behavior on Healthcare

The theory explains people's perception of positive healthcare as explained by Rosen Stock in his health belief model (Rosenstock, 1966). It focuses on the communicational gap between individuals and theory focuses on how negative perceptions of health care can cause individuals to have less belief in health care services. It also focuses on the family's communicational views on health care and their past negative experiences. Changing the overall behavioral approach of individuals in healthcare. This theory explains how crucial it is to have the proper knowledge to focus on health care also the gap between couples could result in negative outcomes. Predefined perception could often result in unsatisfactory results. The model emphasizes people's behavior and how it can be influenced by negative opinions of other people.

According to (Ajzen & Bosnjak, 2020) theory of planned behavior also states that a behavior is deliberate and predictable if it is under the influence of other people. Behavioral beliefs about the likely effects of practiced conduct, normative beliefs about the normative expectations of other people, and control beliefs about the presence of factors that may enable or obstruct the performance of the behavior are the three bases on which a person bases their actions (Ajzen, 1991). This concludes how behaviors could be guided and their outcome can be predicted when dealing with low literacy rate areas. It helps evaluate why communities have negative concepts regarding modern family planning methods.

Bandura's social cognitive theory correlates with Rosen Stock's theory of planned behavioral health care both theories focus on the importance of awareness and knowledge of health risks which are extremely necessary to predict a self-implemented change. People often don't follow health care protocols rather than take risks with their lives so to achieve a self-directed

change they support from their inner social circles and most importantly resources for effective self-regulation (Bandura 1994). Another factor that is compulsory is self-driven motivation and a strong will to take positive action towards healthcare. Simply Self-awareness is necessary to take appropriate actions when needed.

According to (Yirgu, 2020) women need to make a decision in family planning and they are unable to do that even though they know the consequences of poor family planning that could affect their health in the long term is directly co-related to (Bandura, 1994) Self-cognitive theory. Herbert Simon's Decision Making Theory which was discussed by (Adam, 2004) explains how every individual is bound to make appropriate decisions entirely based on their cognitive limits, humans are unable to process all information needed to make an accurate decision. Concise information is always needed to exceed your cognitive limitations. It is crucial for married women to make well-thought-out decisions for their health care. Instead of humans gathering all the information and then making a decision that they believe is good enough. In similar terms, Kamran's situational analysis describes that women's decision is entirely based on their cognitive limitations and how their social environment influences their decisions (Kamran, 2019).

3.2 Social Network Theory:

Social theory mainly examines factors such as media, and social relationships and how they are influencing our personality and behaviors. As Salis explains in his Behavioral epidemiology framework, epidemiology is related to psychology. It is based on an in-depth study of the lifestyle and behaviors of people and how they affect their health conditions. The framework links health and behavior. Measuring the behavior influences on behavior and eventually evaluating interventions that change the behavior and then further implementing research into practical

grounds (Salis, 1999). Evaluating factors that are the cause of people's behavior can easily help in changing their views as we tackle hurdles in communities.

Azmat's article on family planning in underserved areas of Punjab province in Pakistan explains how lack of social networking is causing women with less awareness of family planning as they are unable to discuss such topics within their communities hinders their ability to empower themselves and also a factor which has resulted in an increase in their stress level (Hameed, 2015). Manzoor has argued in his research on Trends in Family Planning Practices of Women of Child-Bearing Age that women had higher social status are more knowledgeable about the modern methods of family planning on the other hand a women living in a small social circle have been reported to having less or none awareness of modern methods which concludes that social networking enables a person in making a better decision (Manzoor, 2018).

As Manzoor and Azmat explain the importance of knowledge and social networking among women in family planning and healthcare can have a huge impact on decision-making as well as they are able to make rational decisions within their families. Sabouri describes the effectiveness of an educational intervention using the theory of planned behavior which explains that social intervention is necessary for health care, planned pregnancies, and safe sex for women. The theory enables us to understand why actions at the right moment are necessary and Sabouri also says that before intervening a desired environment is required for positive results, subjective norms are the weakest among married women that could be targeted to get desired results. When women are encouraged to encounter a hurdle collectively they are better are dealing with their internal and external hurdles (Sabouri, 2020).

Sabouri educational intervention is a tool that can help LHWS while providing their services to the community the theory correlates with the issues that eventually lead to unplanned pregnancies and promotes false myths among married women, planning to use modern family planning methods.

4 Methodology

4.1 Research design

This research adopted a qualitative research methodology. According to (Smith, J. A. 2020), Qualitative methods are designed to gather rich and detailed information directly from individuals or within a social setting. Qualitative research relies on open-ended questions that encourage participants to express their thoughts, feelings, and experiences in their own words. Qualitative research primarily focuses on in-depth analyses and an inductive approach to explore the issues with relevant theories. In this research interviews are used as investigative tools. The semi-structured interviews intend to explore and observe the personal experiences and challenges of LHWs and explain them in a descriptive way.

4.2 Ethical consideration

This research study has gained clearance from Forman Christian College University, Institutional Review Board (**Appendix A:** IRB Certificate). Privacy and confidentiality remained the top ethical considerations while collecting the data. The consent form, interview questionnaire, and recording are safely stored in a lock from access to others. Only the researcher will have access to the data.

4.3 Sampling Design

This study has sampled LHWs. A sample size of 60 currently working LHWs was selected using a purposive sampling technique. The data was collected from two cities from the Central and South regions of Punjab- Lahore and Lodhran, respectively. Thirty LHWs from Lahore and thirty from Lodhran were sampled. The sample includes LHWs' professional background, financial status, and challenges faced at the community level. By using this approach diverse range of experiences and perceptions of the LHWs have been captured. The sample size range encompasses various regions: specifically, rural areas of Lahore were selected, and slum areas of Lodhran in South Punjab were chosen. This selection allows for the analysis of different perspectives.

Questionnaire

The questionnaire has been designed and extracted from the highlighted issues of the literature review (Appendix C). A total of 12 questions have been developed with the help of previous literature available on this specific topic and the support of the supervisor (Dr Sara Rizvi Jafree), who is an experienced researcher in reproductive and maternal health. The questionnaire comprises six areas including. This research focuses on the challenges encountered by Lady Health Workers (LHWs) and their clients in both the South and Central Punjab regions of Pakistan. The challenges faced by LHWs encompass:

- Workplace and employer support challenges faced by LHWs.
- Challenges in delivering services and uptake.
- Future needs and development.

The challenges faced by clients (women of reproductive years,15-49) include:

- Possible barriers due to spouse or other family members.
- Types of health problems faced by women.
- Community support.

Data Collection

In-depth interviews have been conducted at the place of work of the LHWs. I, the researcher currently work at Punjab Population Innovation Fund Department (PPIF) as a Monitoring and Evaluation Officer. However, I do not directly work with the LHWs and thus there were no issues of LHWs feeling compelled to join the research. PPIF is working on different family projects involving LHWs to deliver family planning services in the community to disadvantaged families. I have taken permission from PPIF to access LHWs (The permission letter is attached in Appendix B) and sample them based on informed consent. This research took approximately two months for

data collection, with nearly one month dedicated to data collection in Central Punjab and another month allocated to the same process in South Punjab. The extended duration in South Punjab was primarily due to the remote locations of LHWs, necessitating additional time for reaching and collecting data from these distant areas. The interviews take place at the health clinics where LHWs work, as presented in Table 1.

Table 1: Location points of clinics where data will be collected.

South Punjab (Lodhran)

Sr	Locations	No. of Interviews
1	Rafiq Clinic	3
2	Khanwa Galwa	4
3	Ahmad Clinic	3
4	Malik Clinic	2
5	Al Jahnat Clinic	3
6	Sidra Clinic	3
7	Nasir Ali Clinic	3
8	Bilal Clinic	3
9	Ujjlah Clinic	3
10	Nagma Clinic	2

Location points of clinics where data will be collected.

Central Punjab (Lahore)

Sr	Location	No. of Interviews
1	Al Shifa Medicare Center	3
2	Emaan Maternity Home	3
3	Shamshad Medi Care	3
4	Ashi Maternity Home	3
5	Abeer Maternity Home	2
6	Fatima Maternity Home	3
7	Sitara Maternity Home	3
8	Marry Maternity Home	3
9	Amina Maternity Home	3
10	Aima Maternity Home	3

4.4 Data Analysis

Thematic analysis has been used to analyze the qualitative data. Themes and patterns are identified from the interviews to provide rich insights into the research objectives. After collecting the data in this research, it was transcribed from both regions, South and Central Punjab. Then, sub-themes were extracted from the data of South or Central Punjab. Furthermore, broad sub-themes were derived from this. The data was not shared with anyone to ensure privacy. Even the data was not shared with our department. The reliability was assured by keeping in view 4 main criteria of data reliability and validity. The major four criteria are credibility, authenticity, criticality and integrity. Credibility is assured by the trustworthiness of findings and by incorporating the accurate meaning of their experiences. Authenticity is assured by ensuring representing different voices and perspectives are accurately represented. It covers different perspectives with different points of view. Critical aspects involve a thorough evaluation of the research design, process, analysis, and findings. Critical evaluation helps to avoid bias and preconceived opinions. Integrity is verified by ensuring the transparency, honesty, and ethical behavior of the researcher.

5 Results

Table 1 summarizes the qualitative findings and theme generation for this study. Findings are reported under two areas: A. LHW issues and B. Issues faced by Women in the Community. Under A. LHW issues, 7 broad thematic areas have been found; and under B. Issues faced by Women in the Community, 7 broad thematic areas have been found.

A. LHW ISSUES

1. Perceptions of family planning

South Punjab

a. People believe family planning is a negative thing

LHWs from South Punjab reported that families in the community still believe that family planning is negative, and they don't have trust and faith in using family planning. For example, one LHW stated:

> "Male members repeatedly forbid their wives from entering our homes as well as threaten them not to meet us. People believe family planning is a negative thing." [IDI 33 years old, 5 years experience, Tibbi Jattan Lodhran]

b. People's perception regarding family planning is that it is haram and against Islamic teachings

> "While going to new areas in South Punjab people do not feel comfortable allowing us in their homes and their partners doubt us regarding our intentions. Male members often ask us for our identity cards and ask lame questions to waste our time. The community perceives family planning negatively, considering it haram and contradictory to Islamic teachings. In this area, there is a prevalent misconception among the populace,

resulting in reluctance towards contraceptive methods.'' [IDI 33 years old, 5 years experience, Tibbi Jattan Lodhran]

c. People believe it is a conspiracy by the government to infect us

Mistrust in the initiatives of government runs deep within the society. Some individuals believe that family planning programs are part of a larger governmental agenda aimed at controlling the population. For example, one LHW stated:

"When going to a new area people do not consider us their helpers and the most common myth, is people believe LHWs are working with the government in a conspiracy towards the people who are living below the poverty line and they would wipe out poor people, by forcing the community to follow family planning methods which would infect them"

Central Punjab

a. People believe family planning is a good initiative by the government

In Central Punjab literacy rate is much higher than in South Punjab, and people are more aware of what is beneficial for them. For example, one LHW stated:

b. People's opinion on family planning is very positive

People encourage the government for their initiative on women's sexual reproductive health and promotion of family planning methods within the community on the ground level. For example, one LHW stated:

> "When I initially started this job, I faced considerable difficulty as people had a negative perception of family planning. However, now, as I visit different areas, I encounter individuals whose views on family planning have become increasingly positive. [IDI 44 years old, 18 years experience, Shadman Lahore]

2. Resistance from community

South Punjab

a. People do not welcome us into their homes or allow LHW to deliver services

Whenever visiting a new community people are not welcoming and they believe LHWs have an ill intent toward their community or LHWs are three to harm them in some way. For example, one LHW stated:

> Working in a new area is difficult and the community has a negative image of health workers. When I go to the village, people don't even open their doors at a distance. They think I'm involved in something wrong." [IDI 29 years old, 5 years experience, Malik pur Lodhran]

b. Male community members often ask LHWs for their identity cards and ask unnecessary questions to prevent services

In a patriarchal society, LHWs encounter firsthand male community members who appear to employ tactics to obstruct the work of LHWs, frequently requesting identity cards and posing unnecessary questions. For example, one LHW stated:

> The village community is tough to deal it takes 3 visits only to convince them to use family planning methods. The male members of the community often inquire about the LHW's identity card and ask unnecessary questions such as where she comes from and what her job entails. [IDI 29 years old, 5 years experience, Malik pur Lodhran]

c. Male members forbid their wives from visiting health centers and LHW homes for help and threaten them

Male members of the community have their personal beliefs and forbid their wives to seek guidance regarding their sexual and reproductive health and threaten them if they visit the house of LHWs. For example, one LHW stated:

> When I meet their wives, it's often very difficult to do so, as their husbands confront us, bombard us with questions, and even issue threats, warning us to be cautious when discussing family planning. [IDI 29 years old, 5 years experience, Malik pur Lodhran]

d. people do not trust LHWs generally

Lack of trust in LHWs has led to a huge gap between LHWs and the community there are various factors involved such as cultural biases, misinformation, or previous negative experiences. For example, one LHW stated:

> It's very challenging to work in villages and slums because people don't trust us. It's very difficult to make them aware. Even after visiting a household 4 or 5 times, people still don't trust me. .[IDI 28 years old, 2 years experience, Malik pur Lodhran]

Central Punjab

a. Unethical questioning by community members only to trigger LHWs

Often LHWs interact with male community members who ask unethical questions related to SRHR and family planning methods as it is a sensitive topic in Pakistan it is not openly discussed with other genders continuous negative responses from the community result in triggering the LHWs which can lead to negative outcomes. For example, one LHW stated:

> The community was not receptive to our message; people misunderstood me and asked me strange questions. The community was not ready to listen to us. [IDI 55 years old, 22 years experience, Jallo Mor Lahore]

b. Wish to have a male child so they cannot use family planning methods

Community members counter LHWs by saying that they wish for a male child and would only follow family planning methods once they are blessed with a baby boy. For example, one LHW stated:

> "I face situations where some spouses oppose using family planning methods. Moreover, some women are pressured by their in-laws to conceive specifically for a male child." [IDI 44 years old, 18 years experience, Shadman Lahore]

c. The male is not satisfied if he uses contraceptives such as condoms

Clients reported that their husbands are not comfortable using condoms as they do not feel satisfied with the use of condoms. Forceful usage of contraceptives results in domestic violence, second marriage, and sometimes divorce. For example, one LHW stated:

> "Women tell me that their husbands refuse to use condoms, and when women resist, men either resort to violence, take another wife, or divorce them." [IDI 40 years old, 24 years experience, Jallo Mor, Lahore]

3. Enhancing Support Systems and Work Environment for LHWs

<u>South Punjab</u>

a. There is no provision of good quality medicines while on the field

Clients complain that standard quality medicine should be delivered to LHWs which could be then given to clients after LHWs diagnose the illness for example, one LHW stated:

> "Not being able to supply medicine to women at their homes poses a challenge for me and makes it very difficult when I cannot provide medicine to people." [IDI 27 years old, 2 years experience, Rajapur, Lodhran]

c. Hospital staff needs to support and pay attention to the clients the LHWs take to the hospital

Health center staff have a very negative attitude towards LHW clients and are not treated under health center standardized protocols. It can be quite frustrating for clients to wait for hours. For example, one LHW stated:

> Moreover, when I take clients to the hospital, the staff's behavior is not always cooperative. It is very challenging to convince some women to come with me to the hospital, as they are often reluctant and the hospital staff may not [IDI 27 years old, 2 years experience, Rajapur, Lodhran]

d. LHWs are not provided stipend or transport to visit centers or take women, clients, etc.

The lady health workers working in distant areas require transportation for better output, so they can work more efficiently in the community with ease. For example, one LHW stated:

> We don't have enough funds to provide transportation for our clients, and our stipend is very low. This makes it very challenging for us." [IDI 27 years old, 2 years' experience, Rajapur, Lodhran]

e. Field training

Field training is an essential part of LHWs in delivering awareness to clients and the latest research on family planning should be shared with LHWs. For example, one LHW stated:

> "I face the biggest challenge of not receiving any training or sessions on family planning. Here in the village, I learn on the job by myself. We should have training sessions so that we can learn our work." [IDI 27 years old, 4 years' experience, Rajapur, Lodhran]

Central Punjab

a. Need appreciation by higher authorities and awareness training of family planning

Appreciation from managers increases the overall productive work output it gives the motivation to work more passionately and professionally, especially for LHWs who are working in the field and are facing on-ground hurdles firsthand. For example, one LHW stated:

> Motivation and Awareness training of LHWs, provision of medicine, appreciation by higher authorities. "I don't receive motivation or appreciation, which makes me feel very disheartened. It's important for us to receive appreciation from higher authorities." [IDI 44 years old, 18 years' experience, Shadman Lahore]

4. Emotional abuse

South Punjab

a. LHWs relatives and family members taunt them of their work

LHW's own family such as her in-laws, sister-in-law, and other close relatives all of these members sometimes directly and indirectly demotivate LHWs regarding her work. Which contributes to feelings of frustration and disappointment. Which has led to many LHWs resigning from the job. For example, one LHW stated:

> "When I used to go to work, my relatives would comment, asking what I had become, and they would gossip about me going from house to house. They considered it a lowly profession, but with great difficulty, I mustered the courage to continue working. I had to face verbal abuse and endure derogatory taunts from my relatives while I worked. Their gossip was demeaning, but I persevered through it all." [IDI 38 years old, 6 years' experience, Rajapur Lodhran]

b. The community shows aggressive behavior towards the LHWs

Community members often pass disrespectful comments, show aggressive behavior, and words of demotivation that cause significant emotional pain and distress. These challenges make it difficult for LHWs to carry out their important work effectively and efficiently. For example, one LHW stated:

> "When I used to leave my home, I faced similar challenges in the community. People not only refused to open their doors but also hurled abusive language at me. Despite summoning courage, their derogatory

> remarks, such as 'LHW, you are a useless woman,' were deeply hurtful." [IDI 38 years old, 6 years' experience, Rajapur Lodhran]

Central Punjab

a. LHWs are spoken to with disrespect by families in the community which causes them great emotional pain

LHWs are disrespected and demoralized while working in the field, to carry out their important work, a safe and supportive environment free from any level of discrimination and aggression is essential. For example, one LHW stated:

> Since I started working, even my relatives still consider my job as an LHW in family planning to be distasteful and disgraceful. [IDI 45 years old, 26 years' experience, Jallo Mor Lahore]

5. Harassment

South Punjab

a. Male community members visit LHW homes to threaten them not to visit their wives

Male members of the community are extremely difficult to counter as they are not very welcoming. Discussing a sensitive topic such as the sexual and reproductive health of women is not to their liking if pursued the male becomes aggressive and threatens the LHWs not to visit their homes and it has been reported that aggressive male members threaten LHWs by visiting their homes. For example, one LHW stated:

> "When I visit the community, male members often react very negatively, accusing me of trying to promote family planning and sometimes even issuing threats." [IDI 38 years old, 6 years' experience, Rajapur Lodhran]

b. Death threats to LHWs by community

In communities where discussion on sexual reproductive health and awareness of family planning is considered taboo, the community reaction is so aggressive that death threats are given to LHWs and their family. For example, one LHW stated:

> "At times, I receive death threats, which makes it extremely difficult for me to visit the community." [IDI 38 years old, 6 years' experience, Rajapur Lodhran]

c. Women jostling LHWs out of their houses

Female members of the community are not cooperative in some households they communicate with very hostile behavior and Violently scuffle with the LHWs and jostle them out of their homes. For example, one LHW stated:

> "Men often make numerous threats, but sometimes women exhibit hostile behavior, refusing entry into their homes." [IDI 38 years old, 6 years' experience, Rajapur Lodhran]

Central Punjab

a. street harassment against LHWs with men making improper comments

When LHWs are assigned a new area to visit street harassment persists as they face men making improper comments on the services of LHWs undermining their important public health roles. For example, one LHW stated:

> "When I go out into the field, people on the streets often comment harshly, questioning my presence and saying hurtful things." [IDI 45 years old, 26 years' experience, Jallo Mor Lahore]

6. Lack of respect by staff at centers (BHUs, RHCs)

South Punjab

a. Quick response is not given by the staff of the health center

Doctors are not professional in dealing with the clients of LHWs and they have to wait for hours before their client is even registered. Clients are housewives which gives them a very little time window to visit healthcare centers. For example, one LHW stated:

> "Health center staff takes forever to respond, even to the most urgent requests. It's like we LHWs are invisible or something. We're just trying to do our jobs and help people, but the slow response times from the health center staff make everything so much harder. [IDI 33 years old, 5 years' experience, Tibbi Jattan Lodhran]

b. LHWs are disrespected by staff in front of their clients which devalues LHWs

LHWs complain that when visiting BHUs, RHCs, and other health centers with their clients the staff working there is not always welcoming and cooperative. LHWs are often belittled and disrespected by the staff in front of their clients. For example, one LHW stated:

> "It's just so humiliating, the way some staff treat us LHWs in front of clients. It's like they have no respect for us at all. They talk down to us and contradict what we say, which makes us look bad and undermines everything we're trying to do to help people." [IDI 38 years old, 6 years' experience, Rajapur Lodhran]

Central Punjab

a. LHWs who visit BHUs, and RHCs do not receive respect or courtesy

Lack of professional courtesy and respect extended toward LHWs by health center staff. Also, the disrespectful behavior not only affects the morale of the LHWs but also undermines the credibility of the health workforce as a whole. For example, one LHW stated:

> "No courtesy, no manners, just treated any which way. It's really frustrating and frankly, just plain disrespectful."[IDI 55 years old, 22 years experience, Jallo Mor Lahore]

7. LHW Spousal Support Regarding Family Planning Uptake

South Punjab

a. LHW spouses who are illiterate are not cooperative or supportive of LHWs using family planning themselves

In areas where spouses are not literate and have hostile personalities, there is a communication gap between them that results in a non-cooperative attitude toward the usage of contraceptive methods of family planning. For example, one LHW stated:

> "It's tough when our husbands at home don't understand our work as LHWs. Especially if they haven't had any schooling, it can be hard for them to be supportive of us using family planning ourselves. They just don't understand it"[IDI 42 years old, 12 years experience, kalar basti Lodhran]

b. LHWs are afraid of spouses who are religious as they are against family planning methods

Spouses who are affiliated with any religious group, women express fear due to perceived opposition. This discourages women from practicing family planning. For example, one LHW stated:

> "The biggest challenge is dealing with spouses, especially the religious ones. They just don't see eye-to-eye with family planning, and honestly, it can be pretty scary sometimes. You're just trying to help families, but they can get very opposed to the idea, and it makes it hard to do our job effectively."[IDI 33 years old, 5 years experience, kalar basti Lodhran]

c. Spouses of LHWs believe that using family planning methods would infect them

Spouses hold misconceptions, such as the belief that using family planning methods could lead to infections and viruses through the use of contraceptives. This misinformation can contribute to resistance to adopting family planning methods. For example, one LHW stated:

"The husbands, they just don't understand. They believe if we use these family planning methods, it'll make them sick somehow. It's like, they don't trust the science, and it makes it so hard for us to do our jobs and help families plan for their future." [IDI 23 years old, 4 years experience, kalar basti Lodhran]

Central Punjab

a. Some LHW spouses are against using family planning methods

The prevalence of misconceptions and myths has led people in the community on a very wrong path. Spouses believe discussing such matters can take them on a negative path. For example, one LHW stated:

" The spouses of LHWs, don't support using family planning methods. It makes it difficult for us to do our jobs and help families when there's opposition right at home." [IDI 40 years old, 23 years experience, Raja Market Lahore]

B. ISSUES FACED BY WOMEN IN THE COMMUNITY

1. Reproductive Health Issues

As per the LHW respondents summarized in Table 2 are the major diseases faced by women in these areas:

Table 2:

South Punjab	*Central Punjab*
Menstrual cycle skipped for 3/6 months	Leucorrhea and the menstrual cycle are disturbed
Continuous vaginal bleeding	Lymphoma in women's uterus
Leucorrhea in every 3rd woman	High miscarriages
High ratio of miscarriage in newly married women	Complicated childbirths
Abnormal births	Vaginal yeast infection
Vaginal yeast infection	Thyroid Disorders Among Women of reproductive years
Breast Cancer	Skin Infection
Asthma	Diabetes
High Blood Pressure	Blood Pressure

Low hemoglobin	Heart Diseases
Iron deficiency	Vaginal Pain
Uterus Cancer	Joint Pain
Kidney failure	Headaches
Skin Infection	Weakness
Fever	Iron deficiency
Joint Pain	Low Hemoglobin
Typhoid	Breast Cancer
Headaches	Uterus cancer
Anemia	
Hepatitis A & B	

3. Cultural barriers and beliefs

South Punjab

a. Family planning is considered a negative practice

Family planning is considered a very private practice whose decision maker is the husband. Male community members with old mindsets believe it is against norms and ethical values to use the methods of family planning.

> "In our community family planning is not commonly discussed and the community does not readily accept it. It goes against some of our deeply held cultural beliefs and traditions. It's like, the idea of planning your family." [IDI 44 years old, 23 years experience, Nai Basti Lodhran]

b. Elders are against the usage of family planning as they believe it infects both men and women

Elders are pillars of any household and decision-makers they teach both male and female members of the household that the practice of family planning is socially unacceptable. They believe that family planning methods are designed to slowly kill us.

> "The biggest challenge we face is with the elders in the community. They hold a strong belief that using family planning methods can make people sick, both men and women. This makes it difficult for us to talk openly about these options and educate people about the actual benefits." [IDI 32 years old, 5 years experience, Nai Basti Lodhran]

c. Culturally it is considered unethical and un-Islamic

In Pakistan's cultural practices, Islamic teaching and its practice is very sacred. Awareness of sexual and reproductive health openly in the community is considered unethical and unacceptable. The community has a very strong reaction to such teachings if they are not properly under the religious framework.

> "Some folks around here just don't believe in family planning methods. They say it's against our traditions and even against Islam. It's tough to talk to them about birth control options when they feel so strongly against it." [IDI 45 years old, 15 years experience, Kalar Basti Lodhran]

Central Punjab

a. People do not have cultural awareness or family guidance about how to use contraception

Due to the low literacy rate people are unaware of basic rights and mainstream practices. Communities still follow old traditions very strictly unaware of new teachings and also not ready to accept change as they believe it would have a negative impact on their lives

> "I've noticed a lack of cultural awareness around contraception in the community. There seems to be a general silence on the topic, which can be a barrier for individuals seeking information and guidance." [IDI 40 years old, 23 years experience, Raja Market Lahore]

b. Son preference in the community

Sons are traditionally seen as breadwinners, providing financial support for parents in their old age. Culturally sons must take care of financial matters and safeguard the well-being of everyone in the family. Women role is to take care of his family as a housewife, and it is considered her duty to give birth to a son

> "Deep-rooted idea that sons are better prevails in the community. Families want boys, and they keep having children until they get one. It makes it hard to explain the benefits of smaller families or birth control methods. They just don't seem interested until they have their son." [IDI 40 years old, 23 years experience, Raja Market Lahore]

4. Financial Barriers Hindering Women's Access to High-Nutrient Food

South Punjab

a. Head of the house can only afford food for the family

The head of the family is only able to provide food and shelter to his family with a very low budget as most men are daily wagers and 8 to 9 persons are dependent on them at a time all his income is utilized in providing basic food to his family. Women are unable to follow a diet plan due to low resources

> "Families in the community struggle to put enough food on the table. Often, the head of the household has to prioritize filling everyone's stomachs, leaving little room for things like fruits, vegetables, and other nutritious options. Unfortunately, this can have a real impact on women's health, especially when they need those extra nutrients the most." [IDI 40 years old, 23 years experience, Chak 50 Lodhran]

Central Punjab

a. Clients are unable to afford high-nutrient food as they are not financially stable

Financial instability is a major cause for people to afford high-nutrient and good-quality food for their families. People living under the poverty line are only able to afford food of a very low quality containing low nutrients, minerals, and vitamins. Women are unable to properly follow a diet plan due to the high cost of the required items

> "Families are struggling they just don't have the money to buy healthy food. They end up with things that fill their bellies but don't give their bodies what they need. It's a tough situation all around." [IDI 35 years old, 5 years experience, Jallo Lahore]

5. Lack of spacing and related issues

South Punjab

a. Results in the death of children or sometimes women too

LHWs reported couples are against the gap between children and the usage of contraceptives, women have become so weak due to childbirth births they are unable to deliver a healthy baby.

Newborns are not strong enough to survive after birth. Cases of maternal mortality have drastically increased too

> "Having babies one right after another, it's no good for the mother or the child. Women's bodies had no time to recover, see it all too often. Babies come out sickly, some don't even make it. And the mothers, they get weak, some even die giving birth." [IDI 42 years old, 15 years experience, Chak 50 Lodhran]

b. Miscarriages

Women with low deficiency of vitamin D & E are reported to have premature rupture of membranes which leads to unhealthy pregnancies and a root cause of miscarriages. This conveys the respondent's perspective while maintaining a neutral tone and avoiding direct attribution, as you requested.

> "They [families] say that if you have babies too close together, like one after another, it increases the chances of miscarriage. They believe there needs to be more 'space' between births for the woman's body to recover." [IDI 42 years old, 15 years experience, Chak 50 Lodhran]

c. Women's immune system weakens

A healthy immune system is necessary for a woman for a healthy childbirth. People not following the doctor’s professional opinion and trying for another baby results in disturbing the immune system of women and decreasing their capacity to fight disease

> "women getting pregnant too close together, their bodies don't have enough time to fully recover. It's like the well is just not full yet, and then they have to give again. This can make them more susceptible to getting sick. Their immune system just doesn't have the same strength." [IDI 42 years old, 15 years experience, Chak 50 Lodhran]

d. The recovering time of women after childbirth is increased

Repeated pregnancies without gaps drastically weaken women internally and physically. Recovering from childbirth becomes tough for her and viruses and common diseases affect her greatly

> "Having babies, one right after the other. Doesn't give women's bodies the required time to heal in between. It makes it so much harder for them to recover properly after each birth. You can see it in their faces, how tired they are. It's just not good for them." [IDI 42 years old, 15 years experience, Chak 50 Lodhran]

Central Punjab

a. Women who conceive without spacing often give birth to children with abnormalities

LHWs report that a high ratio of abnormal childbirths is reported with women who are not taking a gap. Families due to their personal beliefs are not following doctors' guidelines

> "Some community members are concerned that closely spaced pregnancies might not allow enough time for the mother's body to fully recover, potentially impacting the health of the next child. It's important to encourage individuals to discuss such concerns with healthcare professionals who can provide evidence-based information and personalized advice based on their specific circumstances." [IDI 40 years old, 24 years experience, Jallo Mor Lahore]

b. Women who conceive without spacing have more health burdens such as fatigue, anemia

Anemia is a problem of not having enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissues. Hemoglobin is a protein found in red cells that carries oxygen from the lungs to all other organs in the body. Having anemia can cause tiredness, weakness, and shortness of breath.

> "When women get pregnant too close together, it's really hard on them. They get so tired, all the time. And their bodies just can't keep up, they become anemic too. It's just not good for them." [IDI 42 years old, 15 years experience, Chak 50 Lodhran]

6. Early Marriage

South Punjab

a. Verbal abuse if the son is not born

Early child marriage is a huge social issue in the Pakistani community as people have a Cultural preference for sons for this purpose only a girl is married before reaching adulthood and when she is unable to give birth to a son, she is considered an inauspicious.

> "Young girls have to go through so much pressure Especially if they don't have a son right away. The husband and his family, start treating the wife horribly, just verbally abusing her all the time. It's like they blame her for something she has no control over." [IDI 44 years old, 23 years experience, Nai Basti Lodhran]

b. Not mature enough to properly take care of the child

A girl who is under 18 years who is still not mature enough to properly take care of herself and is given the responsibility to take care of a child. Brides who have never experienced childbirth in their family are the most troubled by their in-laws and have to deal with verbal abuse or domestic violence

> "Young girls, barely out of childhood themselves, expected to care for another whole life. They're just not ready for that kind of responsibility. It's like asking a child to raise another child." [IDI 44 years old, 23 years experience, Nai Basti Lodhran]

Central Punjab

a. Forced pregnancies

Newly wedded brides do not have decision-making authority as to whether to have a child or not they are not mature enough to deal with their in-laws which results in forced pregnancies

> "Barely teenagers sometimes, getting married off so early. They're not ready to be mothers, but then they're pushed right into having babies. It's like their bodies aren't even ready, and it just causes so many problems." [IDI 40 years old, 24 years experience, jallo mor Lahore]

7. Distance of health center

South Punjab

a. Women cannot travel long distances alone and spouses are unable to take them as he has daily wage work

Women are dependent on their husbands if they wish to travel anywhere especially if it's a health center. Factors such as long-distance greatly affect women as it is costly to travel locally or privately and people are unable to afford travel expenses

> "It's really difficult for the women they can't travel long distances by themselves to reach health centers, and their husbands often can't take them because they have daily wage jobs they can't miss. It's a big barrier to them getting the care they need." [IDI 44 years old, 23 years experience, Nai Basti Lodhran]

b. Due to long-distance women are not even aware if they can get service or not

Health centers are so far their awareness and work are unknown to the clients who wish to visit them. The clients' concept is that the health center would not be able to provide them with any service

> "The women who live far away, often don't even know if there's a health center nearby, let alone if they can get help there. It's a real struggle for them." [IDI 44 years old, 23 years experience, Nai Basti Lodhran]

c. Clients delay checkups due to long distances which has resulted in treatment through surgery

Women have to plan a whole day just to visit for a few hours to the health center due to this often women skip their monthly checkups while they are pregnant.

> "The biggest headache we face here is people putting off their checkups because the health center is just so far away. It's a long trek, especially for the elderly or those who are already unwell. By the time they finally come in, their problems are often so advanced that they need surgery. We could prevent all that if only they came in for regular checkups." [IDI 44 years old, 23 years experience, Nai Basti Lodhran]

Central Punjab

a. Women do not access services from BHUs or RHCs due to distance

Long-distance health center from the targeted community has a low targeted client ratio. Women are unable to travel as they are housewives and have to take care of the house

"Women unable to travel to reach the BHUs or RHCs simply because It's just not accessible for them, especially if they don't have transportation or childcare readily available. Women neglecting their health simply because getting here is such a challenge." [IDI 40 years old, 24 years experience, jallo mor Lahore]

b. Due to distance, women need funds for traveling

Traveling strains the budget of daily wagers as men have to take women to the health center and his one-day wage of labor which financially affects them deeply if a couple has to visit 3-4 times monthly

"The whole travel thing is a big hassle for the clients, they don't live right around the corner from the health center. Because of that, they need some help with the traveling costs, otherwise, it's just too difficult for them to make it to their appointments." [IDI 40 years old, 24 years experience, jallo mor Lahore]

Qualitative Analysis

Table 1: Summary table
Comparison of thematic challenges faced by; LHWs South versus Central Punjab

Broad Thematic heading	Sub-Themes found in South Punjab	Sub-Theme Central Punjab
A. LHW ISSUES		
1. Perceptions of family planning	a. People believe family planning is a negative thing b. People's perception regarding family planning is that it is haram and against Islamic teachings c. People believe it is a conspiracy by the government to infect us	a. People believe family planning is a good initiative by the government b. People's opinion on family planning is very positive
2. Resistance from community	-People do not welcome us into their homes or allow LHW to deliver services -Male community members often ask LHWs for their identity cards and ask unnecessary questions to prevent services -Male members forbid their wives from visiting health centers and LHW homes for help and threaten them -People do not trust LHWs generally	a. Unethical questioning by community members only to trigger LHWs b. Wish to have a male child so they cannot use family planning methods c. Male is not satisfied if he uses contraceptives such as condoms

3. Enhancing Support Systems and Work Environment for LHWs	-There is no provision of good quality medicines while on the field -Hospital staff needs to support and pay attention to the clients the LHWs take to the hospital -LHWs are not provided stipend or transport to visit centers or take women, clients, -Field training	-.Need more motivation and awareness training for family planning -Need more appreciation by higher authorities
4. Emotional abuse	-LHWs are disrespected by the client's in-laws -LHWs relatives and family members taunt them of their work -Community shows aggressive behavior towards the LHWs	a. LHWs are spoken to with disrespect by families in the community which causes them great emotional pain
5. Harassment	-Male community members visit LHW homes to threaten them not to visit their wives -Death threats to LHWs by community -Women jostling LHWs out of their houses	-Street harassment against LHWs with men making improper comments
6. Lack of respect by staff at centers (BHUs, RHCs)	-Quick response is not given by staff of the health center -LHWs are disrespected by staff in front of their clients which devalues LHWs	-LHWs who visit BHUs, RHC do not receive respect or courtesy
7. LHW Spousal Support Regarding Family Planning Uptake	-LHW spouses who are illiterate are not cooperative or supportive of LHWs using family planning themselves -LHWs are afraid of spouses who are religious as they are against family planning methods -Spouses of LHWs believe that using family planning methods would infect them -LHWs cannot use family planning due to son preference prioritized by their families	-Some LHW spouses are against using family planning methods
ISSUES FACED BY WOMEN IN THE COMMUNITY		
1. Reproductive Health Issues	-Menstrual cycle skipped for 3/6 months -Continuous vaginal bleeding -Leucorrhea in every 3rd women -High ratio of miscarriage in newly married women -Abnormal births -Vaginal yeast infection	-Leucorrhea and menstrual cycle are disturbed -Lymphoma in women's uterus -High miscarriages -Complicated childbirths -Vaginal yeast infection

2. Prevalence of other health issues	-Breast Cancer -Asthma -High Blood Pressure -Low hemoglobin -Iron deficiency -Uterus Cancer -Kidney failure -Skin Infection -Fever -Joint Pain -Typhoid -Headaches -Anemia -Hepatitis A & B	-Thyroid Disorders Among Women of reproductive years -Skin Infection -Diabetes -Blood Pressure -Heart Diseases -Vaginal Pain -Joint Pain -Headaches -Weakness -Iron deficiency -Low Hemoglobin -Breast Cancer -Uterus cancer
3. Cultural barriers and beliefs	a. Family planning is considered a negative practice b. Elders are against the usage of family planning as they believe it infects both men and women c. Culturally it is considered unethical and un-Islamic	-People have beliefs that family planning is a negative thing -People do not have cultural awareness or family guidance about how to use contraception -Son preference in the community
3. Financial Barriers Hindering Women's Access to High-Nutrient Food	-Head of the house can only afford low-nutrient food	-Clients are unable to afford high-nutrient food as they are not financially stable
4. Lack of spacing and related issues	-Results in the death of children or sometimes women too -Miscarriages -Women's immune system weakens -Recovering time of women after childbirth is increased -Unable to take care of all children equally	-Women who conceive without spacing often give birth to children with abnormalities -Women who conceive without spacing have more health burdens such as fatigue, anemia
5. Early Marriage	-More verbal abuse if the son not born -More miscarriages -Low hemoglobin -Not mature enough to properly take care of the child -Forced pregnancies	- More miscarriages -More pregnancies and less spacing happen in girls who get married early
6. Distance of health center	-Women cannot travel long distances alone and spouses are unable to take them as he has daily wage work -Due to long-distance women are not even aware if they can get service or not -Clients delay checkups due to long distances which has resulted in treatment through surgery	-Women do not access services from BHUs or RHCs due to distance -Due to distance women need funds for travelling

6. Discussion

The purpose of this study was to assess and compare the experiences of Lady Health Workers (LHWs) in South Punjab and Central Punjab in delivering sexual and reproductive health awareness. Findings reveal significant challenges LHWs face in promoting family planning and providing healthcare services in South Punjab and Central Punjab. Our results show that in South Punjab, LHWs encounter resistance from the community due to negative perceptions of family planning, lack of trust, and conspiracy theories regarding government initiatives. The research highlights that the community perceives LHWs as potential threats with ill intentions, creating a hostile environment for them. This unwelcoming attitude stems from mistrust and suspicion regarding the motives of the LHWs within the community. In South Punjab, we see that male community members actively obstruct the work of LHWs. This obstruction takes the form of requesting identity cards and posing unnecessary questions, creating intentional barriers to the delivery of healthcare services. This resistance appears to be a tactic employed by some male members to impede the progress of LHWs. Several factors, including cultural biases, misinformation, or negative past experiences, contribute to the skepticism surrounding the credibility and intentions of LHWs. Spousal support regarding family planning uptake is lacking, with husbands holding misconceptions and opposing contraceptive methods. Comparatively, South Punjab women face reproductive health issues such as menstrual irregularities, high rates of miscarriage, and cultural barriers that hinder access to family planning services (Mumtaz Z & Salway S, 2009).

In Central Punjab, our research shows that LHWs face challenges related to unethical questioning and lack of respect from health center staff. Furthermore, the male community members'

dissatisfaction with contraceptive methods such as condoms can lead to adverse outcomes, including domestic violence and marital discord. In Central Punjab, male community members are underestimating and cooperative in terms of allowing women to sensitive topics such as Sexual and Reproductive Health and Rights (SRHR) and family planning. Our research reveals in South Punjab, male partners' cultural perceptions related to satisfaction and masculinity contribute to the resistance faced by LHWs. This highlights the complex interplay between cultural norms, gender dynamics, and the acceptance of modern contraceptive methods. The interaction between LHWs and hospital staff is critical in the continuum of care for clients. LHW clients often face a negative attitude from health center staff and receive subpar treatment, violating standardized healthcare protocols (Rahman M & Shamima A, 2016). This not only leads to frustration due to prolonged waiting times but also to potential health risks for the clients.

Emotional abuse against LHWs in South Punjab is a pressing issue, manifesting in various forms within familial and community contexts. Lady Health Workers encounter emotional abuse not only from the community they serve but also within their own families. The taunts and demotivation directed at LHWs by their relatives, including in-laws and sisters-in-law, contribute significantly to their emotional distress. Community demoralizing behavior is often both direct and indirect, creating a hostile environment that leads to feelings of frustration and disappointment (Khan S & Gul R, 2019). The community itself poses another significant challenge, individuals lady health workers aim to assist often exhibit aggressive tendencies, creating a hostile work environment.

This discussion sheds light on the nature of harassment faced by LHWs, including threats from male community members, the issuance of death threats, and violent confrontations with female members of the community. One of the distressing aspects of harassment involves male community members visiting LHWs' homes with the explicit intent of threatening them to deter

visits to their wives. The aggression displayed by male community members not only impedes the delivery of essential health services but also puts LHWs in vulnerable and unsafe situations. Research reveals that women in South Punjab, jostling LHWs out of their homes signifies not only the resistance to discussions on sensitive health topics but also the broader challenges embedded in cultural norms and beliefs. In Central Punjab, LHWs encounter significant challenges related to harassment, particularly in the form of street harassment where men make improper comments. This research sheds light on the pervasive nature of street harassment against LHWs, which undermines their essential public health roles and creates a hostile work environment. The constant exposure to derogatory remarks and inappropriate behavior erodes the confidence and morale of LHWs, making it difficult for them to perform their duties effectively. Moreover, street harassment perpetuates a culture of disrespect and hostility towards LHWs. The lack of respect by staff at Basic Health Units (BHUs) and Rural Health Centers (RHCs) in South Punjab poses significant challenges for LHWs and the clients they serve. Our research delves into two key aspects: the delayed response from health center staff and the disrespectful behavior experienced by LHWs in the presence of their clients (Aslam M S & Arif M, 2021). One prominent challenge faced by LHWs in South Punjab is the delayed response and lack of professionalism exhibited by the health center staff, particularly the doctors. Quick responses are not provided, leading to extended waiting times for both LHWs and their clients. This delay is particularly critical as many clients are housewives with limited time windows to visit healthcare centers. The inefficiency in dealing with LHWs' clients reflects a lack of professionalism in the health center staff. The prolonged waiting times can be detrimental to the overall health outcomes of the clients, especially when timely interventions are crucial. The lack of respect and courtesy extended towards LHWs who visit Basic Health Units (BHUs) and Rural Health Centers (RHCs) in Central Punjab represents a significant

challenge within the healthcare system LHWs, despite their pivotal role in community health, often encounter a lack of professional courtesy and respect when interacting with staff at BHUs and RHCs in Central Punjab.

One prominent challenge is observed in areas where LHW spouses are illiterate and harbor hostile personalities. The lack of literacy contributes to a communication gap, fostering a non-cooperative attitude towards the usage of contraceptive methods. The illiteracy factor not only impedes the understanding of family planning but also creates a barrier to effective communication between LHWs and their spouses. The absence of support from illiterate spouses inhibits LHWs from practicing family planning themselves, as the lack of understanding and cooperation hinders the development of a conducive environment for open discussions on reproductive health (Mushtaq S & Saeed A, 2020).

Our research highlights that in South Punjab where LHWs' spouses are affiliated with religious groups, women express fear due to perceived opposition to family planning methods. The religious beliefs of spouses become a significant barrier, discouraging women from actively practicing family planning. In Central Punjab, the role of LHWs in promoting family planning is met with a unique challenge – resistance from some of their spouses. One of the notable challenges faced by LHWs in Central Punjab is the resistance from their spouses regarding the adoption of family planning methods. In the context of spousal resistance, some husbands hold misguided beliefs that discussing family planning may lead to negative consequences, further perpetuating a sense of apprehension. Spouses of LHWs, influenced by these misconceptions, harbor a fear that engaging in discussions about family planning might lead them down a negative path (Khalid R, 2018).

The prevalent reproductive health issue faced by women in South Punjab is the irregularity of menstrual cycles. Menstrual cycles skipped for 3 to 6 months can be indicative of hormonal

imbalances, nutritional deficiencies, or underlying health conditions. Continuous vaginal bleeding and Leucorrhea pose a serious challenge to a significant number of women in South Punjab. This research highlights that it is linked to infections, poor hygiene practices, and reproductive health issues. Research also reveals that a high ratio of miscarriages is reported among newly married women in South Punjab. Many factors are highlighted such as inadequate prenatal care, nutritional deficiencies, and limited access to family planning resources contribute to this issue. The occurrence of abnormal births is another critical aspect of reproductive health issues in South Punjab (Khawar et al., 2020). Factors such as poor hygiene, weakened immune systems, and hormonal imbalances contribute to the prevalence vaginal yeast infections. One of the prominent issues faced by women in Central Punjab is poor nutrition, lack of awareness about hygiene practices, and inadequate healthcare facilities. Comparatively, in South Punjab, the emergence of lymphoma in women's uteruses poses a significant health threat in the region. On the other hand, research shows that high rates of miscarriages are a distressing issue impacting the reproductive health of women in Central Punjab. Various factors contribute to this, such as inadequate prenatal care, nutritional deficiencies, and socio-economic challenges (Ahmed et al.,2019). This discussion focuses on several health issues prevalent in South Punjab, including Breast Cancer, Asthma, High Blood Pressure, Low Hemoglobin, Iron Deficiency, Uterus Cancer, Kidney Failure, Skin Infection, Fever, Joint Pain, Typhoid, Headaches, Anemia, and Hepatitis A & B. Breast cancer has become a growing health concern in South Punjab, with late-stage diagnosis being a common issue due to limited access to screening and awareness programs. Hypertension is a widespread health issue in South Punjab, often linked to lifestyle factors, including a diet high in salt and limited physical activity. Anemia, particularly in women and children, is linked to nutritional deficiencies. Poor sanitation and limited access to clean water contribute to the prevalence of hepatitis A and B.

Thyroid disorders, particularly among women of reproductive age, have gained prominence in both regions. Imbalances in thyroid hormones can affect menstrual cycles, fertility, and pregnancy outcomes. Skin infections represent another prevalent health issue in Central Punjab, interrelated with factors such as climatic conditions, poor sanitation, and overcrowded living spaces that contribute to the increased incidence of skin infections in Central Punjab, clients frequently report issues such as vaginal pain, joint pain, headaches, and weakness. Cancer, particularly breast and uterus cancer.

Pakistan is a predominantly Islamic society; family planning is not only seen as ethically questionable but is also considered un-Islamic. Discussions about sexual and reproductive health are deemed taboo and unethical within the community. Any attempt to introduce awareness outside the religious framework is met with strong resistance, further contributing to the prevailing misconceptions (Ali et al., 2018). Our research shows that in the Central Punjab region with a low literacy rate many people are not equipped with the basic knowledge required to make informed decisions about their reproductive health. Communities in Central Punjab tend to adhere strictly to age-old traditions, resisting the acceptance of new teachings and practices. A prominent cultural norm in Central Punjab is the preference for sons, which significantly influences family dynamics and reproductive choices. Comparatively in South Punjab, sons are traditionally viewed as breadwinners, responsible for providing financial support to their parents in their old age. This expectation places immense pressure on families to prioritize the birth of male heirs. Consequently, women are often burdened with the societal duty of giving birth to sons, reinforcing gender roles that limit their autonomy and decision-making power. The inability to afford high-nutrient food deprives them of essential vitamins and minerals, leading to nutritional deficiencies and related health issues. This situation is further exacerbated when women are unable to follow a diet plan

that could address specific health concerns, such as those related to pregnancy or breastfeeding. In both regions people living below the poverty line have limited individuals' purchasing power, forcing them to settle for low-quality, nutritionally deficient food. For women in Central Punjab, the consequences of dietary limitations are particularly concerning for women, as their nutritional needs may differ from those of other family members due to factors like pregnancy, breastfeeding, or specific health requirements. The high cost of nutritious food items contributes to women's inability to adhere to recommended diet plans. Whether it be fresh fruits, vegetables, lean proteins, or dairy products, the financial strain makes it challenging for women to incorporate these essential items into their daily meals (Rafique & Malik, 2019).

LHWs have reported that in South Punjab couples often resist the idea of spacing between children and using contraceptives. This resistance has led to a vicious cycle where women become physically weak due to frequent childbirth, resulting in unhealthy babies who struggle to survive after birth. Maternal mortality rates have also seen a drastic increase, highlighting the urgent need for awareness and intervention. Insufficient spacing between pregnancies has been linked to an elevated risk of miscarriages in women, particularly those with low levels of essential vitamins such as D and E. Deficiencies in these vitamins contribute to premature rupture of membranes, leading to unhealthy pregnancies and miscarriages. A healthy immune system is vital for a woman's well-being during childbirth. Unfortunately, many individuals in South Punjab are not heeding professional medical advice, attempting to conceive again without allowing the mother's body to adequately recover. Research highlights that early marriage, especially in regions like South Punjab the most concerning aspect of early marriage in this context is the pressure on young brides to bear sons, which often leads to verbal abuse and mistreatment if a son is not born. The consequences of early marriage, especially when coupled with the pressure to bear sons, can be

devastating for young brides. Firstly, girls who are married off at a young age are often not mature enough to properly take care of themselves, let alone a child. They lack the emotional and psychological readiness required to navigate the challenges of marriage and motherhood. Comparatively, LHWs report that in Central Punjab women are subjected to forced pregnancies, a consequence of cultural and societal expectations. The pressure to bear children early is often linked to traditional norms that prioritize family expansion and continuity. As a result, these young brides may not have the autonomy to make informed decisions about when and whether to start a family. Adolescent pregnancies are associated with higher risks for both mother and child, including complications during childbirth, maternal mortality, and increased likelihood of infant mortality.

One of the primary challenges is the inability of women to travel long distances alone, often due to safety concerns. In many cases, spouses are unable to accompany them as they have daily wage work, making women heavily dependent on their husbands for transportation. This dependence hampers their ability to access healthcare, especially when urgent medical attention is required. The financial burden associated with local or private transportation further exacerbates the issue, as many families are unable to afford these travel expenses. (Ahmed & Siddiqui, 2020). Women hesitate to utilize health services in Central Punjab because of the considerable distance between their homes and the health centers. This geographical barrier contributes to a low targeted client ratio at these centers, as women find it challenging to overcome the hurdles of long-distance travel. The impact of this challenge is particularly pronounced in rural areas, where BHUs and RHCs may be located several kilometers away from the targeted communities.

7 Limitations

It's significant to accept these limitations as they can mark the limits, authenticity, and reliability of the study's findings. Here are some prospective limitations:

The study can encounter bias in the selection of a sample or participants for the study. There are certain challenges in the collection of data on sensitive topics such as sexual and reproductive health. They can be perplexing owing to cultural and social taboos. LHWs can give responses as per their socially acceptable beliefs, which may vary from the true experiences of respondents The study may not cover all the differences in contact with healthcare facilities and family planning services in the two regions. Variations in healthcare arrangements can disturb LHWs' capability to supply services effectively. While this study provides valuable insights and explores all relevant sub-themes it is important to acknowledge its limitations. Due to widely targeted respondents living in different districts, it was only possible to collect responses from 2 cities one from South Punjab (Lodhran), and one from Central Punjab (Lahore) it's possible that the findings may not apply to all LHWs in those regions. The study findings are based on a specific sample of LHWs from certain districts in South and Central Punjab. Although a diverse range of participants were selected for this research there is a probability of inherent biases of the researchers and participants which may have influenced the interpretation of findings. The research conclusively explores the SRHR and reproductive health of females. Data Analysis has shown that the community is vulnerable to many health problems such as breast cancer, malnutrition, diabetes, and skin infection are the highlighted health issues. These health problems are arising at an alarming level which could be further explored by future researchers. This study was conducted within a limited timeframe, which may have restricted the scope of data collection and analysis. A longer duration

of study could have allowed for a more comprehensive exploration of LHWs' experiences and a deeper understanding of the factors influencing family planning service delivery in both regions.

December to January was utilized to conduct data collection. The month of February was dedicated for data analysis and preliminary review. In the month of March, data analysis and results extraction were concluded. Moreover, the same month was used for writing the discussion limitations & concluding recommendations.

It was a self-financed research study with the aim of analyses of lady health workers. A major amount of the budget used to cover expenses related to traveling to various research locations and expenses related to printing and some small goody packs for the participants. Traveling cost, traveling to Lahore and Lodhran to visit LHWS, and Communication costs, Internet, and mobile cost is also included.

8. Recommendations

While keeping in view the results, the following recommendations are made:

Recommendations for Central Punjab:

Recognition and Identification: Provide Lady Health Workers (LHWs) with green safety vests bearing the logo of the health department for easy identification.

Uniformity: Implement a neutral gender uniform, such as a head cap with department logos, to maintain professionalism.

Health Center Establishment: Establish new health centers focused on family planning services, with a minimum of 2 in every village and remote area.

Supply of Basic Medicines: Provide LHWs with basic medicines like vitamin tablets, viral flu antibiotics, and contraceptives.

Workforce Increase: Increase the number of LHWs to benefit both the health department and the community.

Assignment at BHUs and RHCs: Ensure LHWs are assigned to local Basic Health Units (BHUs) and Rural Health Centers (RHCs) at all times.

Community Awareness: Conduct community seminars on family planning methods and health concerns, targeting male community members as well.

Safety Measures: Update policies to ensure the health and safety of on-ground health workers, including traveling facilities for LHWs in wide areas.

Volunteer Health Committees: Establish committees in targeted villages to ensure sustainability and measure effectiveness.

Client Age Criteria: Expand the targeted age group for family planning services to include women above 30.

Recommendations for South Punjab:

Community-specific Services: Tailor family planning services to meet the specific needs of the community.

Higher Education for LHWs: Recruit LHWs with higher education to bring creativity and uniqueness to the workforce.

Special Needs Services: Arrange free medical checkups for clients with special needs to empower and encourage the community.

Rehabilitation Seminars: Organize seminars for LHWs' training and rehabilitation to motivate and guide them for sustainable development.

Media Awareness Campaigns: Utilize various media platforms to raise awareness among low-literacy communities about the role of LHWs and family planning methods.

Recognition and Leadership: Acknowledge and empower active LHWs by giving them leadership roles to encourage community participation.

Comparison between recommendations:

Uniformity and Recognition: Both regions emphasize the importance of standardized uniforms and identification for LHWs.

Health Center Establishment: While both regions advocate for establishing more health centers, Central Punjab specifically mentions the focus on family planning services.

Client Age Criteria: South Punjab highlights the importance of expanding family planning services to women above 30, which Central Punjab also acknowledges but doesn't emphasize separately.

Media Awareness: South Punjab stresses the use of media for awareness campaigns, indicating a potential difference in literacy rates or media access between the regions.

Empowerment of LHWs: Both regions mention the need to motivate and rehabilitate LHWs for better productivity, indicating a common challenge across Punjab.

These recommendations reflect the unique needs and challenges of each region while also highlighting common strategies for improving the effectiveness of Lady Health Workers and family planning services.

9 Future Research

It's important to keep in mind that the research could have gaps in knowledge and there are potential areas for improvement. Future researchers may want to focus on expanding the sample size to increase the representativeness of the findings or explore other regions to see if the results hold in different contexts. Additionally, future studies could investigate the impact of interventions or programs aimed at improving the effectiveness of LHW's work proficiencies and the overall health factors of women. By addressing these areas of inquiry, future researchers may gain a better understanding of how to optimize the work of LHWs in Pakistan and beyond. Exploring the effectiveness of capacity-building initiatives aimed at enhancing the skills and knowledge of LHWs in delivering family planning services could be a promising avenue for future research. Assessing the impact of training programs, mentorship schemes, and supportive supervision mechanisms on LHW performance and client satisfaction can provide valuable insights into strategies for strengthening the healthcare workforce. Examining the implications of policy changes or interventions aimed at improving family planning services delivery in both South and Central Punjab can contribute to evidence-based policymaking. Evaluating the implementation of policies, resource allocation strategies, and governance structures can identify barriers and facilitators to effective service delivery and inform policy adjustments accordingly.

10 Conclusion

The study's primary objective is to assess and compare the experiences of Lady Health Workers (LHWs) in delivering sexual and reproductive health awareness in South Punjab and Central Punjab. Major obstacles faced and experienced by the LHWs are highlighted and explored. In South Punjab, LHWs faced pressure and resistance from society due to negative insights and myths of family planning, trust deficiency, and prevailing taboos. Male community members actively hamper their work, causing barriers to access to healthcare facilities. Support of husbands is lacking in family planning matters regarding discouragement of contraceptive methods. Women in South Punjab experience sexual and reproductive health problems such as menstrual abnormalities and a high ratio of miscarriage.

In Central Punjab, LHWs face issues regarding unethical and unprofessional questioning and lack of esteem from healthcare center staff. The extreme level of dissatisfaction of male community members regarding contraceptive methods can lead to antagonistic outcomes, including domestic fierceness. LHWs come upon conflict from some partners concerning family planning, disseminating misunderstandings and apprehension. Following this, there is no ambiguity regarding the hypothesis that both regions are encountering reproductive health issues including menstrual abnormalities and a high ratio of miscarriage.

Diverse cultural standards and gender dynamic forces expressively impact the approval of modern contraceptive methods. LHWs often experience emotional mistreatment within family and public contexts, influencing their self-confidence and value. Harassment from male members causes coercions to LHWs' security and obstructs service provision. Lack of respect from health center staff further contests LHWs in delivering quality care.

Illiteracy and spiritual theories aid as obstructions to family planning commitment in both regions. Partiality for sons highly impacts reproductive selections, strengthening gender roles and restraining women's independence. Nutritious insufficiencies and inadequate right-to-use healthcare intensify health issues, predominantly for women living below the poverty line.

Confrontation to family planning subsidies to deprived maternal and child health conclusions, together with raised threats of miscarriages and maternal mortality. Early marriage and compulsory pregnancies supplementary multiple these experiments, for the most part for adolescent brides. Geographical hurdles encumber women's access to healthcare services, particularly in rural regions.

In conclusion, addressing the multifaceted encounters faced by LHWs in providing sexual and reproductive health awareness needs multi-faceted intermediations. Efforts should emphasize on addressing community false impressions, endorsing spousal backing for family planning, enlightening healthcare structure, and authorizing women to sort well-versed pronouncements about their propagative health. Association between healthcare providers, legislators, and community stakeholders is indispensable to generating a facilitating atmosphere for widespread sexual and reproductive healthcare provision in Punjab.

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Appendix A: IRB letter

Estd. 1864

FORMAN CHRISTIAN COLLEGE
(A CHARTERED UNIVERSITY)

INSTITUTIONAL REVIEW BOARD
APPROVAL CERTIFICATE

IRB Ref: IRB-515/11-2023

Date: 16-11-2023

Project Title: A Comparative Study of Lady Health Workers Experiences in Delivering Family Planning Services in South versus North Punjab

Principal Investigator: Amna Yousaf

Supervisor: Dr Sara Rizvi Jafree

The Institutional Review Board has examined your project in the IRB meeting held on 16-11-2023 and has approved the proposed study. If during the conduct of your research any changes occur related to participant risk, study design, confidentiality or consent or any other change then IRB must be notified immediately.

Please be sure to include IRB reference number in all correspondence.

Dr. Sharoon Hanook
Convener - IRB
Chairperson, Department of Statistics
Forman Christian College
(A Chartered University)
Lahore

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042-99231581-8 Ext: 504 & 531
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Appendix B: Consent letter

Informed Consent Form for Interview Participants

You are requested to take part in a research study that focuses on your experiences in delivering family planning services. The objective of the research is to explore different aspects of the experiences of LHWs in South and Central Punjab and to classify regional inconsistencies, difficulties, and issues that have an impact on family planning service delivery.

The interview will last about 30 to 45 minutes. With your agreement, the interview will be audio recorded to make sure the accuracy of data collection. No names will be recorded or reported and these interviews will remain confidential to the researcher.

You have the option to decline to be part of this study or withdraw from at any time. No compensation will be offered to participate in this research. There are no attached benefits and cost-related risks for the participants. However, your contribution to the research will extend the understanding of family planning service delivery in Punjab.

By signing the form, you agree that you have read and understand the questions given in this consent form. You willingly comply to take part in the interview for this research study.

Participant's Signature: _____

Date: _____

Amna Shehzadi
MPhil Scholar, Forman Christian College University
Email: amnayousaf152@gmail.com

ضمیمہ A: رضامندی کا خط

انٹرویو کے شرکاء کے لیے باخبر رضامندی کا فارم

آپ سے درخواست ہے کہ ایک تحقیقی مطالعہ میں حصہ لیں جو خاندانی منصوبہ بندی کی خدمات کی فراہمی میں آپ کے تجربات پر مرکوز ہو۔ تحقیق کا مقصد جنوبی اور شمالی پنجاب میں لیڈی ہیلتھ ورکرز کے تجربات کے مختلف پہلوؤں کو تلاش کرنا اور علاقائی عدم مطابقتوں، مشکلات اور خاندانی منصوبہ بندی کی خدمات کی فراہمی پر اثرانداز ہونے والے مسائل کی درجہ بندی کرنا ہے۔

انٹرویو تقریباً 30 سے 45 منٹ تک جاری رہے گا۔ آپ کے معاہدے کے ساتھ، ڈیٹا اکٹھا کرنے کی درستگی کو یقینی بنانے کے لیے انٹرویو کو آڈیو ریکارڈ کیا جائے گا۔ کوئی نام درج یا رپورٹ نہیں کیا جائے گا اور یہ انٹرویوز محقق کے لیے خفیہ رہیں گے۔

آپ کے پاس اس مطالعہ کا حصہ بننے سے انکار کرنے یا کسی بھی وقت اس سے دستبردار ہونے کا اختیار ہے۔ اس تحقیق میں حصہ لینے کے لیے کوئی معاوضہ نہیں دیا جائے گا۔ شرکاء کے لیے کوئی منسلک فوائد اور لاگت سے متعلق خطرات نہیں ہیں۔ تاہم، تحقیق میں آپ کا تعاون پنجاب میں خاندانی منصوبہ بندی کی خدمات کی فراہمی کی سمجھ کو بڑھا دے گا۔

فارم پر دستخط کرکے، آپ اس بات سے اتفاق کرتے ہیں کہ آپ نے اس رضامندی کے فارم میں دیے گئے سوالات کو پڑھ اور سمجھ لیا ہے۔ آپ اس تحقیقی مطالعہ کے لیے انٹرویو میں حصہ لینے کی رضامندی سے تعمیل کرتے ہیں۔

شرکت کنندہ کے دستخط: _____

تاریخ: _____

Amna Shahzadi
MPhil Scholar, Forman Christian College University
Email: amnayousaf152@gmail.com

Appendix C: Permission letter

Punjab Population Innovation Fund

A Company set up under Section 42 of Companies Ordinance 1984

TO WHOM IT MAY CONCERN

I am writing to request your permission for an essential part of my research as part of my M. Phil program at Forman Christian College, Lahore. The title of my thesis is "A Comparative Study of Lady Health Workers' Experiences in Delivering Family Planning Services in South versus Central Punjab,". To start this research, I request your support to proceed with my research work effectively.

As a part of my research, I have to conduct interviews of Lady Health Workers, working under the projects of PPIF related to family planning.

Being an employee of PPIF, I kindly request your authorization to interview the Lady Health Workers working under the projects of PPIF related to family planning. This permission is sought under the auspices of the Punjab Population Innovation Fund (PPIF) to ensure the legitimacy and credibility of my research work.

I assure you that I will adhere to all ethical guidelines, maintain confidentiality, and conduct the interviews with the utmost respect and sensitivity towards the Lady Health Workers and their valuable contributions to public health. I also assure this research will help PPIF to design new projects and ideas related to Family planning in both parts of the province, also the improve role of LHWs in family planning services.

Your permission for this research endeavor would significantly contribute to the successful completion of my M. Phil thesis and add to the body of knowledge in the field of public health. I would be grateful for your prompt attention to this request.

Signature of Manager M&E

PUNJAB POPULATION INNOVATION FUND * PPIF

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Appendix D: Questionnaire

Section 1: Demographic Information

1. Age: _____
2. Gender: _____
3. Location: (Central/South) Punjab

Section 2:

Introductory Question

Workplace and employer support challenges faced by LHWs

لیڈی ہیلتھ ورکر کو درپیش کام کی جگہ اور آجر کی معاونت کے چیلنجز

RQ1: Please provide a brief overview of your background and experience in the field of sexual and reproductive health and family planning issues?

سوال نمبر 1: برائے مہربانی جنسی اور تولیدی صحت اور خاندانی منصوبہ بندی کے مسائل کے میدان میں اپنے پس منظر اور تجربے کا ایک مختصر جائزہ فراہم کریں؟

RQ2. Discuss the main challenges you face during your work.

سوال نمبر 2۔ اپنے کام کے دوران آپ کو درپیش اہم مسائل پر بات کریں۔

RQ3: If there are five things you could change about your job what would they be?

سوال نمبر 3: اگر آپ اپنی ملازمت کے بارے میں پانچ چیزیں تبدیل کر سکتے ہیں تو وہ کیا ہوں گی؟

Challenges in Delivering services and uptake

خدمات کی فراہمی اور اپٹیک میں چیلنجز

RQ4: What are the challenges faced by LHWs in delivering services for sexual and reproductive health and family planning?

سوال نمبر 4: لیڈی ہیلتھ ورکرز کو جنسی اور تولیدی صحت اور خاندانی منصوبہ بندی کے لیے خدمات کی فراہمی میں کن مسائل **کا سامنا ہے؟**

RQ5: What are the challenges in uptake by women clients, as perceived by you?

سوال نمبر 5: جیسا کہ آپ سمجھتے ہیں کہ خواتین کلائنٹس کے ذریعے کام کرنے میں کیا مسائل **ہیں؟**

Possible Barriers Due to Spouse or Other Family Members

شریک حیات یا خاندان کے دیگر افراد کی وجہ سے ممکنہ رکاوٹیں۔

RQ6: What are the possible barriers placed by spouse which prevents uptake of family planning in women clients, as perceived by you?

سوال نمبر 6: شریک حیات کی طرف سے ممکنہ رکاوٹیں کیا ہیں جو کہ خواتین کے گاہکوں میں خاندانی منصوبہ بندی کے عمل کو روکتی ہیں، جیسا کہ آپ نے سمجھا؟

RQ7: What are the possible barriers placed by family and/or in-laws which prevents uptake of family planning in women clients, as perceived by you?

سوال نمبر 7: خاندان اور/یا سسرال والوں کی طرف سے ممکنہ رکاوٹیں کیا ہیں جو کہ خواتین کے گاہکوں میں خاندانی منصوبہ بندی کے عمل کو روکتی ہیں، جیسا کہ آپ نے سمجھا ہے؟

Types of Health Problems Faced by Women

خواتین کو درپیش صحت کے مسائل کی اقسام

RQ8: What are the main reproductive health problems faced by women in the community, as experienced by you?

سوال نمبر 8: جیسا کہ آپ نے تجربہ کیا ہے، کمیونٹی میں خواتین کو تولیدی صحت کے بنیادی مسائل کیا ہیں؟

RQ9: What are the other health problems faced by women in the community, as experienced by you? (Prompt: chronic disease- diabetes, cancer, heart problems, arthritis…)

سوال نمبر 9: کمیونٹی میں خواتین کو صحت کے دیگر کون سے مسائل کا سامنا ہے، جیسا کہ آپ نے تجربہ کیا ہے؟ (فوری: دائمی بیماری- ذیابیطس، کینسر، دل کے مسائل، گٹھیا...)

Community Support

کمیونٹی سپورٹ

RQ10. What types of community support systems exist for women who seek sexual and reproductive health services?

سوال نمبر 10- جنسی اور تولیدی صحت کی خدمات حاصل کرنے والی خواتین کے لیے کس قسم کے کمیونٹی سپورٹ سسٹم موجود ہیں؟

RQ11. How do cultural norms and societal stigma affect women's decisions to seek sexual and reproductive health services, such as family planning or antenatal care?

سوال نمبر 11۔ ثقافتی اصول اور معاشرتی بدنامی خواتین کے جنسی اور تولیدی صحت کی خدمات جیسے خاندانی منصوبہ بندی یا قبل از پیدائش کی دیکھ بھال کرنے کے فیصلوں کو کیسے متاثر کرتی ہے؟

Future Needs and Development

مستقبل کی ضروریات اور ترقی

RQ12. What do you believe are the most pressing needs and priorities for improving sexual and reproductive health services in South/Central Punjab?

سوال نمبر 12۔ آپ کے خیال میں جنوبی/شمالی پنجاب میں جنسی اور تولیدی صحت کی خدمات کو بہتر بنانے کے لیے سب سے اہم ضروریات اور ترجیحات کیا ہیں؟