

A woman wearing a bright pink headscarf and a matching pink dress with intricate white and blue patterns is shown in profile, working with large, light-colored bricks. She is standing in front of a tall, dark, cylindrical brick kiln. The background is a clear, bright sky. The text is overlaid on a semi-transparent dark grey rectangular area at the bottom left of the image.

**Baseline Survey:
Mapping Health Seeking Practices
Among Brick Kiln Workers
in Batapur**

May 2016



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ACRONYMS

ANC	Antenatal Care
ANCE	Association of Network for Community
BHU	Basic Health Unit
BKOAP	Brick Kiln Owners Association of Pakistan
CNIC	Computerized National Identity Card
DIS	Development Impact Solutions
HANIF	Health and Nutrition Innovation Fund
ILO	International Labour Organization
LHV	Lady Health Visitor
MOU	Memorandum of Understanding
PHCS	Primary Health Care Satellite
PNC	Post Natal Care
RHC	Rural Health Centre
UC	Union Council



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1. INTRODUCTION:

The Punjab province has a widespread brick kiln industry that employs a significant number of women, men, and children. According to the Labour Department Government of Punjab, there are about 5,900 brick kilns registered in Punjab engaging a total of 158,000 workers. However, civil society organizations claim the estimates of brick kiln workers are much higher than known. Mostly, these workers reside at the dwellings provided by the brick kilns.

The brick kiln workers, especially *patheer* (brick molders) - primarily consist of women and children – work and live at these brick kilns in extremely hazardous unhygienic conditions that impose several health hazards. In 2012 International Labour Organization through its partner ANCE carried out a health screening study of brick Kiln workers. The study found most adult female workers were anemic, a large percentage were suffering from conjunctivitis, urinary tract infections, scabies, vaginitis, and musculoskeletal pains. Most of the children had poor personal hygiene and without any vaccination record, except partially vaccinated against polio. The ILO-ANCE project (Nankana 2013 and Lahore 2011) assessment reports have also found that brick kiln women workers have poor health behaviors as they tend to rely on traditional remedies or going to quacks for their health-related issues. These traditional health services seeking behaviors, act as a barrier for brick kiln women and men workers from accessing formal health services.





The Development Impaction Solutions (SMC-PVT) LTD (DIS) with the support of Palladium Pakistan (Pvt) Ltd and funding of DFID has designed a project to help brick kiln women workers to value in seeking formal health services as opposed to quacks. In this regard, DIS is implementing a project “Linking Brick Kiln Women Workers with Formal Health Services (LBW&FH)” in district Lahore. The Brick Kiln Owners Association of Pakistan (BKOAP) signed a Memorandum of Understanding with the DIS.

Under the MOU, the BKOAP has identified a cluster of 16 brick kilns in the Batapur area and requested DIS to pilot interventions to establish Primary Health Care Satellite (PHCS). The Lahore City District Government through EDO Health also agreed to provide health officials to visit the PHCS and provide basic health and referral services to women brick kiln workers and their families.

Before the start of the project intervention, the DIS carried out a baseline survey at the target 16 brick kiln cluster in the Batapur area.

2. RESEARCH METHODOLOGY

This baseline research relied on quantitative method and a purposive sampling technique was used¹. The research local was a brick kiln cluster in District Lahore. The objective of the study is given below:

Objective: To map the health-seeking behaviors and practices of women and men brick kiln workers in the target cluster.

Following are additional details about study locale, and the sampling methodology.

2.1. Locale

These 16 brick kilns are situated in an area that touches three union councils, UC 177 Atuke Awan, UC 179 Bhaseen, and US 182 Dogriay Kalan. This area is popularly known as Batapur area of District Lahore. The estimated population of these union councils was 170,000. It is estimated that about 5149 men and women workers were engaged at these brick kilns – 51% of these reside on the brick kilns. There were two Basic Health Units (BHUs), one Rural Health Center (RHC), and one Tertiary Level Hospital (Ghurki Hospital) in this area.

During mapping of the target 16 clusters, DIS found that an estimated 2615 (44% females) workers reside on the brick kilns and another 2534 (32%) workers daily come to the brick kiln to perform their work. It was also found that on average there were 35 families residing on each brick kiln. These brick kiln workers did not go to the doctor's health issues. These workers go to local quack for any health problem and during pregnancy women seek the help of local *dai* (traditional birth attendant). On occasions, polio vaccination teams have visited the brick kiln, and reportedly on average, 60% of children have been vaccinated. It was also believed that about 65% of the workers also have computerized national identity cards (CNIC). These brick kiln also have schools for children after the Government of Punjab's crackdown do not allow children to come to worksite at the brick kiln, and ensuring children participate at the brick kiln run schools.

¹ Purposive sampling, also referred to as judgment, selective or subjective sampling is a non-probability sampling method that is characterized by a deliberate effort to gain representative samples by including groups or typical areas in a sample. The researcher relies on his/her own judgement to select sample group members.

2.2. Sampling:

The target 16 brick kilns had on average 35 families and a total of 560 families in the target areas. From each brick kiln, one adult brick kiln worker was randomly selected from every fifth family. Thus, from each brick kiln, seven brick kiln workers (five women and two men) were selected to be interviewed. In total 112 workers (78 women and 34 men) were interviewed in May 2016.

Following table presents the total brick kilns at the target cluster.

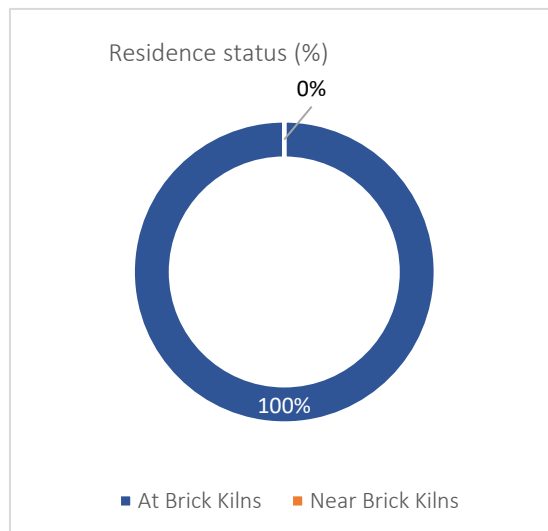
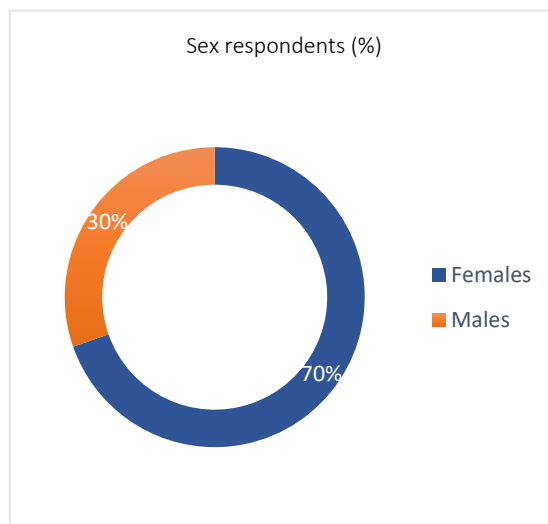
#	Name of brick kiln/owner	No. of Families	Sample Workers		
			M	F	Total
1	Malik Sadiq Ali Bricks Co, Malaik Afzaal	8	2	5	7
2	Malik Faqeer Muhammad / Malik Iftikhar	7	2	5	7
3	Younas Awan Brothers Brick, Malik Abbas	6	2	5	7
4	Malik Wazir Ali	8	3	5	7
5	Malik Boby Bricks'	6	2	5	7
6	Ghulam Bricks, Malik Asim	6	2	5	7
7	Haji M Yousaf Bricks	7	2	5	7
8	Malik Hashim Bricks	6	2	5	7
9	Malik Khadim Bricks	8	3	5	7
10	Malik Wazir	7	2	5	7
11	Rana Khalil Bricks	5	2	5	7
12	Malik Shahid Bricks	7	2	5	7
13	Zubair Bricks, Malik Bashir	6	2	4	7
14	Awan Estate Developer Bricks/Malik Asad	7	2	5	7
15	Haji Niamat Ali Bricks & Co / Malik Asghar	7	2	5	7
16	Malik Ashraf Awan Bricks	6	2	4	7
	Total		34	78	112

3. FINDINGS:

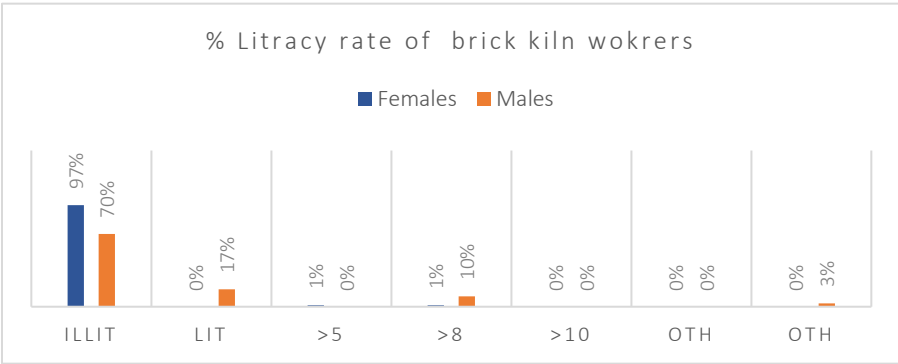
The baseline study has examined the demographic profile of the target brick kiln women and men workers, their general health-seeking behaviors; practices to seek medical help during, and after pregnancy and for the delivery.

3.1. Demography

Since primary beneficiaries of the project intervention are women brick-kiln workers, therefore, effort was made to ensure more women workers' views were captured in the baseline. Out of the total 112 respondents, 70% were female brick kiln workers. All these workers were residing at the target brick kilns.

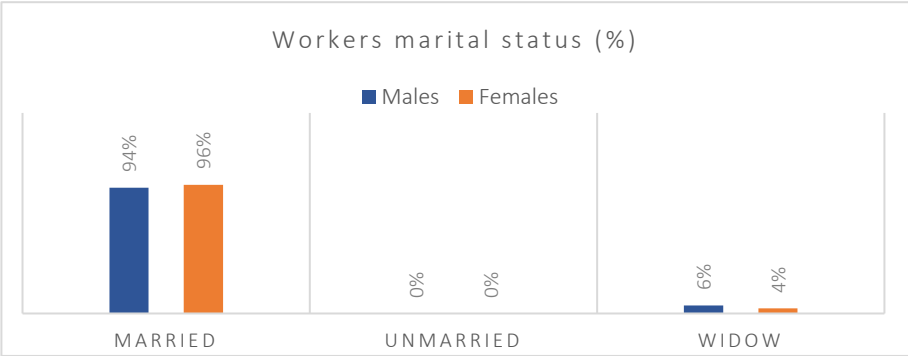


Almost all respondent female workers were illiterate (97%) and so were most male workers (70%). However, some male workers were either literate (17%) or have been to middle school (8%). The graph below presents the sex disaggregated literacy profile of respondent workers at the target brick kilns.

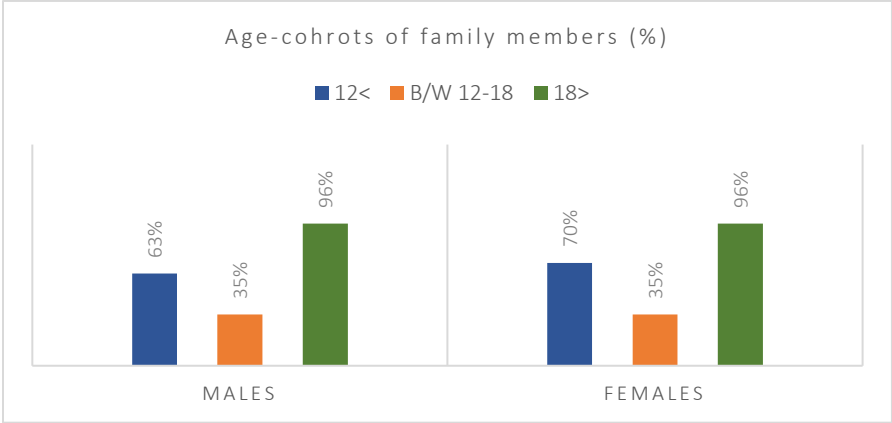


The average age of female respondents was 39 years, with the maximum age reported to be 65 and youngest 20. The average age of male respondents has been 42 years, with maximum age reported 70 years and minimum age of 25 years.

Almost all the respondents' females (96%) and males (94%) were married. None of the respondents were unmarried. A small segment of the respondents, 6% males and 4% females reported widowed status.



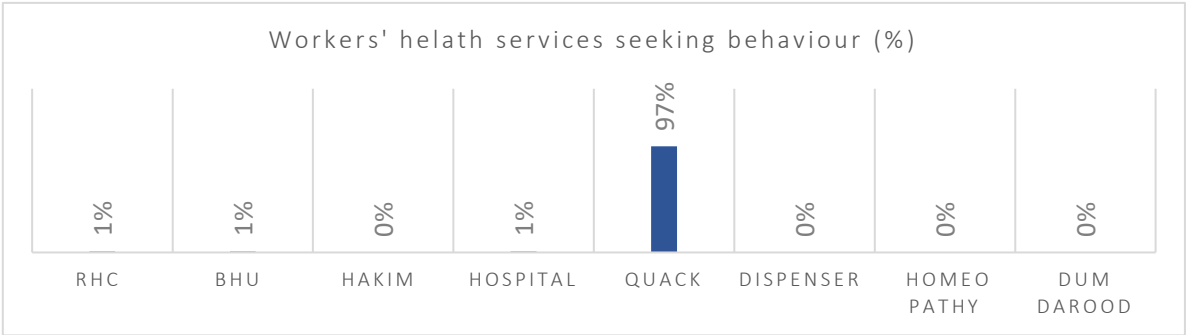
Most respondents confirmed having boys (63%) and girls (70%) in the family who were less than 12 years of age. At the same time, almost every respondent shared that they have family members who are above 18 years of age.



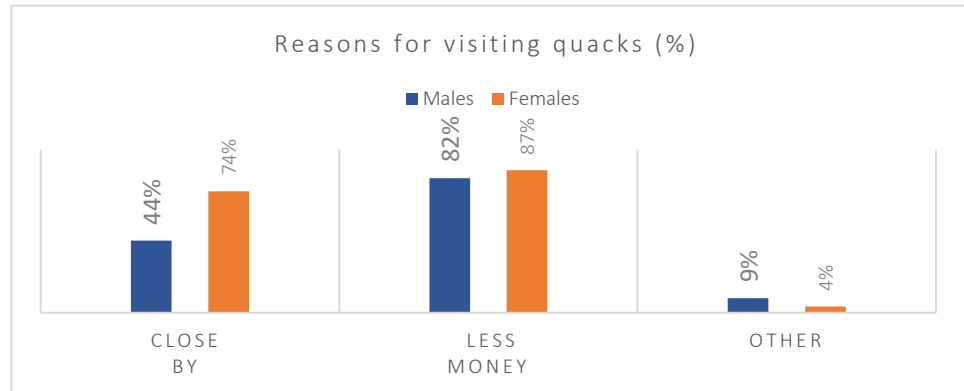
All the respondents shared that they have family workers who were working as brick kiln workers. One female respondent reported 11 female family members who were working as brick kiln workers. Most respondents reported between one and five brick kiln workers from their respective families.

3.2. Present health seeking behaviours

When asked about present health-seeking behaviors 97% of respondents said they go to quacks in the neighborhood to seek health services. Merely 1% of each reported going to a basic health unit or nearby hospital. The graph below presents all the choices that the respondents had to choose from and their responses:



When asked to give reasons why they go to quacks, most male and female respondents (more than 80%) suggested that it costs less to go to the quacks. However, most female respondents (74%) shared that they go to quacks because of their presence in the vicinity, however, only 44% of male respondents indicated this as their reason. The graph below presents the responses of both males and female respondents on their reasons why they choose quacks.

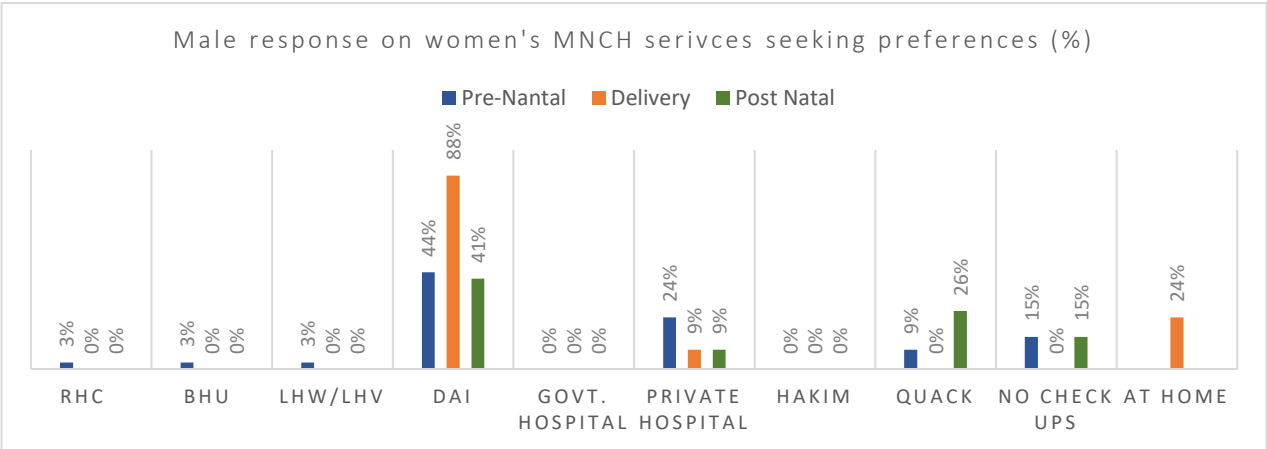
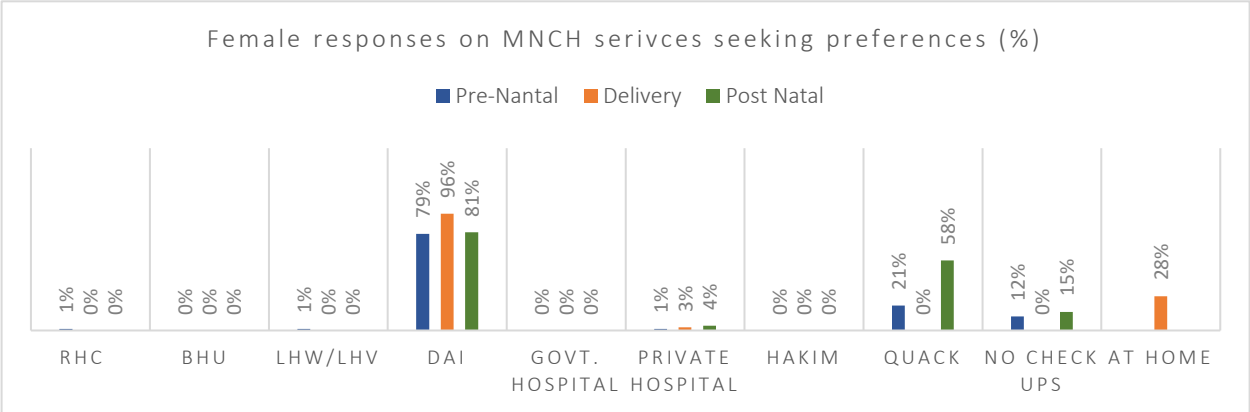



3.3. MNCH services seeking behavior

All the female respondents shared that they do not benefit from the government provided Maternal Nutrition Child and Health (MNCH) services, including those offered at Basic Health Units (BHU), Rural Health Center (RHC), by Lady Health Visitor (LHV), Lady Health Workers (LHW), or at government hospital. Very few male respondents (3%) reported that for pregnancy women benefit from government-provided health services. When asked about where pregnant women workers go before and after the delivery and for the delivery of the child, majority of the both male and female respondents have reported *dai* (traditional birth attendant).

A significant number of females have also reported that before pregnancy (21%) and after pregnancy (58%) women visit traditional birth attendants for health services. Another interesting finding has been that female respondents shared that pregnant women do not get medical checkups before (12%) and after (15%) of the pregnancy. Moreover, 28% of female respondents also indicated that women get child delivered at home with the help of another female family member. Very few females' respondents identified private hospitals for medical care for pregnancy related matters.

Most male responses indicated that pregnant women access *dai* (traditional birth attendant) before pregnancy (44%), for childbirth (88%), and after pregnancy (41%). A significant number of males have also reported that before pregnancy (9%) and after pregnancy (26%), women visit quacks for health services. Similarly, male respondents also shared that pregnant women do not get medical checkups before pregnancy (15%) and after pregnancy (15%). Besides, 24% of male respondents indicated that women get child delivered at home with the help of another female family member. Male workers also shared that some women do go to private hospitals for pregnancy-related issues.





Respondents shared distance of services providers and it has come about on average of 2.5 kilometers from their residence, they have reported during the pre-natal period an average travel expense of Rs 115 and average medicine expense of Rs. 267. The respondents have also reported on an average Rs 4577 medicine-related expenditures during childbirth.

3.4. Reasons for not seeking MNCH services

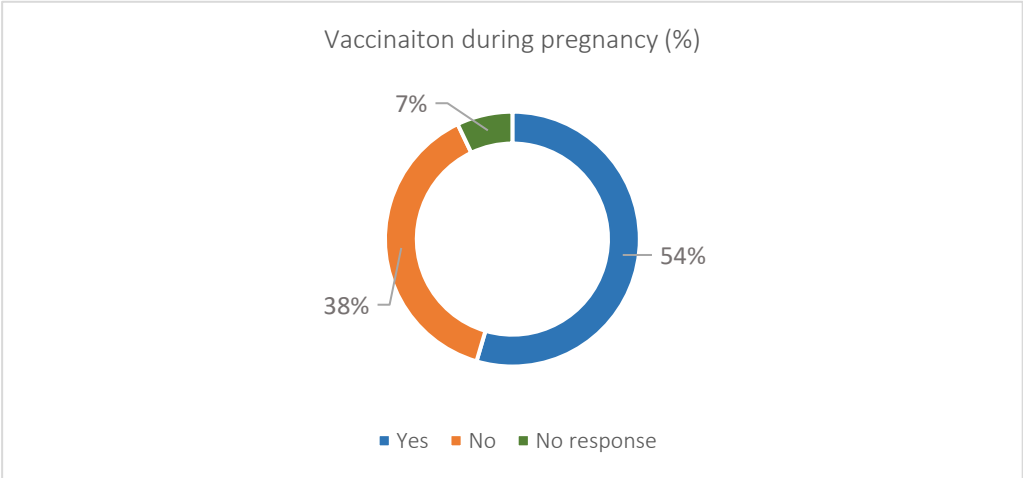
A variety of responses have been given for not seeking government health facilities that range from government doctors do not give time to poor brick kiln workers, they give expensive medicines, it takes a lot of time affecting their work, lack of information on how to get health services from a government hospital, government facilities are far away among others.

Following are some of the responses that respondents provided:

- Hospital is located very far away.
- The government hospitals do not offer good services and patient die there.
- Hospital treatment is not good.
- Medical staff at government hospital do not treat poor workers with respect.
- Health treatment at government hospital is very costly.
- Health staff at hospital do not diagnose disease properly and medicine is not good.
- In case of emergency, a government hospital is not available
- Hospital is far away from home and there is no availability of public transport
- The government hospital is at distance from home, doctors do not listen to us. Also, because unavailability of public transport commuting is a problem.
- Due to poverty, we cannot afford treatment as government hospital, as they also ask a lot of laboratory tests.
- In the nearby BHU laboratory facility is not available and the doctor send us to a private lab
- Government hospital provides us medicine that is of not a good quality.
- Many patients must commute long distances to reach government hospitals and despite the long wait, doctors do to attend to them.

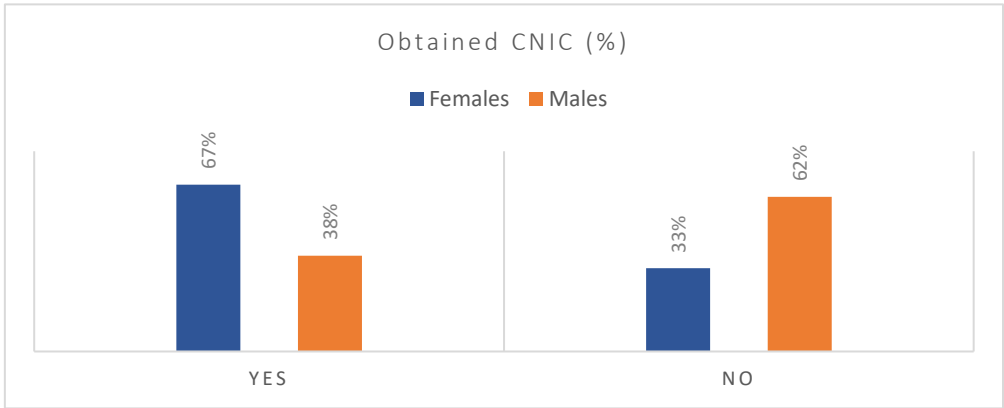
3.5. Vaccination of pregnant women

Regarding the prenatal vaccinations of pregnant women, a significant number of respondents (34%) said women do not get such shots, and 7% did not respond to this query. The majority of the respondents, 54%, said that pregnant women do have these vaccinations. The pi-chart below presents the complete picture of responses.



3.6. Computerized CNIC.

The majority of females respondents (67%) have already obtained the Computerized National Identity Cards (CNIC). On the other hand, only 38% of males respondents reported having obtained the CNIC. It was little surprising to find that 62% of male respondents did not process CNIC



All respondents welcomed any initiative that will facilitate them to obtain CNIC.

4. Conclusion

The overwhelming majority of women and men brick kiln workers rely on quacks for any medical services including ANC, childbirth and any PNC services. Almost all women workers confirmed that for pregnancy-related matters they rely on traditional birth attendant (Dai). The present health-seeking behaviors of women and men brick kiln workers are negative towards the formal health services provided at the government health facilities.



Annex-A: Mapping From

Area Mapping Form

“Linking Brick kiln Workers with Formal Health Care System”

EVA-BHN Health and Nutrition Fund (HANIF)

Information to be collected from Brick Kiln Owner/Representative

مقام: _____ یونین کونسل: _____ تاریخ: ___/___/2106

1. بھٹہ خشت اور اسکے مالک کا نام: _____
 2. بھٹہ خشت پہ کام کرنے والے مزدوروں کی تعداد: _____ خواتین: _____ مرد: _____
 3. روزانہ آنے والے مزدوروں کی تعداد: _____ خواتین: _____ مرد: _____
 4. بھٹہ خشت پہ رہنے والے مزدور خاندان کی تعداد: _____
 5. اوسطاً خاندان کا سائز: _____
 6. (پینے کا صاف پانی، بیت الخلا، رہائشی کوارٹر) بھٹہ پہ دی جانے والی سہولیات: _____
 7. کیا مزدور اور بالغ افراد کے شناختی کارڈ بنے ہوئے ہیں: _____
 8. قریبی سرکاری ہسپتال، ڈسپنسری، یا بی ایچ یو کا فاصلہ کلومیٹر میں: _____
 9. کیا ڈاکٹر، پولیو ٹیم یا ڈینگی سپرے والے بھٹہ کا وزٹ کرتے ہیں: _____
 10. بیماری کی حالت میں بھٹہ کے مزدور علاج کے لیے کدھر جاتے ہیں: _____
 11. بچوں کی پیدائش کے وقت بھٹہ مزدور ڈیلیوری کے لیے کدھر جاتے ہیں: _____
 12. کیا اقدامات کیے جائیں کہ بھٹہ مزدور مرد وزن سرکاری ہسپتال، بی ایچ یو میں صحت سے متعلقہ خدمات کے لیے جائیں۔ _____
- Name Designation and Signature of Data Collector: _____

Annex-B: Baseline Form

Base Line Study
Health Seeking Behavior of Brick Kiln Workers and their Families
“Linking Brick kiln Workers with Formal Health Care System”
EVA-BHN Health and Nutrition Fund (HANIF)
Information to be collected from Brick Kiln Workers
(Note: From Q.14-17 Please ask name and distance if going to Quacks for treatment)

مقام: _____ یونین کونسل: _____ تاریخ: ____/____/2016

بہتہ خشت اور اسکے مالک کا نام: _____

1. بہتہ خشت مزدور کا نام بمعہ ولد بیت یا زوجیت: _____

2. عمر (سالوں میں): _____

3. جنس (مرد/عورت) _____

4. تعلیم (مطلوبہ پہ ٹک کریں):

_____ دیگر: میٹرک سے کم مڈل سے کم پرائمری سے کم خواندہ ناخواندہ

5. آپکا آبائی ضلع کونسا ہے: _____

6. _____ دیگر بہتہ خشت کے نزدیک بہتہ خشت پہ: موجودہ رہائش کہاں ہے

7. غیر شادی شدہ / شادی شدہ / بیوہ ازدواجی حیثیت:

8. آپکے گھر میں کل کتنے افراد ہیں؟ _____ (درج ذیل میں تفصیل بتائیں)

9.

جنس	12 سال سے کم	18-12 سال	18 سال سے زائد
خواتین/لڑکیاں			
لڑکے/مرد			

10. آپکے خاندان کے کتنے افراد بہتے پہ کام کرتے ہیں: _____

11. جب آپ یا آپکے خاندان میں کوئی بیمار ہوتا ہے تو علاج کے لئے کدھر جاتے ہیں؟ (آپشن نہ بتائیں اور جگہ پوچھیں)

- i)..... آر ایچ سی ii) بی ایچ یو..... iii) حکیم iv)ہسپتال
- v) عطائی (vi) ڈسپنسر (vii) ہومیو پیتھی (viii) روحانی علاج (ix) دیگر

12. آپ اس کے پاس کیوں جاتے ہیں؟ (آپشن نہ بتائیں اور جگہ بھی پوچھیں) .

الف: قریب ترین ب: کم خرچ ج: کوئی دیگر

13. کیا آپ کے کنبہ میں کوئی فرد کسی موذی مرض میں مبتلا ہے تو کیا ہے درج ذیل میں تفصیل بتائیں .

خاندان کا فرد / رشتہ	بیماری	کب سے ہے	معالج	علاج کا خرچہ

13.1: معالج آپ کے گھر سے کتنے فاصلے پہ ہے؟

13.2 معالج تک آنے جانے کا کتنا خرچہ آتا ہے؟

13.3 دوائی اور علاج کا کتنا خرچہ ہے؟

14. آپکے خاندان میں خواتین زچگی سے پہلے (قبل از پیدائش) اپنا میڈیکل چیک اپ کے لئے کہاں جاتے ہیں (آپشن نہ

بتائیں)

i) آر ایچ سی ii) بی ایچ یو iii) لیڈی بیلٹھ ورکر/ وزیٹر iv) دائی / مڈ

v) وائف vi) سرکاری ہسپتال vii) حکیم viii) عطائی

14.1: معالج آپ کے گھر سے کتنے فاصلے پہ ہے؟

14.2 معالج تک آنے جانے کا کتنا خرچہ آتا ہے؟

14.3 دوائی اور علاج کا کتنا خرچہ ہے

15. کیا حاملہ خواتین کوزچگی سے پہلے حفاظتی ٹیکے لگواتے ہیں اور کہاں سے؟

16. زچگی کے وقت آپ ڈلیوری (میٹرینٹی) کے لئے آپ کدھر جاتے ہیں (آپشن نہ بتائیں اور جگہ بھی پوچھیں)

i) آر ایچ سی ii) بی ایچ یو iii) لیڈی بیلٹھ ورکر/ وزیٹر iv) دائی / مڈ

v) وائف vi) سرکاری ہسپتال vii) حکیم viii) عطائی

ٹلیوری گھر ہو تو کون مدد کرتا ہے (ix)

16.1: میٹریٹی سنٹر آپ کے گھر سے کتنے فاصلے پہ ہے؟

16.2 میٹریٹی سنٹر تک آنے جانے کا کتنا خرچہ آتا ہے؟

16.3 دوائی اور علاج کا کتنا خرچہ ہے

17. آپکے خاندان میں بچے کی پیدائش کے بعد چیک اپ کے لئے کدھر جاتے ہیں (آپشن نہ بتائیں)

i) آر بیج سی ii) بی ایچ یو iii) لیڈی ہیلتھ ورکر/ وزیٹر iv) دائی / مڈ

v) سرکاری ہسپتال vi) حکیم vii) پرائیوٹ ہسپتال

viii) عطائی

18. بچے کی پیدائش / زچگی کے لئے آپ کسی سرکاری ہسپتال یا زچہ بچہ مرکز پہ کیوں نہیں جاتے؟

(اگر سوالنمبر 14 سے 17 تک کا جواب عطائی یا دائی ہو تو سوالنمبر 18 پوچھیں)

19. کیا آپکے خاندان میں بچوں کو پیدائش کے بعد حفاظتی ٹیکوں کا کورس مکمل کرایا جاتا ہے؟
اگر ہاں تو کارڈ چیک کریں۔

i) پولیو کے قطرے ii) بیپائٹس/A, B iii) ملیریا iv) خسره (v) نمونیا

20. اگر آپ کو آپکے بھٹے کے قریب فری میڈیکل چیک اپ کی سہولت دی جائے تو آپ اس سے استفادہ حاصل کریں گے؟

ہاں / نہیں

21. اگر سوالنمبر 20 کا جواب نہ میں ہو تو پوچھیں کیوں؟

22. کیا آپ نے اپنا اور کنبے کے بالغ افراد کا کیمپوٹرائزڈ شناختی کارڈ بنوایا ہے؟ ہاں / نہیں

اگر جواب نہ آئے تو پوچھیں کیوں نہیں۔

23. اگر آپ کو کیمپوٹرائزڈ شناختی کارڈ بنوانے کی سہولت دی جائے تو کیا آپ بنوائیں گے؟

اگر جواب نہ آئے تو پوچھیں کیوں نہیں۔

24. آپ صحت عامہ کے اس پروگرام سے متعلق کوئی تجویز دینا چاہیں تو بتائیے

Name Designation and Signature of Data Collector:
