

SERVICES AND PRACTICES OF HEALTH CARE PROVIDERS IN A RURAL AREA OF FAISALABAD.

ORIGINAL
PROF-1713

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ABSTRACT...Objectives: (1) To determine the mode of services being rendered and practices done by the health care providers of the study area. (2) To identify various socio-demographic factors about the health care providers. A health care provider provides preventive, curative, rehabilitative and 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 referring their patients to DHQ Hospital and 47 (82.46%) 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

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 providers¹.

Health care provider is a person who provides preventive, curative, rehabilitative or spiritual health services to the community². Only qualified registered medical practitioners are allowed to provide health care in Pakistan. Nevertheless, an actual practice, health care is also being provided by non-qualified, non-registered and inexperienced persons.

Though health services in Pakistan have slowly improved upon over the past 10-12 years; yet there is a consensus that the health sector still needs reforms to

further increase the impact of health services on the population. In the last decade, there has been a marked improvement in the availability of female medical staff and better access to immunization services. Pakistan is still worse off than many other countries in terms of maternal and child mortality, malnutrition, infectious diseases and high fertility. This worse situation is believed to be due to poor government expenditures on health services. Hence inadequate outcome shown by the public against that the government spends on public health. Weak management and corrupt practices have further deteriorated the provision of health services to the population.

The health delivery system is composed of the services being rendered by public and private health services providers. Health care has always been government sponsored but over the years, private health care

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 areas⁵, and poverty compounded by illiteracy, lower status of women and inadequate water and sanitation facilities have deep impact on health indicators⁶. 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.

District Faisalabad has more than 5.6 million population spread over 8 towns and 289 Union Councils, different kinds of health care providers are rendering services through out the district. But the data about their mode of services and practices are hardly available. This study is an attempt to explore the same in rural area of the Union Council No.42 at Faisalabad.

OBJECTIVES

1. To determine the mode of services is rendered and practices done by the health care providers of the study area.
2. To identify various socio-demographic factors about the health care providers.

METHODOLOGY

Study Population

As many as 57 respondent health care providers

providing health cover within the boundaries of Union Council 142, District Faisalabad were included in this descriptive and cross-sectional study.

Those health care providers neither related to any secondary or tertiary care hospitals nor those were DVM/ paramedics treating animals. However, those were delivering health care services irrespective of their academic and professional education and training.

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).

Table-I. Percent distribution of health care providers (n=57) into different sexes

Sexes	Frequency	%age
Male	30	52.63
Female	27	47.37

Table-II. Percent distribution of health care providers (n=57) into different age groups

Age groups (years)	Frequency	%age
19-28	15	26.32
29-38	17	29.82
39-48	07	12.28
49 & above	18	31.58

Table-III. Percent distribution of health care providers (n=57) into different types o medical facilities

Types of medical facilities	Frequency	%age
Public	02	3.51
Private	51	89.47
Voluntary	04	7.02

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

Table-IV. Percent distribution of health care providers (n=57) into different professional skills

Professional skills	Frequency	%age
lady health worker	21	36.84
Doctor	02	3.51
Dai	07	12.28
Medical Assistant	02	3.51
Male Nurse	01	1.75
Dispenser	03	5.26
Hakeem	09	15.79
Homeopathic	07	12.28
Bone Setter	01	1.75
Spiritual Healer	04	7.02

Table-V. Percent distribution of health care providers (n=57) into different educational levels

Educational level	Frequency	%age
Illiterate	-	-
Under Matric	03	5.26
Matric	40	70.78
Graduate	14	24.56
Postgraduate	-	-

Table-VI. Percent distribution of health care providers (n=57) into different professional trainings

Professional training	Frequency	%age
Informal training	24	42.1
Certificate	20	35.09
Diploma	11	19.30
Graduation (MBBS)	02	3.51
Post graduation	-	-

(52.6%) were rendering curative and only 5 (8.8%) preventive services. Whereas, 22 (38.6%) were

Table-VII. Percent distribution of health care providers (n=17) into different registration bodies

Registration body	Frequency	%age
PMDC	02	11.76
PNC	01	5.88
Punjab Medical Faculty	02	11.76
National Homeopathic Council	07	41.17
Tibbi Council	05	29.41

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).

Table-VIII. Percent distribution of health care providers (n=57) into different types of services

Types of services	Frequency	%age
Preventive	05	8.77
Curative	30	52.63
Both	22	36.6

Table-IX. Percent distribution of health care providers (n=57) into different working hours

Working hours	Frequency	%age
Round the clock	43	75.44
Morning & evening	07	12.28
Only evening	02	3.51
Only morning	05	8.77

THE MODE OF PRACTICES

The data on the mode of practices being done by the health care providers reveal that, 36 (63.2%) were practicing allopathic, 9 (15.8%) herbal, 7 (12.3%)

Table-X. Percent distribution of health care providers (n=57) into different clinical facilities

Clinical facility	Frequency	%age
Ultrasound	-	-
X-ray	-	-

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 (Table-XII). As regards sterilization of instruments, 8 (66.7%) were practicing boiling, 3 (25.0%) chemical methods and only 1 (8.3%) autoclaving to sterilize their instruments (Table-XIII). The data on injection practices reveal that most of the professionals, 47 (82.45%) were giving injections to their patients. However, all of them were using disposable syringes for the practice (Table-XIV). As regards their practice of disposing off the syringes, 27 (57.4%) were cutting the needle to dump. Whereas, 19 (40.4%) were bending the needle to dump and only 1 (2.2%) throwing the needle into the infectious bag (Table-XV).

Table-XI. Percent distribution of health care providers (n=57) into different types of medicinal systems

Type of medicinal system	Frequency	%age
Allopathic	36	63.16
Homeopathic	07	12.28
Herbal	09	15.79
Spiritual	04	7.02
Others	01	1.75

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 (14.90%) 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;

Table-XII. Percent distribution of health care providers (n=57) into doers otherwise of surgical procedures

Surgical procedures	Frequency	%age
Performing	12	21.05
Not performing	45	78.95

Table-XIII. Percent distribution of health care providers (n=57) into different methods of instrumental sterilization

Sterilization method	Frequency	%age
Boiling	08	66.70
Autoclaving	01	8.30
Chemical treatment	03	25.00

Table-XIV. Percent distribution of health care providers (n=57) into injection practices

Injection practices	Frequency	%age
Performing	47	82.45
Not performing	10	17.55

Table-XV. Percent distribution of health care providers (n=47) into methods of syringes disposal

Method of syringe disposal	Frequency	%age
Bending and dumping	19	40.40
Cutting and dumping	27	57.40
Throwing in infections bag	01	2.20

whereas, 10 (21.28%) were using the register for the purpose (Table-XVII).

DISCUSSION

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

Table-XVI. Percent distribution of health care providers (n=47) into different referral practices

Referral Med. Facility	Frequency	%age
DHQ Hospital	20	42.55
THQ Hospital	-	-
BHU	20	42.55
RHC	-	-
Others (Teaching Hospital)	07	14.90

Table-XVII. Percent distribution of health care providers (n=47) into ways of record keeping

Record keeping method	Frequency	%age
Slip preparation	37	78.72
Register maintenance	10	21.28

number of health care providers appeared to be 43 / 10000 inhabitants. And in America and Europe, their number are 248 and 189, respectively⁷. 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 malaria⁸. 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 the sex distribution of health care workers. However, males have been known dominating in the medical profession. Though the strength of female medical professionals is increasing in some regions of the world. Since the proportion of female doctors in Europe has increased during 1990s against more admissions of females in medical schools⁹. 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 HIV¹⁰.

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 regarded 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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REFERENCES

1. Anonymous. The World Health Report 2006: working together for health World Health Organization, Geneva; 2006.
2. Park K. Park's textbook of preventive and social medicine. 8th Ed. M/S Banarsidas Bhanot. Jabalpur 2005:9-10.
3. Hunte P, Sultana F. **Health seeking behavior and the measuring of medications in Balochistan.** Pak. Soc. Sci: Med 1992: 34: 1385-97.
4. Karim MS. **Socioeconomic, demographic and health situation in Thatta district 1987.** Deptt. of Community Health Services. Agha Khan University, Karachi.
5. Anonymous. Population Data Sheet 2003. Reference Bureau, Washington DC.
6. Anonymous. **Pakistan Poverty Assessment: Vulnerabilities social gaps.** Rural Dynamics 2002, Islamabad. Poverty Reduction and Economic Management. Sector. South Asia Region, World Bank.
7. Byerhans P, Staiger D, Auerbach D. **Implications of rapidly aging registered nurse workforce.** JAMA 200, 283:2948-54.
8. Jokhio HR, Winter HR, Cheng KK. **An intervention involving traditional birth attendants and perinatal**

- and maternal mortality in Pakistan. New England Journal of Medicine, 2005; 352:2091-99.
9. Anonymous. **Evaluation of short term training activities of technical divisions in the WHO African Region.** Final Draft. Brazzaville, WHO office for Africa, 2004.
10. Ansari Ilyas Shah. **Public Health and Community Medicine.** Time Publishers, Urdu Bazar, Karachi, Pakistan 2006.

Article received on: 27/10/2010

Accepted for Publication: 14/12/2010

Received after proof reading: 12/08/2011

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Article Citation:

Sarwar G, Manzur F, Hamid I. Services and practices of health care providers in a rural area of Faisalabad. Professional Med J Sep 2011;18(3): 518-524.

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

(Henry David Thoreau 1817-1862)