

## FACTORS AFFECTING FAMILY PLANNING SERVICES' UTILIZATION AMONG BENEFICIARIES OF LADY HEALTH WORKERS

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### ABSTRACT

*Family planning is thought to be a practical way to slow down population growth and enhance mother and child health. The doorstep services through Community Health Workers (CHWs) are essential in order to attain universal access to family planning methods. In Pakistan the Lady Health Worker Program (LHWP) tried to combine family planning and primary healthcare right at the client's door by deploying CHWs known as Lady Health Workers (LHWs). The objective of this study was to explore the characteristics of LHWs influencing beneficiaries' use of family planning services provided by this cadre. In order to achieve the objective, a quantitative research approach was used, with the social ecological model serving as the theoretical framework. Participants in the research ranged in age from 15 to 49 years and were from 398 families in the Lahore District. Participants were chosen by a proportional systematic random sample, and an interview schedule was used as the data collection tool. The study found a substantial correlation between beneficiaries' utilization of family planning services and different characteristics of LHWs. Based on these findings, it is recommended that LHW skills be improved or enhanced so that more women can benefit from the family planning services that LHWs offer.*

**Keywords:** Family Planning Services, Beneficiaries, Lady Health Workers, Characteristics, Lahore District

### INTRODUCTION

Family planning refers to the services, policies, knowledge, attitudes, practices, and products, such as contraceptives, that enable women, men, spouses, and youth to avoid unwanted pregnancy and to decide whether or not to have a child (Starbird et al., 2016). Family planning improves women's health, lowers poverty, and gives more authority to females. Despite this, more than 200 million women in underdeveloped countries wish to avoid pregnancy but do not use a contemporary contraceptive technique. They confront several challenges, including a lack of knowledge and health-care resources, resistance from their spouses and communities, misunderstandings about side effects, and financial constraints (Bongaarts et al., 2012). Family planning is seen to be a useful method for reducing population growth and improving mother and child health. Pakistan's government has been working hard to increase the availability of family planning services as Pakistan's population has increased by 2.4 percent since the previous census was performed there in 2017, bringing the total to 207.7 million. Currently, researchers and decision-makers predicted that Pakistan will pass China to become the fifth most populated nation in the world by 2050 if its growth rate stays the same. However, the country, like many other poor countries throughout the world, still has an unmet demand for family planning (Imran & Yasmeen, 2020; Asif & Pervaiz, 2019). Despite previous failures to promote family planning in Pakistan, contraceptive usage more than quadrupled between 1990–91 and 2000–01. This increase has corresponded with the Pakistani government's persistent attempt to expand access to contraceptive services, especially in rural areas. In the early 1990s, the Ministry of Health launched the Lady Health Worker Program (LHWP), which attempted to integrate family planning with basic health care on the doorstep (Douthwaite & Ward, 2005). Designing efficient family planning services in a country with such a huge and fast rising population as Pakistan is a national and international concern. In many

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nations, expanding information and services outside the confines of a clinic-based strategy has shown to be the key to success. Pakistan appears to be no exception in this regard. One cause for underutilization of family planning services is Pakistani women's limited mobility, which originates from long-standing customs of female seclusion (Sultan et al., 2002). Various studies have reported that to overcome these socio-cultural barriers, the majority of LHWs kept their privacy during FP counseling (Khan et al., 2012). Investing in volunteer family planning services and commodities is a low-cost socioeconomic development initiative as well as providing universal contraceptive access might help to meet some of the Sustainable Development Goals (SDGs) in the long run (Wazir et al., 2021). In promoting contemporary methods of contraception, community health workers have proven successful (Bibi et al., 2008). Clients save time and money when CHWs come to their homes, and adoption and ongoing contraceptive usage is easier. One of the reasons for home contraceptive distribution was this favorable effect (Janowitz et al., 2012). Community health workers (CHWs) help bridge the gap between the healthcare system and the local population. They have an excellent platform in their job to promote health of community people (LeBan et al., 2021). Community Health Workers (CHWs) can help improve maternal and newborn health outcomes in low- and middle-income countries by providing education if they are trusted. Early community involvement, non-threatening house visits that built relationship, and supportive supervision increased CHW confidence, trust, and acceptance, as well as community members' desire to act on what was spoken (Singh et al., 2015). In addition to enhancing population health, community health worker (CHW) programs are crucial for expediting the expansion of universal healthcare (Zulu & Perry, 2021). Client trust in community health workers (CHWs) is critical for increasing the quality and equality of global community health systems. Individuals' positive anticipation that their needs will be appropriately satisfied (and that they will not be harmed) by a health practitioner or system is generally defined as trust in the health systems literature. Clients' trust in community health workers (CHWs) is especially important in low- and middle-income countries (LMICs) with under-resourced health systems (Sripad et al., 2021). Young freshly married women in Pakistani households have low status, hence their personal mobility is likely to be restricted, limiting their access to family planning services. These are the female who would benefit most from community-based contraception delivery in urban slums (Stephenson & Hennink, 2004). Research has found that according to these women their main sources of knowledge regarding family planning were their neighbors, mother-in-law, friends, sister-in-law, and spouse. Women appeared to be more exposed since they frequently interact with lady health workers and lady doctors, but this information is not shared with their husbands or discussed openly. Many of the challenges to family planning are tied to spousal communication, which is largely ignored by family planning programs (Azmat et al., 2012). Even when women have knowledge of and physical access to family planning services, husband's rejection has the greatest impact on women's intention to use contraception (Khan et al., 2015). There are a number of intrinsic strengths and tensions in the environment where CHWs build ties with the health system and the community that can either support or impede the quality of these connections. CHWs require the ability to participate in community-based groups as well as strong interpersonal communication abilities and community involvement skills (LeBan et al., 2021). Men who live in cities are more likely to utilize contraception because they are more aware of it and have a good attitude toward family planning. Men's engagement in the use of family planning can also be explained in part by the wife's autonomy (Kiani, 2003). Family planning service providers still lack enthusiasm and have conflicting perspectives around the topic. There is a critical need for providers to receive education and training on contemporary contraceptive methods. They can also advise clients on how to apply effective methods and manage side effects by equipping them with the technical and interpersonal skills needed to address side effects. A more thorough evaluation of provider attitudes and knowledge is also required (Zaidi & Hussain, 2015).

## **REVIEW OF LITERATURE**

Family planning programs have been one of the most effective development initiatives in the last 50 years. They are one-of-a-kind in terms of the variety of potential advantages they might provide, which include economic growth, maternity and child health, educational advancements, and women's empowerment. According to different researches governments may lower fertility and achieve large-scale benefits in health, prosperity, human rights, and education by implementing high-quality voluntary family planning programs (Bongaarts et al., 2012). To achieve universal access to safe family

planning methods, the model of offering doorstep services through community-based female workers has been recommended time and again (Douthwaite & Ward, 2005).

A cross-sectional comparison research in Yemen was done in two project villages and two villages that were not involved in the project. The purpose of the study was to look at the effects of community health workers who were educated as part of a community-based reproductive health promotion (CBRHP) initiative on the usage of family planning services in their communities. In comparison to the non-intervention regions (51.1 percent), the rate of ever using contemporary contraceptive methods was greater in the intervention areas (74.5%) (Dureab et al., 2015).

A study by Okech et al., (2011) in Kenya found that various variables affect the utilization of family planning services. These included partner's approval, quality of the services, attitude of the staff offering the services and the woman's understanding about family planning services. The study suggested that the community-based distributors' activities should be resurrected and strengthened, and family planning education and activities at the household level should be prioritized to boost the use of family planning services among women in slums (Okech et al., 2011).

Another study by Najmi, et al., (2018) in Pakistan found that there was strong association between door-to-door counseling by community health workers and the use of contraceptive methods, as well as access to public and private contraceptive facilities (Najmi et al., 2018).

Scott, et al., (2015) assessed in a systematic analysis the effectiveness of community health workers' (CHW) provision of family planning (FP) services in low- and middle-income countries and found that there is substantial evidence to support the promotion of CHW programs to increase access to FP services (Scott et al., 2015).

Another study by Brooks et al., (2019) aimed to investigate if visits by community health workers named *Relais* are related to increasing use of contemporary contraception among newlyweds in rural Niger and found that compared to those who were not visited by a *Relais*, young married women were more likely to adopt contemporary contraceptive techniques (Brooks et al., 2019).

During a 6-month period, union council Pat Baba, District Mardan were studied by Nisar et al., (2020) to know the prevalence of contraception and the most popular method of contraception in areas with and without Lady Health Workers services. 322 homes were chosen, 161 from the union council Pat Baba LHW-covered territory and 161 from the LHW-uncovered region. It was found that 98.1 percent of the women had awareness of contraceptive techniques, compared to 90.1 percent of the women in the uncovered area. LHWs made up 87 percent of the women's information sources in the covered region, but there were other sources in the uncovered area. In covered regions, the prevalence of contraception was 59 percent, compared to 51.6 percent in uncovered areas (Nisar et al., 2020).

According Juma et al., (2015) Kenya is one of the African nations with the highest fertility rates. Increased use of family planning services is necessary to stop the trend of high fertility rates, especially in rural regions where these services are provided by community health workers (CHWs). In four rural areas of Western Kenya, a research was done by Juma et al., (2015) to see how women felt about the CHWs' provision of family planning services. Only 963 of the 1,997 women (15-49 years old) who participated in the cross-sectional baseline survey and received the survey questionnaire were valid for analysis. The results showed that just a third of the respondents gave CHWs' Family Planning services a high level of approval. The study concluded that in Kenya's Western region, CHWs' family planning services are not well-received by women. Sensitizing women to the importance of CHWs in delivering family planning services requires a significant amount of work if demand and supply for these services are to be improved in this area (Juma et al., 2015).

According to Diamond-Smith et al., (2020) although person-centered quality for family planning has received more attention recently, few treatments have specifically addressed it or examined the relationships between this quality and family planning outcomes (uptake, continuation, etc.). The community health worker, named Accredited Social Health Activists (ASHAs), is frequently the initial point of contact for family planning in India. A study was conducted by Diamond-Smith et al., (2020) using mixed method approach, the study assessed a training on person-centered family planning given to urban ASHAs in Varanasi, India in 2019 as an add-on to a training on family planning services. First, the study tests the validity of a scale used to assess person-centered family planning among community health workers. According to study findings family planning uptake is correlated with higher person-centered family planning scores. The training may have raised provider pressure since women in the intervention group were more likely to indicate that their ASHA had a strong

preference for the technique they used. The study concluded that the best way to intervene to alter behaviors linked to person-centered family planning needs further investigation (Diamond-Smith et al., 2020).

A household survey was carried out by Hayward & Brown (2019) in rural eastern Ugandan villages in 2015 to find out the fertility rate, the prevalence of hospital births, the usage of modern contraception, and the unmet demand for it. In the communities surveyed, there is still a high fertility rate and a large unmet need for contraception. But, the family planning program run by community health workers under the Uganda Village Project has showed promise in addressing these issues (Hayward & Brown., 2019).

Community health workers (CHWs) are crucial to the provision of healthcare in rural areas when there is a shortage of qualified medical personnel. A study was conducted by Stephens et al (2020) to look at how family planning issues were considered to be handled by CHWs in Ghana's Amansie West district. In-depth interviews (IDIs) were conducted for the study with 30 CHWs and 28 community women, aged 18 to 49. IDIs were categorized using inductive thematic analysis to examine perceptions of the CHWs' function and value in the provision of family planning. Participants described how CHWs visited households and made referrals to government services to provide family planning as part of a healthcare package. The privacy, accessibility, and convenience provided by CHWs when providing family planning services were valued. Participants suggested increasing the number of CHWs and providing them with a variety of resources and programming assistance. The research findings suggested that through acting as a liaison between the community and clinics, CHWs play a significant part in encouraging family planning. CHWs are a crucial component of the larger healthcare system in rural areas with limited resources (Stephens et al., 2020).

Family Planning (FP) services and reproductive health have drawn attention on a worldwide scale, particularly in developing nations with high population rates. FP services have previously mostly served women, with little or no focus on men. A qualitative descriptive study was carried out by Adongo et al., (2013) which examined the effects of male participation in FP known as the Navrongo experiment in Northern Ghana. The findings showed that spouse consent was still important for women to take contraceptives. The study came to the conclusion that it was essential to involve men in reproductive health concerns, particularly FP, in order to meet reproductive health goals (Adongo et al., 2013).

## **METHODOLOGY**

This article is based on a cross-sectional study of the clients of Lady Health Workers. A quantitative approach was used to collect the data for the investigation. The respondents were married female household members between the ages of 15 to 49 years who had utilized services of LHWs, and the study's geographic universe was the district of Lahore. A sample of 398 houses was chosen using a probability sampling approach using proportional systematic random selection. The chi square test was used to ascertain the relationship between various variables after data was gathered using an interview schedule and analyzed using SPSS. The objectives of the study were determining the services that Lady Health Workers (LHWs) provided, factors at various levels that affected LHWs' usage of services, and respondents' suggestions for enhancing LHW services. The current article, however, is focused on a particular objective related to the characteristics of LHWs like their attitude towards beneficiaries and communication skills. The social ecology theory contends that a wide range of factors affect human behavior. The purpose of the current study is to identify characteristics of LHWs that influence beneficiaries' use of family planning services.

## **RESULTS**

Table 1 shows that there is significant association between respondents' views regarding Lady Health Workers' (LHWs) characteristics including respectful attitude, spending time, communication with clients and other family members i.e. husband/mother in law, empathy, confidentiality maintenance and counseling on family planning provided by LHWs.

**Table No. 1 Association between characteristics of LHWs and Counseling on Family Planning**

Responses	N=398				Pearson Chi Square	df	P-Value
	Counseling on Family Planning						
	Fair	Good	Excellent	Does not apply			
<b>LHWs are respectful towards myself and my children</b>							
Strongly agree	8	200	10	5	22.917	2	0.003
Agree	20	140	3	15			
Unsure	0	1	0	0			
<b>LHWs have much time to spend with women and children</b>							
Strongly agree	13	46	226	0	16.128	3	0.001
Agree	2	12	94	5			
<b>LHWs are good in communication with clients</b>							
Strongly agree	13	35	210	5	26.284	3	0.009
Agree	2	23	110	0			
<b>LHWs are empathetic</b>							
Strongly agree	8	41	250	5	28.296	6	0.007
Agree	7	16	67	0			
Unsure	0	1	3	0			
<b>LHWs are good in maintaining confidentiality</b>							
Strongly agree	9	42	223	5	23.273	6	0.004
Agree	6	16	96	0			
Unsure	0	0	1	0			
<b>LHWs are trustworthy</b>							
Strongly agree	10	35	261	4	14.691	6	0.023
Agree	5	23	58	1			
Unsure	0	0	1	0			
<b>LHWs do not discriminate clients in providing services</b>							
Strongly agree	12	54	224	5	15.783	6	0.015
Agree	3	4	95	0			
Unsure	0	0	1	0			
<b>LHWs are good in communicating with other family members</b>							
Strongly agree	13	55	301	2	26.866	6	0.000
Agree	2	3	17	3			
Strongly disagree	0	0	2	0			

Table 2 shows that there is significant association between respondents' views regarding Lady Health Workers' (LHWs) characteristics including respectful attitude, spending time, communication with clients and other family members i.e. husband/mother in law, empathy, confidentiality and utilization of contraceptives provided by LHWs.

**Table No. 2 Association between characteristics of LHWs and beneficiaries' use of contraceptives provided by LHWs**

Responses	N=398				Pearson Chi Square	df	P-Value	
	Use of contraceptives provided by LHWs							
	Fair	Good	Excellent	Does not apply				
<b>LHWs are respectful towards myself and my children</b>								
Strongly agree		5	8	200	10	3.543	2	0.008
Agree		15	140	3	20			
Unsure		0	1	0	0			
<b>LHWs have much time to spend with women and children</b>								
Strongly agree		4	44	54	183	17.182	3	0.046
Agree		2	28	26	57			

<b>LHWs are good in communication with clients</b>							
Strongly agree	5	46	54	158	31.03	3	0.004
Agree	1	26	26	82			
<b>LHWs are empathetic</b>							
Strongly agree	5	45	63	191	15.631	5	0.016
Agree	1	24	17	48			
Unsure	0	3	0	1			
<b>LHWs are good in maintaining confidentiality</b>							
Strongly agree	2	43	62	172	10.769	6	0.036
Agree	4	29	18	67			
Unsure	0	0	0	1			
<b>LHWs are trustworthy</b>							
Strongly agree	4	57	54	195	21.855	6	0.005
Agree	2	14	26	45			
Unsure	0	1	0	0			
<b>LHWs do not discriminate clients in providing services</b>							
Strongly agree	5	55	69	166	14.484	6	0.025
Agree	1	16	11	74			
Unsure	0	1	0	0			
<b>LHWs are good in communicating with other family members</b>							
Strongly agree	5	67	72	227	15.446	6	0.046
Agree	1	5	8	11			
Strongly disagree	0	0	0	2			

## DISCUSSION

The current study found that according to beneficiaries' views Lady Health Workers (LHWs) had a respectful attitude towards them while offering services. Furthermore according to respondents LHWs were empathetic and maintain confidentiality in offering services to their clients, which was a major factor of availing family planning services from them. The results show a high correlation between beneficiaries' use of family planning services and the characteristics of LHWs. These results are consistent with a study by Stephens et al., (2020), which found that CHW family planning services were praised for their confidentiality, accessibility, and usefulness. Similar findings were also found by a research conducted in Kenya by Okech et al., (2011) which indicated that a number of factors influence how often people use family planning services. These factors included the woman's awareness of family planning services as well as the partner's approval, service quality and attitude of staff towards the clients. Visiting home by LHWs to provide FP services is a blessing in areas where female mobility is constrained due to cultural factors such as purdah. Because of limited mobility mostly women face difficulty in accessing FP services. Azmat et al., (2012) found in their study that most women viewed constraints on female mobility as contraceptive barrier. Another study by Saleem et al., (2020) also found that the door-to-door services provided by community health workers in areas were widely valued by both women and men since they made it simple to access and make FP information and services available. According to current study the beneficiaries found that LHWs were good in communication and did not discriminate their clients which were also a contributing factor of availing services from them by the clients. LHWs proper time spending with the clients and trustworthiness were also among those factors which were found responsible for utilization of family planning services provided by LHWs, according to the findings of the present study. Similar findings were also found by Khan et al., (2012) that majority of LHWs claimed that they maintained the privacy of females throughout FP therapy in order to get over socio-cultural hurdles. These findings are also in line with another study by Janowitz et al., (2012) that when CHWs visit clients in their homes, they save time and money, and it is simpler for them to adopt and continue using contraceptives, while this beneficial outcome was one of the drivers of home contraceptive distribution. It was also discovered by the current study that LHWs were good at communicating with other family members, such as the spouse and mother-in-law of the beneficiaries. These findings are in accordance with a study by Adongo et al., (2013) which investigated the effects of male engagement in FP and found that partner approval was still required for women to use contraception.

## CONCLUSION

It is concluded on the basis of the study findings and above mentioned discussion that there are certain factors which are responsible for the utilization of family planning services provided by Lady Health Workers (LHWs) at community level. These factors are mainly the attitude and skills of LHWs while offering family planning services to their clients according to the views of beneficiaries. The study also concluded that LHWs' skill of communication with confidentiality and trustworthy relationship with clients is directly associated with availing family planning services provided by them, because in Pakistani society matters related to family planning are considered as private affairs which can't be discussed with everyone. So LHWs being female having an empathetic, trustworthy and respectful attitude towards their clients is the main reason of beneficiaries to avail family planning services from them.

## RECOMMENDATIONS

1. Lady Health Workers (LHWs) should be provided refresher courses/trainings to enhance their capabilities and to improve their skills, so that they could be able to provide family planning services in a more effective way.
2. Time to time the curriculum of LHWs' training should be revised to meet the changing needs of the clients availing services from them and to make them aware regarding modern ways of family planning.

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