

REFERRAL SERVICES OF LADY HEALTH WORKERS FOR MATERNAL AND CHILD HEALTH CARE

Nazia Salah ud Din*

Assistant Professor, Department of Social Work, Lahore College for Women University, Lahore
nazialcwu@gmail.com

Tahira Jabeen

Associate Professor, Department of Social Work, University of the Punjab, Lahore

Uzma Ashiq Khan

Assistant Professor, Department of Gender and Development Studies, Lahore College for Women University, Lahore

ABSTRACT

Better health care necessitates referring patients from the community to the medical center, and a key role in this regard is played by Community Health Workers (CHWs). In Pakistan, Lady Health Workers (LHWs) carry out the same function by referring patients to medical facilities for treatment especially for females of reproductive age. The objective of the current research was to gain understanding what female beneficiaries thought of LHWs' referral services. It was a quantitative research, and the theoretical basis of the study was the social ecology model. The respondents to the study were female LHW clients who had used referral services and were between the ages of 15 to 49 years. An interview schedule served as the tool for gathering data, and the participants were chosen using a proportionate systematic random sampling. According to the study findings majority respondents had an excellent experience regarding the referral services of LHWs to some appropriate health facility at proper time. Based on the study's findings, it is recommended that this human resource be used to provide maternal health care to other impoverished areas in an effort to raise women's health status, as timely referrals to the appropriate medical facility can save many women's lives.

Keywords: Referral, Community Health Workers, Lady Health Workers, Services, Maternal and Child Health

INTRODUCTION

The handling of patient referrals is crucial to medical practice; however, referrals are frequently delayed in situations with limited resources. Referral delays are divided by the World Health Organization into three categories: delays in seeking, accessing, and receiving medical care (Mohan et al., 2022). Effective referral mechanisms from the community to the medical facility are essential to save lives and offer high-quality care along the entire continuum of care, while patients/community members, Community Health Workers (CHWs), and staff members of facilities that provide healthcare are the three major stakeholders who have a role in the efficacy of referral systems and within the intricate healthcare system, each stakeholder is interdependent with the others and may act as a barrier to or a facilitator of referral (Give et al., 2019). A variety of Community Health Workers (CHWs) offer services related to maternal and newborn health (MNH) in low- and middle-income contexts as they locate pregnant women, offer health advice, and check for diseases that call for referral to more advanced care (Olaniran et al., 2019). Furthermore, in between the healthcare system and the community, CHWs act as a link, while holding this role gives CHWs a strong base of support for enhancing community health, but establishing and maintaining productive connections involving both groups of stakeholders engaged, who might have varying demands and expectations, is a key difficulty in large-scale CHW programs (LeBan et al., 2021).

* Corresponding Author

With timely access to maternity and newborn care, in low- and middle-income nations, maternal and perinatal mortality could be reduced, while a strong referral system that enables care continuity across several healthcare tiers is necessary to expand access to maternal and child health services (Mselle et al., 2021). Different names are used for community health workers in different countries such as Accredited Social Health Activist (ASHAs) in India, Lady Health Workers (LHWs) in Pakistan and they are highly respected for their dedication to raising awareness of maternal health issues and their capacity to offer fundamental biomedical care (Saprii et al., 2015; Jalal, 2011). Maternal referrals, sometimes referred to as obstetric referrals, are a crucial component of emergency care and essential to ensuring a safe delivery and lowering mother and infant mortality rates, however, the absence of readily available transportation and socioeconomic gaps regarding healthcare access compromise the effectiveness of obstetric referral networks (Nuamah et al., 2016).

The most suitable individuals to start and foster trustworthy relationships for healthcare at community level are Community health workers who are employed by regional, community-based organizations and have close ties to the populations they are serving, while because of flexible, culturally appropriate, and all-encompassing approach to educating and help, CHW programs strategy is relevant to diverse populations and disease areas (Peretz et al., 2012). The several roles that CHWs played helped to maintain their community's involvement and to build community trust, both of which improved their capacity to deliver individualized, equitable, and pertinent services, however to maintain their position as healthcare providers and be able to offer preventive, curative, and referral services, CHWs need a support system that included effective supply chains, supervision, and community assistance (Rafiq et al., 2019). CHWs support in educational contacts, monitoring, reporting, and referrals as part of their role (Oliver et al., 2015).

Community health workers may enhance service delivery and care coordination due to their specialized access and local knowledge, inform program creation, and broaden access to healthcare (Islam et al., 2015). While the clinical services, links to community resources, and health coaching and education are three main roles of CHWs (Hartzler et al., 2018). CHWs are often mentioned as an essential source of help for public health and healthcare providers in bridging the gap between medical professionals or public health specialists and those who most require medical care i.e. a population that frequently consists of people living in areas that are most affected by racism, poverty, immigrant status, and language challenges, all of which are commonly linked to poor health outcomes and circumstances, but at the same time, CHWs frequently—and axiomatically—align with such groups and encounter similar challenges (Landers & Stover, 2011). Community health workers (CHWs) play a vital role to the provision of healthcare at the community level in order to meet the Sustainable Development Goals related to health, furthermore, to attain Universal Health Coverage (UHC), WHO and international partners have determined that CHW program need to be reinforced and expanded due to the serious shortage of competent health workers in low- and middle-income countries (Afzal et al., 2021).

The World Health Organization (WHO) was tasked by the Alma-Ata Declaration of 1978 to abandon the disease- and technology-specific programs of the 1950s and 1960s in favor of a revised strategy to attain "Health for All by the Year 2000", while this innovative strategy, which was developed in partnership with communities and is entirely dependent on their active participation, places primary health care at its core. Community health workers (CHWs) therefore played an important role in this circumstance as big, visible representatives of health for everybody (Medcalf & Nunes., 2018). Based on the same lines of Community health workers, the Lady Health Worker Program (LHWP) in Pakistan, established in 1993, to train Lady Health Workers (LHWs) to deliver a range of basic primary healthcare services, including preventative care and it creates an environment conducive to wellness, improves patient-provider interaction, and makes timely treatment, prevention, and even screening possible (Jalal, 2011). Community health workers, refer communities to healthcare institutions for a variety of services, however, referral procedures connecting communities to facilities are not well-appreciated and are seldom evaluated, especially in humanitarian circumstances (Casseus et al., 2023). There is very little research on the management of pregnancy difficulties by community health workers, despite the fact that maternal

mortality is a serious public health problem in low-income countries and that creative local solution are needed to deal with accessibility issues and a health personnel deficit (Sevene et al., 2021).

REVIEW OF LITERATURE

Community Health Workers (CHWs) are capable of moving between the community and healthcare settings with ease, bridging the gap in care and providing culturally competent education and services, and linking families to the healthcare and social support, which they urgently require (Peretz et al., 2012).

A qualitative study was conducted by Give et al (2019) in Mozambique, which used 8 focus groups with 63 community members and 22 in-depth interviews with CHWs, their supervisors, and community leaders to examine the enablers and obstacles to referral through the perspective of complex adaptive health systems. According to the results of the study the continuum of quality care and the value of the referral system were recognized by all stakeholders involved. The availability of referral slips, which facilitated treatment once at the medical facility, was a significant common facilitator while despite having a referral slip, a typical hurdle was the facility's refusal to provide referred clients priority treatment. Furthermore, long distances, a lack of opportunities, and high transportation expenses were mentioned as barriers to referral services' affordability and accessibility at the level of the health facility.

Nsibande et al (2013) conducted a study in South Africa with the purpose to describe CHW referral completion rates and mothers' patterns of seeking medical attention in order to evaluate the efficacy of this referral system. The mothers of all kids who had been referred by a CHW had interviews utilizing a standardized questionnaire. The study indicated a high level of compliance with CHW referrals for unwell infants and concluded that better child health outcomes may be attained by increased and earlier disease detection supported by community health workers (CHWs), along with efficient referral mechanisms.

Seven basic healthcare institutions in semi-urban and rural regions of the South African provinces of Gauteng and Mpumalanga were researched using a case study methodology by Malatji et al (2023). The study found that the CHWs refer clients to medical facilities for additional evaluation and care when they cannot be resolved at the household level but collaboration between the CHWs and facility staff is necessary for a referral (e.g., nurses giving the CHWs feedback). Although some nurses neglected to complete the back referrals because of CHWs' "inferior" status, this prevented CHWs from delivering treatment after the referral. These problems were more prevalent in teams when the CHWs lacked a senior or immediate supervisor to act as a liaison between them and the facility staff.

Nuamah et al (2016) conducted a cross-sectional research with 720 verified pregnant women who were randomly selected from Amansie west district of Ghana. Face-to-face interviews were used to collect data using a structured questionnaire. The study found that about 21.7% of the women accepted a referral to the following stage of treatment from a community health worker. However, several of the expectant mothers rejected referrals to the next stage owing to a lack of financial resources (58%) and transportation (17%). Compared to families in the quintile with the least wealth, those with higher household wealth quintiles had higher likelihood of receiving and honoring referrals. Additionally, obstetric referrals were more likely to be honored by women who perceived their medical states to be urgent and serious.

Accredited Social Health Activist (ASHAs) is the term used in India for community health workers. A study was conducted by Kumari (2019) in India to evaluate ASHA's contribution to the use of maternity healthcare services. Around 78,205 women of reproductive age make up the whole sample. Maternal health care utilization was examined using socioeconomic, demographic, and ASHA-related factors as explanatory variables. The study found that increased referrals from ASHA or other health professionals improve the likelihood that a baby will be delivered in a hospital, while the likelihood of institutional delivery improves if ASHA organized or assisted with organizing a transport facility. The study concluded that the use of maternal health care facilities is significantly influenced by ASHA.

Three maternal and neonatal health (MNH) initiatives in rural Bangladesh that are funded by UNICEF were the subject of a qualitative exploratory research conducted by Adams et al (2020). For each program, two districts were chosen at random, while CHWs, community people, other healthcare professionals, and program administrators were all the subjects of in-depth interviews. According to findings of the study, CHWs are crucial local resources for promoting health and making referrals, and the

community's support for them during recruiting increases their efficacy. Furthermore, regular interaction and cooperation between CHWs and the frontline staff in the public sector were seen as crucial to allowing their role in expanding the availability of key services.

A study was conducted by Kinshella et al (2021) in Pakistan to assess the understanding and self-efficacy of lady health workers (LHWs) in relation to providing care for pregnant women who have problems and how to deal with them. Three key informant interviews involved two Lady Health Supervisors and one senior medical officer and three focus group discussions were also conducted with sixty-two LHWs. It was found that having clinical homecare services available, especially postpartum care, would improve the care given to women throughout pregnancy and after childbirth. Potential community-level effects might include improved linkages between LHWs and the health system as well as between medical professionals and the populations they serve. Study concluded that in rural Pakistan, LHWs are tasked with a heavy load of duty for community health. By improving referrals and follow-up, providing Community Health Workers with communications technologies may improve the system's overall coherence.

A qualitative exploratory research was conducted in Pakistan by Salam et al (2016). In addition to focus group discussions (FGDs), the LHW curriculum and training materials were assessed. The study revealed that currently, LHWs are in charge of detecting pregnant women and evaluating people for risk signs, and making referrals for prenatal care at community level. Study concluded that LHW are equipped with the necessary skills to check pregnant women for complications, give emergency treatment, and refer clients to health care institutions and during prenatal visits, LHWs encourage the families and local communities to quickly seek referral services.

METHODOLOGY

This study was based on a cross-sectional study of Lady Health Workers' clients, and a quantitative approach was taken to gather data for the study. The respondents were married females between the ages of 15 to 49 years, who had utilized the referral services of LHWs', while the district of Lahore served as the study's geographical universe. In order to obtain a sample of 398 females from the LHW-served homes, a probability sampling approach utilizing proportional systematic random selection was applied. Using an interview schedule as a tool, data collection was done, and SPSS was used to process it. Understanding the LHW different services used by females and the factors at various levels that influenced their use of those services was the objectives of the study. The current article, however, is concentrated on a particular objective relating to beneficiaries' opinions concerning LHW referral services. Social ecology theory served as the study's theoretical basis in order to analyze the results that were obtained.

RESULTS

According to the findings Table 1 shows that there is significant association between knowledge and skills about maternal health care of LHWs and experiences of beneficiaries related to referral services provided by LHWs.

Table 1

Association between Policy Factors and Referral Services Provided by LHWs

Association between frequency of home visits and LHWs' knowledge provided by LHWs						
Responses	N=398			Pearson Chi Square	df	P-Value
	Refer to some health facility					
	Fair	Good	Excellent			
Frequency of LHWs' home visits during most recent pregnancy of respondent						
Three times	3	3	12	17.362	4	0.002
Four times	4	3	8			
More than four times	21	162	182			
LHWs know a lot about health of mother						
Strongly agree	27	167	200	22.138	2	0.043
Agree	1	1	2			

LHWs know a lot about child health						
Strongly agree	15	122	116			
Agree	12	36	73	12.206	4	0.016
Unsure	1	10	13			
LHWs provide trustworthy health advice						
Strongly agree	28	131	179			
Agree	0	37	23	13.453	2	0.001
LHWs are good at monitoring their clients over time						
Strongly agree	17	125	144			
Agree	11	43	58	22.291	2	0.008
LHWs have a lot of useful skills						
Strongly agree	27	158	185			
Agree	1	10	17	11.404	2	0.046
LHWs provide good solutions to my family's health problems						
Strongly agree	21	143	178			
Agree	7	25	24	13.658	2	0.011
LHWs know a lot about the other health facilities available in the area						
Strongly agree	16	60	52			
Agree	12	103	145	13.397	4	0.009
Unsure	0	5	5			
LHWs are always open to discuss any kind of my family problems						
Strongly agree	27	167	193			
Agree	1	1	8	15.381	4	0.025
Strongly disagree	0	0	1			

Table 2 depicts that there is significant association between respondents' opinions regarding having necessary tools and provision of services other than prescribed role by LHWs and experiences of beneficiaries related to referral services of LHWs.

Table 2

Association between Having Necessary Tools, Provision of Services other than Prescribed Role and Referral Services Provided by LHWs

Referral Services Provided by LHWs						
Responses	N=398			Pearson Chi Square	df	P-Value
	Refer to some health facility					
	Fair	Good	Excellent			
LHWs are always equipped with necessary tools						
Strongly agree	19	120	123	24.583	2	0.001
Agree	9	48	79			
LHWs provide services other than their prescribed roles						
Strongly agree	21	79	153	36.165	4	0.000
Agree	7	89	48			
Unsure	0	0	1			

DISCUSSION

According to the current study the beneficiaries of Lady Health Workers (LHWs) had excellent experience regarding the referral services of LHWs. The respondents found that the LHWs were skilled and had knowledge of referring their clients to proper health care facility in time, which was an important factor of availing reproductive health care service from LHWs. As in particular for female reproductive health, referral services are crucial for high-quality and prompt treatment. These study findings are in line with the study conducted by Give et al (2019), which found that all respondents acknowledged the significance of the referral system in a continuum of high-quality care. Another study by Nsibande et al (2013) also found the similar findings that CHW referrals for ill babies were generally well-received, and it came to the conclusion that better child health outcomes may be achieved by higher and earlier illness identification supported by community health workers (CHWs), together with effective referral mechanisms. The findings of the current study are also in line with the study of Malatji et al (2023) which discovered that when a client's situation cannot be handled at the home level, CHWs transfer them to medical facilities for further assessment and care; however, this referral requires cooperation between the CHWs and facility staff. However the current study findings are in contrast with the study of Nuamah et al (2016), which found that 21.7% of the women accepted a community health worker's recommendation to move on to the next stage of care, while a number of the pregnant women declined referrals to the following stage due to a lack of funding (58%) and transportation (17%).

According to the current study referrals services of LHWs are recognized by respondents as good or excellent for skilled maternal and child health care and similar was found by a study of Kumari (2019) which discovered that more referrals from ASHA or other health professionals enhance the probability that a baby would be born in a hospital, while ASHA organizing or assisting with organizing a transport facility increases the likelihood of an institutional birth. The findings of the current study are also in accordance with a study conducted by Adams et al (2020) which found that CHWs are crucial local resources for health promotion and referral. Another study by Kinshella et al (2021) found the similar findings that by enhancing referrals and follow-up, investing in communications technology for community health workers may improve the health status of people as well as coherence of the health system as a whole. Furthermore another study from Pakistan by Salam et al (2016) found the same results like the current study findings that LHW have the skills to assess pregnant women for difficulties, administer emergency care, and refer patients to medical facilities. Moreover, during prenatal visits, LHWs urge families and the local community to promptly seek referral services.

CONCLUSION

To save lives and provide high-quality care, referrals from the local community to the medical center are crucial especially for maternal and child health care and Lady Health Workers in Pakistan can play important role in this regard. According to the current study beneficiaries of LHWs found the referral services of LHWs as very useful for seeking skilled health care, however, facilities at health care institutions are essential to facilitate the clients referred by LHWs. Furthermore, proper coordination among health facility staff and LHWs are crucial to make successful referrals.

RECOMMENDATIONS

- Transport facility should be provided to clients of Lady Health Workers (LHWs) so that referred patients could reach at proper health facility in time.
- It is essential to enhance coordination among health care facility staff and LHWs to make successful referrals.
- Facilities should be improved at health care institutions so that referred patients of LHWs could be facilitated.

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