INTRODUCTION

Health care is the prevention, treatment and management of illness and the preservation of mental and physical wellbeing through the services of medical, nursing and allied health professions by the health care providers. Health care provider is a person who provides preventive, curative, rehabilitative or spiritual health services to the community. Health care is being provided by not only the registered and qualified doctors, but also by non-qualified non-registered and inexperienced persons in Pakistan.

Methodology: A total of 57 health care providers from the union council 42 area in district Faisalabad were included. A pre-tested questionnaire to know about the services and practices of the individuals was served upon them to collect the relevant data. Design: Cross-sectional study. Setting: Union council 42 area in district Faisalabad. Period: 2008. Results: Out of 57, 30 (52.63%) were males and 27 (47.37%) were females. Most of them, 18 (31.6%) were above 49 years of age. 51 (89.47%) were practicing in the private; whereas, only 2 (3.51%) in the public sector. Most of the individuals, 21 (36.8%) were LHW and only 2 (3.5%) were doctors or medical assistants; 3 (5.3%) were dispensers, 9 (15.8%) were hakeems and 7 (12.3%) homeopaths. Most of them, 40 (70.2%) were matriculates and 14 (24.6%) graduates. Only 20 (35.1%) were having certificates and 11 (19.3%) were diploma holders. Further, only 2 (11.76%) out of 57 were registered with PM&DC and Punjab Medical Faculty. 30 (52.6%) individuals were rendering curative and only 5 (8.8%) preventive services. None of the health care providers was rendering laboratory, x-ray or ultrasound services. Most of the individuals, 36 (63.2%) were practicing allopathy and 7 (12.3%) homeopathy way of treatment. Further, most of the professionals, 45 (78.95%) were not doing any surgery. As regards sterilization, the most 8 (66.7%) were practicing boiling of instruments. Most of them 47 (82.45%) were giving injections to the patients, however, using disposable syringes, and 27 (57.4%) were disposing of the syringes by cutting the needles to dump. 20 (42.55%) were keeping the record. Conclusions: Qualified medical professionals were scarce in the locality. However, allopathic system of medicine was being widely practiced. Only LHWs were providing curative services with proper training to deliver first aid services.

Key words: Functions of health care providers, services and practices of health care providers, rural areas of Faisalabad, Pakistan.

providers have become more common. In the public sector, federal, provincial and some local governments operate tertiary care hospitals in the larger urban areas. Whereas, in rural areas and smaller towns, the provincial governments operate an extensive infrastructure of first level care facilities and secondary care hospitals, supported by several federal programmes including lady health worker programme.

Limited knowledge of health and disease, cultural and household remedies, perceptions of health services and their providers, social barrier and the cost-related to the provision of an affective health service have been major hurdles.3, 4

Over half of the population in Pakistan lives in the rural areas, and poverty compounded by illiteracy, lower status of women and inadequate water and sanitation facilities have deep impact on health indicators. Though The District Health Management Information System (DHIS) is operative in Pakistan to indicate the diseases, their diagnosis and treatment. Yet, it has some flaws as it does not mention the services being rendered by private doctors, quacks and other health care providers.

Data Collection

The relevant data were collected on a pre-tested questionnaire served on the respondents.

STATISTICS

The data entry was done using statistical packages Epidata and EPI-info. Different frequency distributions for different variables were determined using the mentioned package.

RESULTS

Various physical data and the data exhibiting the mode of services being rendered and practices done by the health care providers of the study area are presented.

THE PHYSICAL DATA

The physical data of the health care providers (n=57) reveal that 30 (52.63%) were males and 27 (47.37%) females (Table-I). As regards their age groups, 18 (31.6%) were above 49 years of age. Whereas, 15 (26.3%) were in the age group of 19-28, 17 (29.8%) in 29-38 years and only 7 (12.3%) were in the age group of 39-48 years (Table-II). The data also reveal that 51 (89.47%) individuals were practicing in the private sector and only 2 (3.51%) in the public sector. Whereas, 4 (7.02%) were practicing voluntarily (Table-III).

The frequency distribution of the health care providers into different professional skills reveal that out of 57, 21 (36.8%) were LHW, only 2 (3.5%) doctors, 7 (12.3%) dais, 2 (3.5%) medical assistants, only 1 (1.8%) male nurse, 3 (5.3%) dispensers, 9 (15.8%) hakeems, 7 (12.3%) homeopaths, only 1 (1.8%) bone setter and 4 (7%) spiritual healers (Table-IV).
As regards educational levels of the health care providers, 40 (70.2%) were matriculates, 14 (24.6%) were graduates and only 3 (5.3%) were under-matric (Table-V). However, 24 (42.1%) got informal education, 20 (35.1%) were having certificates, 11 (19.3%) were diploma holders and only 2 (3.5%) were having MBBS degrees (Table-VI).

The frequency distribution of the health care providers with regard to registration reveals that out of 17, only 2 (11.76%) were registered with PM&DC, 7 (41.17%) with National Homeopathic Council, 2 (11.76%) with Punjab Medical facility, 5 (29.41%) with Tibbi Council and only 1 (5.88%) with PNC. The rest 40 (70.18%) were not registered (Table-VII).

THE MODE OF SERVICE
The data reveal that out of 57 health care providers, 30
homeopathic and 5(8.8%) spiritual ways of providing the health cover to people of the area (Table-XI). The data also exhibit that most of the professionals, 45 (78.95%) were not performing any surgery at their clinics. Whereas, only 12 (21.05%) were doing minor surgery. In spite of the fact, none of them got any surgical training providing both types of services (Table-VIII). The data further reveal that most of the healthcare providers, 43 (75.4%) were providing health services round the clock. Whereas, a few 7 (12.3%) were available in the morning or evening hours (Table-IX). The data are also of the view that none of the health care providers was having laboratory, ultrasound and x-ray facilities (services) at his/ her set-up (Table-X).

The referral practices of the respondents exhibit that 20 (42.55%) of them were referring their patients to DHQ hospital or THQ Hospital for further treatment. Whereas, only 7 (14.9%) for other medical facilities like teaching hospital (Table-XVI). The data further reveal that 47 (82.46%) respondents were keeping the record of their patients. Whereas, 10 (17.54%) had no record. And 37 (78.72%) respondents were using slips for the record;
The Union Council no. 142 of District Faisalabad, the study area enumerates about 27500 inhabitants. A total of 57 health care providers are serving the people as their ratio to the population comes out to be 21/10,000 inhabitants. It appears quite fair. Since as per WHO estimates, fewer than 12 health care providers / 10000 inhabitants in 29 African countries are available. However, in certain South East Asia Countries, the number of health care providers appeared to be 43 / 10000 inhabitants. And in America and Europe, their number are 248 and 189, respectively. However, there is dire shortage of health workers in many countries, and it is among the most significant constraints in reducing child mortality, improving maternal health and combat HIV / AIDS and other diseases including tuberculosis and malaria. It can be inferred; therefore that these are not only the health care providers who are in short supply, shortfall also exists in various categories.

Most of the health care providers, 18 (31.60%) and 15 (26.30%) are in the upper age groups of about 49 and 19-28 years, respectively. Whereas, males 30 (52.63%) dominate females. The world data appear to be scanty on whereas, 10 (21.28%) were using the register for the purpose (Table-XVII).

DISCUSSION
The proportion of female doctors in Europe has increased during 1990s against more admissions of females in medical schools. No general pattern of age groups of health care providers is available in different settings. However, an increasing trend in the age groups of nursing workforce has been observed in certain countries including UK and USA.
The data reveal that more medical professionals, 51 (89.47%) are engaged doing private practice. Insufficient information showing similar analysis is available. It is likely, however, that the proportions officially employed by the government are lower, because many health providers are officially in private practice and much of their income comes directly from the public.

It is difficult to document trends of professional skills of health providers working in specific area. Also, systems of recording and updating health workers skill do not exist that presents a major obstacle in development of evidence – based policies for human resource development. The data of professional skills of health care providers reveal that most 21 (36.80%) of them are LHWs. The information suggests that other categories of professionals must increase their level of expertise using existing resources. The data of LHWs are of the view that more recruitments of LHWs has caused improvement in community health as exhibits the existing improved vaccination rates in children, their growth rates, better use of contraceptives and antenatal services in women.

In the study under report, 20 (35.10%) of the health care providers had got only general certificates of their professional skills; while 24 (42.10%) had only informal training for their job. Technically, only 02 (3.5%) of them were qualified medical professionals available in the locality.

Turning to the professional practice, most of health providers, 47 (82.45%) preferred to give injection for the treatment. They used only disposable syringes in all of their patients. Whereas, 19 (40.40%) discarded syringes by bending the needle to dump and 27 (57.40%) cut needle and dumped afterwards. More recent reports indicated that half of the injections were provided with a syringe of uncertain sterility. A population-based study in Sindh (2001) reported 13 injections per person per year most of which (95.6%) were not genuine, and 80% lead to transmission of HBV, HBC and HIV.

The data are also of the view that 45 (78.95%) health care providers were not doing any kind of surgery at their clinics. Whereas, 66.7% sterilized their instruments by boiling, 8.3% by autoclaving, 25% using chemicals, provided 57 (100%) health providers did not ever attend surgical training.

As regards referred practice, 42.55% individuals referred their patients to DHQ Hospital and 42.55% to BHU. The record keeping of the professionals indicated that 47 (82.46%) were keeping their record of patients; while 10 (17.54%) did not. The record keeping was found mostly, 37 (78.72%) by slips and only 10 (21.28%) professionals used register for record keeping.

The data further exhibited that none of health providers had ultrasound, x-ray or laboratory facilities at their clinics. The observation is of the view that the health care providers appeared to be not sufficiently sound financially to afford keeping ultrasound and x-ray equipment at their clinics.

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"Success usually comes to those who are too busy to be looking for it”

(Henry David Thoreau 1817-1862)