

STRESS AMONG LADY HEALTH WORKERS: A SPECIAL REVIEW OF PAKISTAN

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ABSTRACT

Lady health workers are playing a central role for community health, upgrading of nations, all over Pakistan, particularly their role for polio eradication. Lady health workers faced whole set of troubles, in equally in their family as well as in their professional lives. They take part in their duty as a companion, mothers as well as an earner. Objectives of research are to explain in what ways lady health workers feel stress. To unpack the causes of stress: among lady health workers. There is review of 22 research papers related to lady health workers 'fields activities and stress felt during job while maintaining their customary role that overlap responsibilities. Hence, customary laws are one of them means of stress. To working lady health workers, encompass through. The current review article focuses on working lady health workers stress, several aspects in their work setting, which is grounded in their nature of work, whereas during hard-to-reach pockets during community engagement activities face issues related to negative attitude that also increase the stress. After reading the maximum research papers it is concluded that there is lack of research on issues faced by LHV's. Policy makers and research organization are not taking actual information on the base of subjectivity that may be differ at al level, so the papers explained regards the managerial issue's, low educated LHV's. Government new policies and less educated LHV's that facing issue regarding data sharing and field work.

Keywords: Stress, Lady health workers, Community development, Rural areas, Campaign

INTRODUCTION

Lady Health workers (LHWs) are the (FLW's) who are skilled to aid basic healthcare services, health educations to their concern cover areas, that is mostly near to their house or she is living at that village, with in UC of that community. The total number of (LHWs) is more than forty-eight thousand approximately in Punjab. Every LHW provide health education and community meetings to 1000 families in to her assigned areas. For this she needs to ensure 10-15 household's visits every working day as per government calendar. They are responsible as per Job descriptions for maintaining complete records of family eligible marriage couples, under 15-year girls and boys, the (PW) Pregnant women record along with polio campaign data and fields work activities during, SIA's, further more daily dairy record, like register, Routine Immunization, as well as family planning (FP) related record. LHWs act as vital health education promoter for the successful rescue and explanation of national intervention such as (PEI) Polio Eradication Initiative (Zaidi et al., 2020)

There is communicational gap among the community health need and health system. Moreover, in spite of low income a key portion was being used upon tertiary care (level) consequently neglect (Bhu's) primary health care to the (RHC) rural health center's inhabitants (Anwar, 2006).

The Government of Pak through the hold up of WHO, show its obligation by beginning a community health workers programme recognized as the "National Programme for Family Planning and Primary Health Care (FP&PHC)" in 1994. The Programme widely recognized as "Ladies Health

Workers Programme" (LHWP), has been able to collect community contribution during society need creation through mobilization, awareness as well as carry about change in position about essential issue of health plus family development/planning by establish an inclusive grass roots stage flourishing system for state of primary health care (PHC) (Ronis et al., 2007).

This analysis furthermore work-related to field stress faced by (LHV's) lady health workers good thing its connection, all the way through self-perceived comfort in addition sick leave and operational work of CHW's. The results convey it to light that the main factor cause stress and bounded by them is 'stress allocated; unfavorable circumstances follow by 'augmented workload. Women allied with 'high perceived stress continuing to inferior like salary linked by means of conflicts' are daily monthly report taking along with additional sick leaves (Gyllensten & Palmer, 2005). Anxiety at learning is growing difficulty for all employees, as well as women. Furthermore, in FLW's levels of strain: associated poor health is virtually elevating the stress to manifold (Abdullah et al., 2008).

Stephen Palmer and Kristina Gyllensten (2005) explain numerous aspects like lack of occupational development, favoritism, discrimination along with stereotype are main reason that constructs stress connecting the women. They argue that women report privileged, high level of stress seeker; compare with male (Gyllensten & Palmer, 2005; Lottrup et al., 2013).

The (LHW) of the Pakistan they are part of National Programme designed for Family Planning furthermore (PHC) Primary Health Care generally fits into the significance of (CHW) community health worker along with thesis a vital aspect of health care, make public understanding of the nation healthcare system. This is federally finance; advance programme and implemented at the grass root phase since 1994, relating to 96,000 workers along with their supervisor have been taught in addition to arrange in all the 135 districts of Pakistan. They are 65% from target population of rural along with urban slums (Bhuvaneshwari & Management, 2013).

There is no usually recognized standard designed for stress assessment. A number of examine studies by means of (obtainable stress, dimension and process) like psychological measures of stress measurements as well as biological indicator: have been performed, furthermore, learning on HRV and stress are mounting in frequency. HRV is the rise and fall of the length of heartbeat interval Heart rate variability increase at some stage in relaxing and recovering activities along with decreases during stress time this change occur from day to day on the base of activity level and work-related stress. Also it's up to external and internal stress factors (Omer et al., 2008).

Objectives

- To explain in what ways lady health works, feel stress.
- To unfold the cause of stress situations among LHV's.

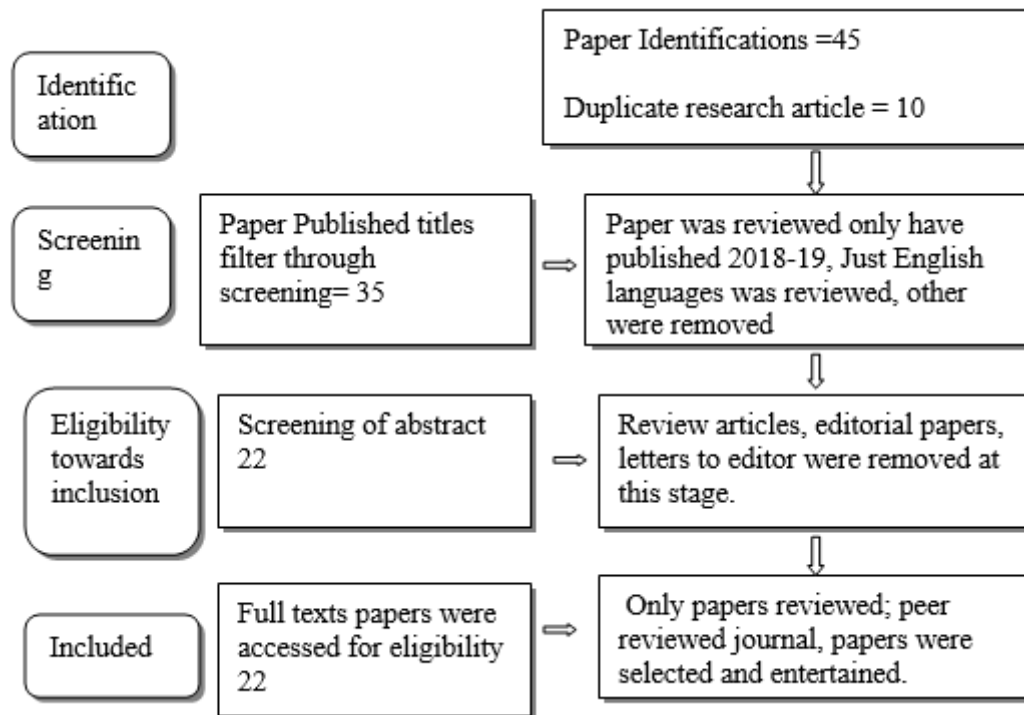
The Review of papers, (Lehmann et al., 2007) explain that ladies health worker (LHW'S) generally troubled at once in numerous tasks, that cause stress among family as well as work every day jobs that leads towards stress among them (Haq et al., 2008) explore, various roles, require of career development, inequity in addition to stereotype is the factor that creates stress for women. They deep-rooted that women privileged as a high level of stress if compared to male

Bhuvaneshwari, (2013) exposed that stress is committed operational women was reason owing to a diversity of family and official commitment, harassment at field, extensive hours work and inappropriate workload. Such factors lead to stress in during fields activities like expanded headaches, high blood pressure and heaviness. She also accomplished that pressure can be minimized with matching work as well as family, with institutional hold, to spend some moments of their leisure time by doing some physical exercise. Douthwaite et al., (2005) stated that the Lady Health Worker's unrestricted entree to households, complimentary communication through confined women furthermore established high point suitability have render them suitable in addition to reliable programme for Mother Neonatal Child Health (MNCH) examine source at the community stage, LHW's are deploy within communities to suggest essential health care encompass a variety of title but CHW word frequently used to portray this cadre. According to WHO: "CHW must be members of the society anywhere they employed, must be preferred by the community, must be accountable to community intended for their behavior, be supposed to by the health structure but not basically a component of its society, and comprise less trained in respect of professional workers. So LHW's play a vital role in civilizing, augmentation plus exposure of health provision, services condition which is hard-to-reach to their, own pockets. Mumtaz et al., (2003) reported offensive administration

configuration, disrespect commencing male colleagues as well as perceptive to gender-based cultural constriction, conflict to effort; responsibility and disadvantaged infrastructural support, along with significant harms face by feminine PHC. The study conducted in 1998. The study suggests that women's face disregard from male while work related responsibilities was improved. The success is raising the implementation of contraceptives by means of rural women. Serve by Ladies Health Workers was notably more possible to apply up to date contraceptive method than women in community does not provide by LHW at the back calculating for different human being as well as family unit. They advocate for continuation of given that approach all the way through community-based human resources to accomplish general right to use to safe family planning method. Study guided that communication on kin planning is immobile alleged as a composite area by these staff while the planned be theoretical to be sustained, a quantity of(IPC) interpersonal communication, ability, construction procedures to additional improve performance along with output. Douthwaite et al., (2005) argued that it is now documented that stress in the on the economic increase countries are a serious community health wellbeing issue, predict to be converted into the most frequent cause of disability from 2020.

Murray et al., (1996) explain the reason for this increased frequency is not clear in addition to a better understanding of etiology is essential if intervention is to be successful. promising explanation comprise social adversity, particularly poverty, poor schooling and deprived access to health treatment, complex, perhaps by cultural beliefs regarding depressive. Closser, (2011) reported that the UNICEF research department conducted interview, the enormous mass of LHWs with other (FLW's)frontline polio staff said their income is not enough for basic needs of life: food, transport, along with housing. Family income approximately, lower -US2\$ a day per individual other hand other staff also. Female polio staffs said with the intention of small pay; de-motivate their encouragement.

Figure 1, the selection of relevant research papers/articles process is given below.



Below table will unveil the basic screening data of reviewed article, here in will shared the used methodology, sample size, timeline, expected population and remarkable outcome of reviewed.

METHODOLOGY

The reviewer has identified 45 relevant papers whereas 10 were duplicate and searched, Paper Published titles filter through screening were 35, and Paper were reviewed only have published 2018-19, Just English languages were reviewed, other were removed Full texts papers were accessed for eligibility. Only papers reviewed; peer reviewed journal, papers were selected and entertained finally were 22.if unpack the research methodology, over all paper were have abstract and all were scanned

and fully red twice a time of all 45 paper and 22 papers, abstract along with research methodology, target population, research design, total and target population, sampling technique, data collection tool, case studies, FGD'S were mostly red. Maximum were used interviews, survey, case-study, FGD'S were used as data collection tools also Synthesis of papers and systematic review were used. Desk review, reports documents review, field validation, Thematic analysis, Qualitative methodology were used; mostly design was descriptive used.

Abstract scanned & Red twice / elected Population	Methods	Reviewed/final selection	Results/ findings		Conclusion	Recommendations
Yes/3410(36)	Thematic analysis of 4countries data, Qualitative.	Yes, incorporation of health innovation keen on health system, guide for major review.	Ethiopia, India, Brazil, Pakistan / CBHW	Training and retraining , discrimination	Include the political and community elders	Highly skilled trainers, scale up, gradation and ensure compatibility to health system, inadequate. Infrastructure and vaccine supply govt adopt step wise approach, government financing training [16]
Yes/313200	Multimethod study , 6,FGD, survey, stratified random sampling	LHVs, Dr., midwives.	Rural /200 LHWS, 20 Bhu,2 RHC, 28 Dr,12midwives,15 vaccinators (150, LHWS)	Mental stress. Distance from bhu is very long	26% LHW's of national programme are mentally feel distressed, lack of career path	IPC skill are not being Enhanced third party evaluations, LHW's own opinions, scaling up-task force, optional carrier's advancement for future (Haq et al., 2008)
Yes/NA	period of 1 y (2007-08) descriptive study	Desk review of project papers, MIS management information system, reports, Interviews, discussions , formal and informal, stakeholders, NGO's,	Pakistan	Not mention	97% LHV's qualification is 8 th class schooling or more.	There are 90,000 LHWS All over the Pak, 44000, per annum expenses by the government, economic constraint& political interfere leading to administration issues.[(Hafeez et al., 2011)

		government ministries, all departments included line				
Yes/4 UC'S.	1990 joining LHV's was interviewed	interviews & FGDs	Rural /4 UC's were selected	Not mention	Resistance in the LHV's as regards women's decision to tieas (HW). Women's feel stress especially during work	The patriarchal context and a strict set of gender norms, values, household based, mobility Overcoming these possible barriers as well as creating a slot "Qatron Wali Baji a polio health workers. (Chaudhry, 2019)
Yes/NA	Not mention	Interview and desk analysis, review of literature	Not mention	Not mention	Over work load and traditional ways to deal with LHV's, multiple responsibilities of job and family create issues.	Traditional roles are the key source of stress that operational Female encompass to face. (Swathi et al., 2016)
Yes/3001 articles, then 153 finally selected 111	Synthesis of papers and systematic review.	Systematic review & conceptual framework; Jan 2008 to April 2018.	Asia-Pacific	Cost-effective and feasible approach to delivering critical, life-saving services to the whole population. Generate s trust	building managerial ability; institutionalizing community meeting; 'modernizing PHC information systems.	Society engagement range from 'light touch' session through to extra substantive effort as component of a co-design approach. Such approaches augment suitability for services, and promote community admiration trust (Dodd et al., 2019)
Yes/250	cross-sectional survey design	non-experimental, correlation and	Iran (Ahvaz)/ study during 2010	occupational stress'	Working women plus their family. There is a	important positive relationship among levels of occupational pressure, stress (Zarra-Nezhad et

		regression analysis. Random sampling			huge require for study on effective women.	al., 2010)
Yes/1939/ 2,59 Final.	two-phase survey, house-to-house survey	Psychiatric Assessment Schedule (PAS, Multivariate analysis	Pakistan (Mundra, Islamabad, Grand Trunk road	high frequency of depressive disorder in Pakistan,	A total of 259 people were screened, 145,56 percent were feminine, there were eight refusals (98% reply rate)	judgment of the belongings and non-cases indicate that belongings be less well sophisticated, had more children and skilled more manifest (Husain et al., 2000)
Yes/NA	SWOT	Searching literature	Not available	Planning is very poor, HH issues.	Job insecurity, on payment of salaries	For program successfulness include the political elders, Mobilization activities (Sharma et al., 2013)
Yes/NA.	Snow ball sampling	Desk review, reports documents review	Not available	Over load and no supportive supervision	Not available	Community based Strategies, respect and acceptance from the community (Jaskiewicz & Tulenko, 2012)
Yes/60 FLWs.	semi-structured interviews	semi-structured interviews, UNICEF report (Closser, 2011)	All Pak data	Long distance but low wages.	L H W, Risk Their Lives; But Do Not obtain a income.	Building Stronger partnership by means of LHWs determination, guide to factual Health System intensification in addition to assist wipe out Polio (Haines et al., 2007)

DISCUSSION

There are various kinds of stress that are especially to women who did jobs are disturbing an enormous segment of that population. The 2013 Stress & Wellbeing survey, one out of four working women reported that they are feeling severe stress. It establishes men as well as women cover dissimilar reactions to stress, together physically and psychologically. More HH visits to given responsibilities, overload and extra work hours. Work and life balance management issue, putting extra hours during workwomen satisfaction level was also low and male field's exploitation that causes the stress. Psychological stress, particularly depression also its affect the work performance. World Health Organization (WHO) study suggest that stress level will become double after 5 years and it's a second leading reason in worldwide. LHV's face lot of issues during fields especially they cannot ride a motorcycle to access for flung areas. After review literature several aspects to be established in scheming and put into practice successful CHW scheme. The assessment keenly shows that (a) assortment of CHWs commencing the community they give out as well as (b) demographic-

coverage along with the range of services accessible at the society level are fundamental within the intend of useful CHW scheme. It ought to be well-known that the minor the residents handling and cure the further included as well as demanding the examiner; obtainable by the FLW's. The degree to which extra factor ought to be in use into description is conditional on limited conditions, as well as economic plussocio-political factor. whereas the role of specific, gender, guidance, feedback, training, education along with monitoring system, and incentive with career projection, the financial resource foundations well as following promise will mainly determine the measure of attention these obtain in the mean and accomplishment of community health worker scheme (Haines et al., 2007).

Gap and Supportive Remarks

Most of the researchers not mention the G1,G2, G3 areas issue separately that is very important , LHV's are doing work but if one LHV,s purpose field activities she is pointed in G1 Area so this is soft area where as the other is pointed into G3 that is hard to reach and no facilities while salary is equal , so this gap that can be filled through equality biased , LHV,s purpose work into had to reach hard to reach pockets but cannot provide any security , LHV,s are doing work as a vaccinator into covered areas and uncovered areas that is not justifiable and as per government policy, During polio campaign LHV,s did work till late night that is not as per SOP's while government pay little , into village UC's. UC's are extra-large and LHV's are equally paid by the government that is not justifiable and it's against and question mark for all policy makers , its leading cause that in Pakistan we are unable to eradicated the polio, Communication staff is not doing work into maximum UC's government is very less interested to appoint the communication and mobilization staff into hard to reach pockets , HRP population on risk is not being properly vaccinated through vaccination, community elders are not being involved into 80% UC's for community health staff trust building . In rural areas 80% LHV's educated less than 8th class other is F.A, FSC, B.A, BSC or master, those LHV's are less educated they do not have the capacity to understand the sop's and community session, interaction 40% areas are yet uncovering or not filled by the government due to dying cadre, LHV's are living into nearby cities for their children's better education that is against the policy, community cannot take advantage from the LHV's knowledge and experience. When LHV's move out of UC. Such things take lot of time and community face issue regards vaccination and health education. These are the main gaps and such causes lead towards stress. Lady health workers stress is an increasing dilemma particularly degree for field working women. The troubles due to maximum levels of stress; can be celebrated; actually, psychologically furthermore behaviorally. The most severe effects of stress narrate toward the work performance. It is suggested that government should take measures to improve lady health workers working conditions, increasing wages and decreasing workload by assisting them with modern technology.

CONCLUSION

After reading the maximum research papers it is concluded that there is lack of research on issues faced by forint line workers, Policy makers in addition to research organization are not taking actual information on the base of subjectivity that may be differ at al level. So the papers explained regard the managerial issues, low educated LHV's. Government new policies and less educated LHV's that facing issue regarding data sharing and field work. Work pattern changed for better planning and follow the equality on the base of distance, hard to reach pockets, fuel consumptions and motivation patterns. Behaviors change communication and resource allocation for awareness and community motivation especially into hard-to-reach areas. Social structure and LHV's movement especially during field, data collection, family support, office work and field work issue that face women's related to gender harassment , unequal wages and equal responsibility , equal wages and G3 areas work load, polio work from dawn to dusk and office explanations related to job performance , unequal distribution of resources and equal work performance expectation , over work load and human personal life especially family life , social disconnection and mental stress are directly linked with LHV's work performance its leading cause.

Abbreviation

Lady Health workers (LHWs)

Frontline workers (FLW's)

Union council (UC)

Household (HH)
Job descriptions (JDs)
Supplementary immunizations days (SID's)
Pregnant women's (PW)
Routine immunization (RI)
Heart rate variability (HRV)
Polio Eradication Initiative (PEI).
Community health worker (CHW)
World health organization (WHO)
Mother Neonatal Child Health (MNCH)
Primary health care (PHC)
Ladd health worker program (LHWP)
Interpersonal communication (IPC)
heart rate variability (HRV).

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