A Day in the Life of a Community Health Worker in Minia Governorate

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Every morning when Samia Ayad, aged 27, leaves home, she knows that she is providing a much needed service to the women, men and children of her community in the Sawada district of Minia Governorate. She feels good about her decision to become a community health worker, or raeda rifiya, and her personal contribution to lowering the population growth rate of Egypt by counseling and advising women about family planning.

Samia, who is single, graduated with a high school diploma and worked as a health outreach worker (zaera siheya) for a Swiss-funded project in Minia before joining the Ministry of Health and Population (MOHP) about seven months ago.

Samia, who is well known within her community, usually visits five women a day, and chooses her clients carefully. She takes her time, establishing a bond with each woman and establishing trust. She knows that many of the women she visits have misconceptions about family planning methods, especially the intrauterine device (IUD), and that to reorient them and change their perceptions; she must first gain their confidence and trust.

She targets her counseling efforts on women who have just given birth and women who have stopped visiting the local health clinic for FP services. Sometimes she sits and talks with the husband if she feels that he could be the reason why the woman refuses to use contraceptive methods after giving birth. During her visits, Samia highlights the importance of contraception during breastfeeding as a back-up method, as many women falsely believe that as long as they are lactating they cannot become pregnant.

Samia carries pills, injectables, and sample IUDs with her when she visits women in their homes. The training she received from TAHSEEN and the MOHP after becoming a raeda rifiya has provided her with the communication skills and knowledge she needs to raise the awareness of the women she visits on the importance of family planning and the different types of contraceptive methods. She has also been trained to dispel many of the misperceptions surrounding the use and side effects of the IUD. Samia has found that just by showing women what an IUD looks like and letting them touch and examine one, it becomes less mysterious and opens the way for further discussion and consideration as a contraceptive method for many women who have misgivings about using it.
According to Samia, “Many women believe the IUD is very dangerous. They think it can perforate the uterus, cause infertility or severe bleeding or even cause fatal complications. One told me that the IUD could ‘wander off’ to the heart.”

Asmaa Bahgat, a 22-year old mother of a 55-day old girl, is one of Samia’s clients. She has visited Asmaa three times since her daughter was born. Asmaa intends to wait three or four years before having a second child and is currently taking oral contraceptives. Samia asked if she would consider inserting an IUD. Asmaa was very skeptical and said that she heard it could cause severe bleeding and other complications. At this point Samia pulled out an IUD for Asmaa to look at and explained the advantages of IUDs, and addressed her concerns about its negative side effects.

At that point, her sister-in-law who has three children, and lives with Asmaa and her family joined Asmaa. Asmaa’s sister-in-law did not share the same convictions about the importance of family planning and birth spacing. Samia used the opportunity to counsel her on the importance of contraception and family planning, and found both Asmaa and her sister-in-law to be quite attentive to the messages. They chatted for a bit before Samia stood to leave, promising to visit again soon.

During Samia’s second visit of the day to Om Kalthoum, a 28-year old mother of four, she was met with skepticism when she advised her client to use contraception to postpone pregnancy even though she was breastfeeding. Om Kalthoum was not as responsive to Samia’s counsel or advice as Asmaa or her sister-in-law. Although Om Kalthoum insisted she was determined not to have any more children, she was not using any birth control method, and would not accept Samia’s counseling regarding the different contraceptive methods, including the IUD, available to her. Om Kalthoum was adamant about not using an IUD, which she believed to be dangerous, even after Samia showed her what it looked like and asked her to touch and hold it. Despite Om Kalthoum’s fierce resistance, Samia left the visit on a high note, with a promise from her client to visit the doctor to seek further contraceptive counseling.

Meanwhile, at the headquarters of St. Mark, a non-governmental organization (NGO), Magda, a 27-year old raeda rifiya, was getting ready to join two of her colleagues, Warda and Maha in Edmo village. The raedat working with St. Mark were primarily offering nutritional counseling to women, and had only recently been trained by
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TAHSEEN to provide family planning counseling. Nonetheless, the three raedat were well known to the community women and excited about the day’s visits.

Om Bassem, a 35-year old mother of four, welcomed the three raedat into her home. Om Bassem explained that she was currently on the pill and visited a private doctor in her neighborhood for her family planning needs. She explained that her husband did not permit her to visit the rural health unit (RHU), and even during her last pregnancy, she did not receive any antenatal care. With her children ranging in age from 15 to six off in another area of the house, Om Bassem shared her concerns and beliefs about contraception, family planning, and especially her fears about using the IUD.

Like the women of Mansheit Sawada, Om Bassem had many misconceptions about the IUD and about injectables. She had heard that injectables caused fat deposits on the eyelids, and that IUDs could be fatal. Magda, Warda and Maha all reassured her and shared accurate information about these methods and their side effects. They also encouraged her to visit the RHU on a regular basis to receive proper family planning services and hoped that she would be able to convince her husband to let her make use of the valuable FP services offered there.

After leaving Om Bassem, the three raedat went to the home of Hanan, a young mother in her early twenties. The raedat were warmly greeted and the atmosphere at Hanan’s home was warm and friendly. All three raedat commented on the relaxed atmosphere. Hanan had inserted an IUD after the birth of her third child, who was four months old. She told the raedat she did not intend to have any more children. As they discussed the importance of contraception during breastfeeding, she explained that she was fully aware that breastfeeding alone did not always provide adequate protection, and that she had fallen into that trap herself, becoming pregnant with her second child only two months after giving birth to her eldest child.

The raedat were clearly at ease when Om Bassem and Hanan’s mother joined their discussion on family planning. Before leaving they discussed issues on infant nutrition, and the raedat were able to provide some important counseling in this critical area as well.
As the three *raedat* left Hanan they spoke freely about their observations of the day’s visits. Confident that their messages had been well received, they commented on the naturalness of their interactions and the bond they felt with their clients. As they waited for the microbus to take them back to the NGO office, they talked about the different attitudes and beliefs their clients held, and the importance of developing different strategies for different types of clients. They agreed among themselves that the challenges of their work were outweighed by the rewards, and headed down the road optimistic about their capacity to really help women in their community make a difference in the quality of their lives.