

Female health workers increased use of health services in hard-to-reach rural area

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Female community health extension workers deployed to a remote rural community in northern Nigeria led to major and sustained increases in service utilization, including antenatal care and facility-based deliveries, according to latest research by Columbia University's Mailman School of Public. The research also showed that providing a rural residence allowance in addition to a standard salary helped recruit and retain female workers. Other key components to the program's success were posting workers in pairs to avoid isolation, ensuring supplies and transportation means for home visits, and allowing workers to perform deliveries. Findings are published in *Global Health: Science and Practice*.

Northern Nigeria is an area with poor [health](#) indicators and a very weak health system. It also has one of the highest maternal and mortality rates in the world, which is compounded by poor governance, management, and accountability.

Following deployment of the female health [workers](#) there was more than a 500 percent increase in health post visits compared to the previous year, from approximately 1.5 monthly visits per 100 population to 8 monthly visits. Health post visit rates were between 1.4 and 1.5 times higher in the intervention community compared to the control community. These changes were sustained over two subsequent years.

"Our pilot study led to the major improvements in health impacts reported over the course of seven years," noted Dr. Alastair Ager, professor of Population & Family Health and one of the research team

supporting the program over a seven-year period. The grassroots operation undertaken in this environment and described here were key to the progress we are seeing to date."

Provided by Columbia University's Mailman School of Public Health

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