



Status of Women after Joining the Profession as Lady Health Workers

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ABSTRACT

In Pakistan's reproductive and basic healthcare system, which serves women and children, a key group of community-based health professionals is known as Lady Health Workers (LHWs), also known as Community Health Workers. The objective of this study was to identify the opinions and experiences of these women in relation to their status in the family and community after starting their careers as LHWs. Primary data was gathered using a quantitative research approach from 262 respondents who were chosen at random from a list of LHWs employed in the rural areas of Lahore District. For data collection, an interview schedule was used. According to the study's findings, mostly respondents said that their family had complained that they had neglected them because of their work obligations. Majority respondents reported that the community people respected and valued them for their services, but they never got any incentive from their respective department/government on good performance. Based on the study's findings, it is recommended that LHWs be given a supportive work environment so they may manage their job and family obligations.

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1. Introduction

In order to serve the most disadvantaged populations, Community Health Workers (CHWs) are a crucial component of the healthcare profession (Salve et al., 2023). Community health workers (CHWs), who link the people they serve with resources, advocate for communities dealing with racial and health disparities, and enhance the standard of healthcare, are essential part of the public health workforce (Smithwick, Nance, Covington-Kolb, Rodriguez, & Young, 2023). Because their close proximity to communities on a geographical and social level, community health workers (CHWs) might be in the position of providing a variety of basic healthcare services (Perry, Crigler, & Hodgins, 2013). Patients in rural and distant locations are connected to health service providers via community health workers (CHWs) but religious and cultural practices, gender and biological sex, caste, and generational differences are issues that CHWs frequently encounter while working in communities (Majid, Zahid, Harold, Zain, & Sood, 2021). Community-based health professionals are not merely low-level members of the health workforce; their efficacy is also a result of their special connections to the community, which is sometimes referred to as social capital (Mohajer & Singh, 2018). The use of community health workers (CHWs) has been suggested as a way to overcome healthcare delivery gaps in rural areas and it has been proven that recent CHW projects improve infant and newborn health outcomes, and it is being urged more and more that paid CHWs become an essential component of healthcare systems (Singh, Negin, Otim, Orach, & Cumming, 2015). Community health workers (CHWs) are a crucial element of marginalized communities' health care delivery strategies in the face of a worldwide health worker shortage (Brunie et al., 2014).

CHWs have intimate understanding of the causes and effects of health disparity and share their own life experiences with the individuals they serve, furthermore they provide as a vital link between underserved areas and public health and healthcare services (Knowles, Crowley, Vasan,

& Kangovi, 2023). There is a need to examine issues and problems from the perspective of community health workers (CHWs) despite mounting evidence of the difficulties facing them, such as those relating to training, supportive supervision, and compensation (Musoke et al., 2022). The initial Community Health Workers (CHWs) were "farmer scholars" who had their training in China in the 1930s and they were the forerunners of the Barefoot Doctors, of which more than one million were employed between the 1950s and 1970s. Afterwards small CHW programs started to develop in a number of nations, mainly in Latin America, in the 1960s and 1970s, while in many low-income countries in the 1980s. Many of the programs that were unsuccessful in the 1980s and 1990s were followed by the emergence of other, extremely successful programs and in 1994 Pakistan's Lady Health Workers Program was one of them (Perry et al., 2013). Meeting Pakistan's commitments to the international community and the agreed-upon Millennium Development Goal objectives for lowering maternal and infant mortality would be extremely difficult, while Pakistan's rural communities heavily rely on the LHW program for primary care and MNCH services (Bhutta & Hafeez., 2015; Hafeez et al., 2011).

Women would most likely only seek medical attention in an emergency, by which time it would frequently be too late to save lives because the provision of emergency obstetric and neonatal health care is in fact one of Pakistan's health sector's greatest problems, made even more difficult by the social and gender inequality that prevents women from seeking health care. Due to their low status, women are particularly vulnerable while they are childbearing and in need of reproductive health services, however, the LHW Program overcomes this barrier of disadvantage by bringing the necessary services that are offered in the public domain into the home as LHWs enter the personal space of women's homes to give them access to services that would otherwise be inaccessible to them, particularly during their childbearing years (Khan, 2008). Furthermore, male dominance and persisting traditional or cultural restrictions on women in Pakistan have a major impact on the status of women (Hakim & Aziz, 1998). Women are an important component of our culture, yet they have less power. Without the contributions of women, society cannot be established but men and women are generally treated differently, thus every area of employment is difficult for women (Sohail, 2014). Conflict between family responsibilities and work obligations affects an employee's performance in both their personal and professional lives while women have raised their expectations for jobs and financial independence as they have become more prevalent in the workforce (Hanif & Naqvi, 2014).

In undeveloped nations, women are typically thought to be limited to the four walls of their homes. They are still unable to contribute significantly to the advancement of society and they are working hard to integrate their identities into society (Arif, Naveed, & Aslam, 2017). Women who work across the world, and in the Asian context specifically, put in long hours however, notably in rural and most urban regions, neither society recognizes nor fairly compensates them for their labor. As a result, they confront more obstacles than their male colleagues do in order to contribute to society. Ever since, many studies has been conducted on the status and issues encountered by working women, especially Lady Health Workers (LHWs), as mentioned in the next section of literature review. However, the status of LHWs in their households and communities after entering the profession is a topic that has received little attention in the Pakistani setting. This article is based on a research study that examines how family members and members of the community perceive about LHWs in order to fill the gap mentioned above.

2. Literature Review

In countries like Pakistan, working women still face several obstacles as members of a conservative emerging culture, which puts them in stressful situations and prevents them from actively playing their roles as they have to face hurdles of work-life balance, gender discrimination, peer pressure, a lack of advancement possibilities, and harassment (Hanif & Naqvi, 2014). However, if working women especially Lady Health Workers (LHWs) are to be able to accomplish their responsibilities at home and at work, it is imperative that their status in their families and in society be elevated.

A study was conducted by Astale et al. (2023) and the review's two core keywords (CHWs and workload) were used to create a search strategy that was specifically tailored for the three electronic databases. Primary studies written in English and carried out in LMICs that specifically examined CHWs' workload were considered. Community health workers (CHWs) have a

significant impact on expanding the population's access to health care, especially in rural and distant places. According to study findings the workload CHWs are under, however, has an impact on their productivity. It was concluded that the excessive workload that CHWs in LMICs experienced is mostly due to managing various jobs and the lack of transportation to reach families.

ALobaid et al. (2020) conducted a scoping study using Arksey and O'Malley's six-step approach to find and map the literature addressing issues encountered by female healthcare professionals in the workforce. Three themes were found when the articles were analyzed: familial obligations, the working environment, and stereotypes. According to findings, misconceptions in the job and situations that might have an impact on their family lives are all challenges that female healthcare workers must deal with. Reduced work hours, flexible scheduling, and part-time employment are some ways that can benefit women in the workplace, which improves and encourages gender equality in healthcare organizations.

According to a commentary by Musoke et al. (2022) there is tremendous burden put on CHWs by several stakeholders, coping with cultural and religious practices, and gendered obstacles to care are a few of the difficulties they have to overcome. Furthermore the workload of CHWs is a significant cause of stress and anxiety since they must balance the needs of their own families with the needs of the government and other stakeholders in order to conduct interventions. It's also important to take into account the conflicts that arise when CHWs carry out their duties among community members who have diverse religious or cultural views. The work of CHWs is hampered by gender problems, especially when dealing with community members who identify as the other sex while discussing delicate health matters. While performing their tasks in communities, CHWs have found themselves the target of domestic suspicion, such as when they were observed conversing with the spouses of other members of the community.

Community health workers (CHWs) are essential in providing vulnerable populations with primary healthcare (PHC) services in low- and middle-income (LMIC) nations. They frequently get meager stipends in these environments, struggle to get by without even the most basic supplies, and have no leverage to demand better working conditions. A study by (Malatji, Griffiths, & Goudge, 2023) looked at the employment status of CHWs, their effort to lobby for health worker recognition, and their efforts to build labor representation in South Africa. In-depth interviews, focus groups, and observations were employed in the study to collect information from CHWs and their representatives, supervisors, and PHC facility employees. According to the findings, CHWs were paid poor wages, had their jobs outsourced, and lacked employment protections and benefits. The CHWs, especially those eager to pursue a career in health, were demotivated by the lack of prospects for professional advancement.

As the "gatekeepers" of the public health, medical professionals in China's primary sector are responsible for providing people with the most fundamental medical and public health services. A study was conducted by Yang et al. (2023) on primary health care providers in China and shed light on the impact of professional identity, work-family support, and job satisfaction on job burnout among individuals and their relationships. In a region in central China, 8,135 primary healthcare providers were chosen from 320 primary healthcare facilities using a multi-stage sampling methodology. The results of this study show that work-family support helps prevent job burnout in primary health care providers and that occupational identity plays a crucial mediating role in the relationship between work-family support and burnout.

Rahman et al. (2021) conducted a study in Bangladesh to investigate lived experiences of CHWs. All CHWs reported having pleasant working circumstances and a variety of social and financial advantages; these things helped them stay in their jobs and were satisfied with their employment. Usually, they invested their honorarium to generate money and used it to pay for their children's education. CHWs developed greater self-confidence as women, enabling them to talk in public and travel around the community alone. They were regarded as a resource for information on health and social concerns and gained respect from the community and their family members who helped them balance their family responsibilities with their employment. Many took part in family decision-making processes from which they had previously been excluded. To help with CHW recruitment, retention, and development, health programs should promote a favorable environment for their CHWs.

Dashora (2013) conducted a study in India on problems faced by working women and found that work for women is not just limited to paid jobs. She virtually always has to take on additional responsibilities around the house. If a woman had authority over her money, she could still deal with these issues. But in the majority of households, her pay is still given to her father, spouse, or in-laws. Therefore, the primary motivation for pursuing job, which is often female, to achieve independence, is negated.

A review was carried out by Glenton et al. (2013) to explore variables that have an impact on how LHW initiatives for maternal and child health are implemented. The community responded favorably towards LHW programs in general, praising the LHWs' abilities and the parallels they perceived between themselves and the LHWs. LHWs may gain credibility if they have support from health systems and community leaders, at least if those leaders are respected and have authority. Family members' active support was also crucial.

Khan (2008) conducted a qualitative study on the status of females working as Lady Health Workers (LHWs) in Pakistan. According to the findings of the study LHWs are privileged relative to other women in their communities because of their education, but this does not imply that they are always in a better financial situation. Once the family of LHWs and the larger community understand the significance of her work, they are impressed that it is a government position and community people consider them valuable resource for the community because of their training. A high degree of job satisfaction among LHWs is influenced by the nature of the work, the networking possibilities, the community's evident gratitude, and the LHW's increased standing in her home and town.

Another study from Pakistan by ud Din and Jabeen (2023) was conducted to investigate the opinions and experiences of beneficiaries of LHWs regarding their service utilization and it was found that the community's residents highly accept the services of LHWs and treat them with respect because of their role playing in the health care service delivery, which is a motivating factor for beneficiaries to use LHWs' services.

A study was conducted by Jalal-ud-Din and Khan (2008) on socio-economic and cultural constraints of working women in Pakistan. 100 respondents in two villages, Moheb Banda and Zando Dheri, district Mardan, North West Frontier Province of Pakistan were randomly chosen to provide the primary data. According to the findings, women's socioeconomic situation was poorer due to low literacy rates, a lack of educational opportunities, a lack of knowledge, a bad economic environment, a lack of skill sets, and an unstable social context for working women.

Another study by Nawaz, Afzal, and Shehzadi (2013) was carried out to identify the problems of formally employed women in Bahawalnagar, Pakistan. Using stratified random selection, a sample of 100 women who were formally employed was chosen from four public sector departments. Descriptive analysis was then utilized to highlight the issues these women encountered while working in those departments. The findings show that women in the sample were nominally employed and had poor social status, non-recognition of their occupations, irregular working hours, low earnings, and a lack of transportation were other problems faced by them.

Parvez, Rehman, Javed, and Raza (2015) conducted a research study on problems of working women in Pakistan. The study's objectives were to identify the issues that these women encounter at work and in society as a whole, as well as to investigate their level of motivation and demotivation, and to assess how crucial it is for society to recognize and respect working women's rights and status in the society. The study found that working women make about half of Pakistan's population and contribute to the nation's economy. They are demoralized and discouraged by gender discrimination in one manner or another. The most important step that must be made in order to stimulate and support them is for family members and society to accept their status with open arms as this is the essential action that must be performed to encourage them to perform their role at domestic and professional level.

However, the aforementioned literature review shows that none of these researches address the opinions of LHWs on how family members and members of the community perceive their status.

3. Methodology

The objective of the current study was to look at the issues that Lady Health Workers (LHWs) face on a personal and professional level, as well as how people perceive them when they enter the workforce, particularly their families and the community. A cross-sectional survey approach was used to collect data for this quantitative study and the women who worked as Lady Health Workers (LHWs) in rural Lahore were the respondents. Lady Health Workers Program operations and LHW monitoring at the district level are primarily handled by the Executive District Health Office (EDO). A list of all Lady Health Workers in the Lahore District given by the EDO Health office was utilized to choose 262 respondents at random for the sample. First, because each Lady Health Supervisor (LHS) is tasked with supervising 20–25 Lady Health Workers (LHWs), Lady Health Supervisors (LHS) were approached. Then, for the purpose of gathering information, these LHS assisted in gaining access to the LHWs. For obtaining data, an interview schedule was used, which consisted of 40 closed- and open-ended questions. The statistical chi square test was used through SPSS to analyze the data.

4. Results

Table 1 depicts responses of 262 respondents regarding their family's attitude towards them after joining the job. Family relies more on them financially after joining the job shown by 45 percent responses and the respondents had got a say in their family decisions after joining the profession shown by 19.5 percent respondents while majority 80.5 percent respondents reported that they don't have any say in family decisions although they are contributing in family income. A small number i.e. 13 percent respondents told that they were blamed for domestic troubles due to their professional obligations. Children/family complains being ignored shown by 69 percent responses, while majority i.e. 98 percent responses were that there was difference in the attitude of family towards the respondents after joining the job.

Table 1: Family's Attitude towards the Respondents after Joining the Job

Type of Family's Attitude	n=262		Pearson Chi-Square	df	P-value
	Yes	No			
Family relies more on them financially	117	145	365.259	5	0.000
Have got a say in family decisions	51	211			
Blamed for domestic troubles	34	228			
Children/family complain being ignored	181	81			
No difference	06	256			

Table 2 depicts responses related to the status in the community after joining the profession. People respect the respondents and find them useful was reported by 96 percent and 86 percent responses, respectively. People look down at respondents in the community after joining the profession was reported by 18 percent responses.

Table 2: Status in the Community after Joining the Profession

Type of Community's Attitude	n=262		Pearson Chi-Square	df	P-value
	Yes	No			
People respect them	252	10	426.171	2	0.000
People find them useful	225	37			
People look down at them	47	215			

Table 3 contains data related to the incentive received by respondents on good performance. According to data majority i.e. 98 percent respondents never received any incentive on good performance from health department, while 2 percent respondents reported that incentive was given to them in the form of cash prize or certificate of appreciation on good performance from their department.

Table 3: Incentive Received by Respondents on Good Performance from Department

Incentive Received	Frequency	%
Yes	06	02
No	256	98
Total	262	100

5. Discussion

According to the results of the current study, Lady Health Workers (LHWs) had to deal with complaints from their children and families that they had been neglected because of their work commitments and that they had also been held responsible for domestic issues at the household level. The findings of the current study are in line with the study by ALobaid, Gosling, Khasawneh, McKenna, and Williams (2020) which found that the problems faced by female healthcare employees include misperceptions about the workplace and circumstances that affect their family lives. It was also found by another study carried out by Astale, Abebe, and Mitike (2023), according to which high burden that CHWs in LMICs faced was mostly brought on by juggling many responsibilities. According to current study despite the fact that LHWs' families depend on them financially, they have little influence over family decisions and these findings are in accordance with the study of Dashora (2013) which found that working women's money is still typically paid to her father, husband, or in-laws. As a result, the main reason women pursue a career, which is to become independent, is denied/disproved. Furthermore, it was discovered by the current study that their families' and the community's attitudes towards them had altered as a result of the fact that the people valued and respected them for the services they provided at the community level.

These findings are in line with a study by Rahman et al. (2021) which found that CHWs received respect from the community and their family members and were seen as a source of information on health and social issues. Another study conducted by Khan (2008) found the same results that once the LHWs' families and the greater community realize the importance of her job, they are impressed that it is a government post and that because of their services; they are regarded as vital resources for the community. Additionally, another research from Pakistan by ud Din and Jabeen (2023) found the same thing, showing that because LHWs play such a significant part in the delivery of healthcare services, the community's residents highly recognize and value their services. Another study by Glenton et al. (2013) also supports these findings that if health systems and community leaders back LHWs, at least if such leaders are recognized and in positions of authority, LHWs may earn respect. Similar was also found by the study of Yang et al. (2023) that primary health care professionals who get work-family support are less likely to experience job burnout, and occupational identity is a key mediator in the link between work-family support and burnout. Current study also found that at the department/government level, LHWs' services are not valued, and their respective department/government has never given them rewards for good work. A study by Malatji et al. (2023) found the similar findings that CHWs did not have employment rights or incentives, had little pay, and had their services outsourced.

6. Conclusion

In Pakistan poor people, particularly women in reproductive age, have limited access to health care services, but LHWs fill a critical role by bringing the essential services that are provided at community level into the homes of these women. However, in a male-dominated culture where gender roles are clearly defined, working women have numerous challenges since they have to balance many roles while still carrying out their professional responsibilities, which can at times give them problems.

As according to the finding of current study due to their employment responsibilities, Lady Health Workers (LHWs) had to deal with allegations from their families and children that they had been neglected. The findings also show that the respondents' services are respected and valued by the local population; however, LHWs have never received any government incentives for their excellent performance. It is extremely important to appreciate the services that LHWs offer to females at their homes because even if these LHWs are also delivering services to other women, as females they have to deal with a variety of issues at home and in the community.

6.1. Recommendations

- In order to enhance LHWs' status in their families and community for better use of this human resource, it is important to raise awareness of their significance through the media.
- As LHWs are female and have to manage both personal and professional responsibilities, flexible scheduling should be followed to handle domestic and professional obligations.
- To keep LHWs motivated and recognize their services, the department/government must continue to offer them strong support and assistance in the form of rewards for good performance.

References

- ALobaid, A. M., Gosling, C. M., Khasawneh, E., McKenna, L., & Williams, B. (2020). Challenges faced by female healthcare professionals in the workforce: a scoping review. *Journal of Multidisciplinary Healthcare*, 681-691. doi:<https://doi.org/10.2147/JMDH.S254922>
- Arif, A., Naveed, S., & Aslam, R. (2017). Factors causing stress among Pakistani working women. *Pakistan Administrative Review*, 1(3), 159-174.
- Astale, T., Abebe, T., & Mitike, G. (2023). Workload and emerging challenges of community health workers in low-and middle-income countries: A mixed-methods systematic review. *Plos one*, 18(3), e0282717. doi:<https://doi.org/10.1371/journal.pone.0282717>
- Brunie, A., Wamala-Mucheri, P., Otterness, C., Akol, A., Chen, M., Bufumbo, L., & Weaver, M. (2014). Keeping community health workers in Uganda motivated: key challenges, facilitators, and preferred program inputs. *Global Health: Science and Practice*, 2(1), 103-116. doi:<https://doi.org/10.9745/GHSP-D-13-00140>
- Dashora, K. B. (2013). Problems faced by working women in India. *International Journal of Advanced Research in Management and Social Sciences*, 2(8), 82-94.
- Glenton, C., Colvin, C. J., Carlsen, B., Swartz, A., Lewin, S., Noyes, J., & Rashidian, A. (2013). Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews*(10). doi:<https://doi.org/10.1002/14651858.CD010414.pub2>
- Hakim, A., & Aziz, A. (1998). Socio-cultural, religious, and political aspects of the status of women in Pakistan. *The Pakistan development review*, 727-746.
- Hanif, F., & Naqvi, S. (2014). Analysis of work family conflict in view of nurses, in health sector of Pakistan. *International Journal of Gender and Women's Studies*, 2(4), 103-116. doi:<https://doi/10.15640/ijgws.v2n4a6>
- Jalal-ud-Din, M., & Khan, M. (2008). Socio-economic and cultural constraints of women in Pakistan with special reference to Mardan district, NWFP province. *Sarhad Journal of Agriculture*, 24(3), 485-493.
- Khan, A. (2008). Women's empowerment and the lady health worker programme in Pakistan. *Karachi: Collective for Social Science Research*. doi:<https://doi.org/10.1146/annurev-publhealth-071521-031648>
- Knowles, M., Crowley, A. P., Vasan, A., & Kangovi, S. (2023). Community Health Worker Integration with and Effectiveness in Health Care and Public Health in the United States. *Annual Review of Public Health*, 44, 363-381.
- Majid, U., Zahid, M., Harold, K., Zain, S., & Sood, T. (2021). Challenges in the sociocultural milieu of South Asia: a systematic review of community health workers. *Rural and Remote Health*, 21(4), 1-13.
- Malatji, H., Griffiths, F., & Goudge, J. (2023). Mobilisation towards formal employment in the healthcare system: A qualitative study of community health workers in South Africa. *medRxiv*, 2023.2007. 2011.23292526. doi:<https://doi.org/10.1101/2023.07.11.23292526>
- Mohajer, N., & Singh, D. (2018). Factors enabling community health workers and volunteers to overcome socio-cultural barriers to behaviour change: meta-synthesis using the concept of social capital. *Human resources for health*, 16(1), 1-9. doi:<https://doi.org/10.1186/s12960-018-0331-7>
- Musoke, D., Nyashanu, M., Bugembe, H., Lubega, G. B., O'Donovan, J., Halage, A. A., & Gibson, L. (2022). Contested notions of challenges affecting Community Health Workers in low-and middle-income countries informed by the Silences Framework. *Human resources for health*, 20, 1-7. doi:<https://doi.org/10.1186/s12960-021-00701-0>
- Nawaz, M. A., Afzal, N., & Shehzadi, K. (2013). Problems of formally employed women: A case study of Bahawalnagar, Pakistan. *Asian Journal of Empirical Research*, 3(10), 1291-1299.

- Parvez, S., Rehman, M. Z.-u., Javed, J., & Raza, I. (2015). Working women in Pakistan: Analysis of issues and problems. *Pakistan Journal of Social Sciences*, 35(2), 997-1011.
- Perry, H., Crigler, L., & Hodgins, S. (2013). Developing and strengthening community health worker programs at scale. *A reference guide and case studies for program managers and policymakers*. MCHIP, USAID. Jhpiego Corporation.
- Rahman, M., Jahir, T., Yeasmin, F., Begum, F., Mobashara, M., Hossain, K., . . . Jain, A. (2021). The lived experiences of community health workers serving in a large-scale water, sanitation, and hygiene intervention trial in rural Bangladesh. *International journal of environmental research and public health*, 18(7), 3389. doi:<https://doi.org/10.3390/ijerph18073389>
- Salve, S., Raven, J., Das, P., Srinivasan, S., Khaled, A., Hayee, M., . . . Gooding, K. (2023). Community health workers and Covid-19: Cross-country evidence on their roles, experiences, challenges and adaptive strategies. *PLOS Global Public Health*, 3(1), e0001447. doi:<https://doi.org/10.1371/journal.pgph.0001447>
- Singh, D., Negin, J., Otim, M., Orach, C. G., & Cumming, R. (2015). The effect of payment and incentives on motivation and focus of community health workers: five case studies from low-and middle-income countries. *Human resources for health*, 13(1), 1-12. doi:<https://doi.org/10.1186/s12960-015-0051-1>
- Smithwick, J., Nance, J., Covington-Kolb, S., Rodriguez, A., & Young, M. (2023). "Community health workers bring value and deserve to be valued too:" Key considerations in improving CHW career advancement opportunities. *Frontiers in Public Health*, 11, 1036481.
- Sohail, M. (2014). Women empowerment and economic development-an exploratory study in Pakistan. *Journal of Business Studies Quarterly*, 5(4), 210.
- ud Din, N. S., & Jabeen, T. (2023). Community Factors Facilitating or Hampering Service Delivery of Lady Health Workers: Views and Experiences of Beneficiaries. *Pakistan Journal of Applied Social Sciences*, 14(1), 1-16.
- Yang, D., Fang, G., Fu, D., Hong, M., Wang, H., Chen, Y., . . . Yang, J. (2023). Impact of work-family support on job burnout among primary health workers and the mediating role of career identity: A cross-sectional study. *Frontiers in Public Health*, 11, 1115792. doi:<https://doi.org/10.3389/fpubh.2023.1115792>