Thesis title Knowledge, Attitude and Practice of Lady Health Workers on Primary Health Care Activities in District Lahore of Pakistan

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ABSTRACT

This research was aimed at the assessment of the knowledge, attitude and practice of the lady health workers on their primary health care activities in district Lahore of Pakistan, using an integrated quantitative and qualitative approach. Some demographic and socioeconomic characteristics, administrative factors and health status of lady health workers were also studied in relation with their knowledge, attitude and practice on primary health care. Three hundred lady health workers (LHWs) from the thirty randomly selected health facilities were surveyed during

March and April 1997, through a self administered questionnaire. Some in-depth interviews and focus group discussions with purposively selected LHWs were also conducted after the survey.

Based on the mean score, LHWs were divided in two groups i.e; having good or poor knowledge, attitude and practice. Results of the study showed that majority of the respondents were having good knowledge and attitude but their practice was relatively poor on primary health care activities. Age of the respondents ranged from 18-47 years and 68% of them were married. Almost all of them belonged to poor economic class with a total monthly income of less than 125 U.S. dollars. Most of them (85%) were not doing any extra job while 17% of them were suffering from some chronic disease like Hypertension or Diabetes Mellitus. Healthy and younger LHWs had significantly better knowledge although scores of attitude and practice were not much different among various groups.

Qualitative study generally endorsed the results of this survey but reasons behind these findings were better understood by this method and some weak points about the training, supervision and working conditions of the LHWs were brought into lime light more elaborately.

It was found that LHWs working in rural areas had significantly better practice on PHC activities than those

working in urban areas, mainly due to different socio-cultural patterns of these two societies. Another important finding of the study was significant association of good attitude and practice of the LHWs with the type of their attached health facility, where they were trained also. LHWs trained and attached with smaller health facilities like basic health units were better than their colleagues trained at bigger facilities like hospitals. Main reason for this difference was identified to be the closer interaction of LHWs with the staff of the smaller health facilities including the doctor in-charge. Similarly frequent supervisory visits and positive behavior of the supervisors was significantly related to the good practice of LHWs.

It is recommended for the future that upper age limit for selection of LHWs may be limited to 35 years and an entry medical checkup may also be conducted. LHWs should preferably be trained and attached with small health facilities and their training module may be modified in the light of real field experiences and needs with more emphasis on some weak points like family planning and health management information system. The supervision of LHWs may be improved and training on interpersonal communication skills may be imparted to all of their supervisors.