

## ORIGINAL ARTICLE

**‘STUDENT LADY HEALTH VISITORS’: THEIR STRESS PROFILE AND WILLINGNESS TO PRACTICE**

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**Background:** Lack of Reproductive health facilities including high maternal and neonatal mortality is a major problem of our region. Skilled healthcare providers like Lady Health Visitors can play a significant role in improving parameters of reproductive healthcare. The objectives of this study were to assess stress profiles in student lady health visitors and their willingness to practice in future. **Methods:** Cross sectional survey conducted at two public health schools in District Peshawar with student Lady Health Visitors as study participants. **Results:** Majority (64.4%) of respondents were satisfied with their choice of career, 78% thought they had adequate knowledge to practice independently, 47.7% thought that their life in this profession will be stressful. Most of them were facing financial difficulties during their course, 84.8% enjoyed support of their family in choice of career, 50–82% reported psychosomatic problems arising as result of stress in their lives. **Conclusion:** Most of the respondents were happy with their choice of profession and were willing to practice in future. High prevalence of stress in lives of respondents warrants counselling services by institutions.

**Keywords:** Lady Health Visitors, Stress, Health professionals, Public health, Women, Cultural restrains

## INTRODUCTION

The province of Khyber Pakhtunkhwa is located in North-west of Pakistan. It is adjoined by Federally Administered Tribal Areas (FATA) and the adjoining country of Afghanistan. The population of this province is about 22.326 million.<sup>1</sup> People of this area face multiple health problems ranging from infectious diseases to chronic non communicable diseases. Problems in healthcare delivery include lack of Primary healthcare facilities (848 basic healthcare units and 94 maternal and child health centres),<sup>2,3</sup> an inefficient referral system and shortage of healthcare providers.<sup>3</sup> According to published data, only 68% of females of this region as compared to 85% males, would visit a healthcare professional in case of an illness or injury.<sup>4,5</sup>

The healthcare professionals in this region include Traditional Birth Attendants, Trained Birth Attendants (TBAs), Lady Health Workers (LHW), Midwives, Lady Health Visitors (LHV), Nurses and Physicians.

The Lady Health Visitor program was started in 1996–1997 as a pilot project.<sup>7</sup> There are two institutions for training of LHV in District Peshawar. The enrolment for Public Health School Hayatabad is 60, and it is 120 in Public Health School Nishtarabad. Majority of students are coming from backward districts are provided with free education and lodging along with a monthly stipend. Several Nongovernmental Organizations have projects that provide financial support to these students.

The scope of practice for Lady Health Visitors is quite vast. They are entitled to have private practice. They manage normal labour and delivery cases, treat common ailments in women and children and perform home visits to identify any health problems especially

nutritional problems in women and children less than 5 year. They are trained to promote safe and healthy practices (e.g., weaning), provide counselling services, promote family planning among women and their spouse. They are trained to identify any health complications and carry out an efficient referral to physician care.<sup>3,8</sup>

The Oxford English Dictionary defines stress as ‘a state of mental or emotional strain resulting from adverse or demanding circumstances’.<sup>9</sup> Stress levels vary upon a person’s nature, ability to combat stress and workplace environment. A number of studies have been done on a number of populations ranging from general Public<sup>10,11</sup> to workplace environment<sup>12</sup>, nurses, medical students, doctors, paramedics etc.<sup>13–17</sup> The results of these studies were quite dissimilar enhancing the fact that stress levels and methods of stress management varies among different populations adding to the fact that results cannot be generalised

In this region factors adding to stress among women include cultural and traditional restraints, liabilities and the need to look after household besides work. Being a male dominant society the women are often barred from receiving higher education and repeatedly intervened to discontinue their course. This argument is simply supported by observing women’s literacy in the area. In public sector institutions, in session 2007–2008 the ratio of male to female students was 1.74:1 for Higher Secondary, 1.45:1 for Degree level and 12.2:1 for Postgraduate level. The male to female ratio in technical education was 61.2:1 indicating that women often do not pursue education at postgraduate level and in vocational training courses.<sup>18</sup> Data shows that 35% of female medical graduates in Pakistan do not practice medicine after obtaining their

degrees leading to a substantial loss of workforce in areas of need.<sup>4</sup> Some women are also afraid of workplace harassment.<sup>19</sup>

The rationale of this study was to identify stress levels in the mentioned population, the problems that they may have encountered for choosing this career and their perceptions about future professional life.

## MATERIAL AND METHODS

This study was conducted at Public Health School Hayatabad, and Public Health School Nishtarabad, in Peshawar city. The subjects for this study were female students enrolled in Lady Health Visitor Program only.

This was a questionnaire based cross-sectional study. Sample size was calculated using Open Epi. Assuming a 50% prevalence of stress and its complications, a confidence level of 95%, and keeping bound of error to be 5% we obtain a provisional sample size of 136 subjects. SPSS-17 was used for data analysis. Statistical analysis was mainly done using prevalence ratios.

Permission to carry out this research was sought from relative authorities in both institutions. Keeping in view the traditional and cultural norms of the area, only female investigators administered questionnaire. A written informed consent was obtained from each participant prior to administering questionnaire. The participants had the right not to answer any part of the questionnaire. The participants were not offered any benefits or incentives.

## RESULTS

The mean age of participants was 19.63±2.25. Their basic qualification at joining the programme was HSSC (Science) in 46.2%, followed by SSC (Science) in 42.4%. The mean monthly stipend was Rs. 795.69. 90% of the subjects were not affiliated with an NGO-run programme.

Only 25% of the respondents thought that they will be competent health professionals in future compared to 52.3% who did not think so. Rests were unsure about their competence as health professionals. However 64.4% of subjects were satisfied with their choice of profession and 53.8% of the respondents had met an alumnus of these institutions, among them 52.3% were satisfied with their career choice. Seventy-eight percent of respondents thought that they had adequate knowledge to practice independently.

In the opinion of 47.7% of respondents their life in this profession will be stressful; for that excessive work hours followed by public dealing were the most picked up choices. However 46.2% thought that their life in this profession will not be stressful. Rest were impartial about their thoughts.

In reply to another question 69.7% reported that they were somewhat concerned about earnings in

future; 56.5% were sometimes facing financial difficulties during enrolment in this programme, and 26.5% thought that they were facing financial difficulties most of the times during their enrolment period. Regarding problems due to gender, 65.9% of respondents thought they did not have any problem enrolling in this programme because of their gender and 84.8% enjoyed support of their family in their choice of career (Table-1). Course duration was fair in view of 78.8% participants; however 54.5% sometimes found the course content difficult for their level.

Assessing stress level the respondents were asked some specific questions in reply to which 58% reported loss of interest in hobbies, 82% reported occasional anxiousness, 54% reported loss of appetite, 66% reported GI disturbances, and 50% reported feeling of numbness or strain in body (Table-2). However, 80% reported that they never had any intention of inflicting self-harm.

**Table-1: Assessment of satisfaction and concerns**

Satisfaction and concerns	%
Competent Health Professional	25
Satisfied with Choice of career	64.4
Stressful Professional life	47.7
Concern about future earnings	69.7

**Table-2: Indicators of stress**

Indications of stress	%
Loss of Interest in hobbies	58
Anxiousness	82
Loss of Appetite	54
GI Disturbances	66
Numbness/Strain in body	50

## DISCUSSION

The fact that a lot of respondents thought that they had adequate knowledge to practice independently and only 25% thought that they will be competent health professionals in future points to need of more 'practical work-based' assessments (e.g., practice on simulated patients or mannequins) throughout the course to give subjects a feeling of competency.

A good number of responses mentioned that they were satisfied with their choice of profession. This is in close agreement with Khuwaja *et al.*<sup>20</sup> This is a major breakthrough in closed society like the area of study as it may help more students opt for this profession as observed by Matthew *et al.*<sup>11</sup> and Khuwaja *et al.*<sup>20</sup>. Support of family in choice of career plays a major role in future success and again the overwhelming figure of 84% is a positive indicator, this may be further utilised to convince more females and promote in their families the idea of training in this specific field.<sup>17</sup>

Sixty-nine percent of respondents mentioned that they were somewhat concerned about earnings in future. A salary structure and job security from government may help in this regard as the graduates of

this programme will be more willing to work with incentives.

Majority of respondents reported presence of stress in their lives with psychosomatic issues arising as a result of this stress. These results point out towards need for counselling service and proper mentorship by senior students, faculty and administration. A happy and satisfied graduate of this programme is an asset to the region.

## CONCLUSION

This work highlights the major aspects of professional life of student LHVs. By addressing their problems this program can be strengthened. As a result a better provision of Reproductive Health Facilities can be ensured.

## ACKNOWLEDGEMENTS

The authors would like to thank administrations of Public Health School Hayatabad, and Public Health School Nishtarabad for their cooperation and permission to carry out this project.

## REFERENCES

1. Demography. URL: <http://www.khyberpakhtunkhwa.gov.pk/Departments/PopulationWelfare/Demography-of-NWFP.php>.
2. Health Statistics. Available from: <http://www.healthnwfp.gov.pk/healthstatistics.asp>.
3. Majumdar B, Amarsi Y, Carpio B. Pakistan's community health workers. *Can Nurse* 1997;93(5):32-4.
4. Jafarey SN. Health Services and Health care utilisation. In: Ilyas M, (Ed). *Public Health and Community Medicine*. 7<sup>th</sup> ed. Karachi: Time Publisher; 2006. p. 373-5.
5. Schmidt RL. Women and healthcare in rural Pakistan. *Soc Sci Med* 1983;17(7):419-20.
6. Rosenfield A. The history of the Safe Motherhood Initiative: Introductory remarks. *Int J Gynecol Obstet* 1997;59:7-9.
7. Rafiq M, Rafiq AJ, Khanani R, Shah SA, Mohammad S, Ali S, (Eds). *Lady Health Visitors (LHVs), Traditional Birth Attendants (TBAs), Medical Social Workers (MSWs) and Health Technicians (HTs) in HIV/AIDS prevention in a resource limited community*; 2000.
8. Hezekiah J. The pioneers of rural Pakistan: the Lady Health Visitors. *Health Care Women Int* 1993;14(6):493-502.
9. Definition of stress from oxford dictionaries online. Available from: [http://oxforddictionaries.com/definition/stress?rsk=YIAAAx&result=1#m\\_en\\_gb0820400](http://oxforddictionaries.com/definition/stress?rsk=YIAAAx&result=1#m_en_gb0820400).
10. Husain N, Creed F, Tomenson B. Depression and social stress in Pakistan. *Psychol Med* 2000;30(2):395-402.
11. Matthew RA. Environmental stress and human security in Northern Pakistan. *Environmental Change and Security Project Report* 2001;7:17-31.
12. Jamal M. Job stress and employee well-being: a cross-cultural empirical study. *Stress Medicine* 1999;15(3):153-8.
13. Jamal M, Baba VV. Job stress and burnout among Canadian managers and nurses: an empirical examination. *Can J Public Health* 2000;91(6):454.
14. Nasrabadi AN, Lipson JG, Emami A. Professional nursing in Iran: an overview of its historical and sociocultural framework. *J Prof Nurs* 2004;20(6):396-402.
15. Abdulghani HM. Stress and depression among medical students: A cross sectional study at a medical college in Saudi Arabia. *Pak J Med Sci* 2008;24(1):12-7.
16. Mumtaz Y, Jahangeer A, Habib A, Adnan S, Mumtaz Z. Stress in postgraduate trainee doctors of public and private universities of Karachi. *Pak J Med Sci* 26(2):420-5.
17. Niaz U, Hassan S, Ali S. Stress in women physicians in Pakistan. *Pak J Med Sci* 2003;19(2):89-94.
18. Education. URL: <http://www.khyberpakhtunkhwa.gov.pk/aboutus/Education.php>.
19. Gadit AAM, Mugford G. A pilot study of bullying and harassment among medical professionals in Pakistan, focussing on psychiatry: need for a medical ombudsman. *J Med Ethics* 2008;34(6):463.
20. Khuwaja AK, Qureshi R, Andrades M, Fatmi Z, Khuwaja NK. Comparison of job satisfaction and stress among male and female doctors in teaching hospitals of Karachi. *J Ayub Med Coll Abbottabad* 2004;16(1):23.

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