

Role of Community Based Organizations (CBOs) in Providing Health Care Services: A Case Study of Baloch Women Domestic Workers

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Abstract

This qualitative study delves into the complex dynamics of healthcare community-based organizations (CBOs) supporting Baloch women domestic workers in Garden West, Karachi City. The research aims to assess CBOs' efficiency in improving healthcare access, identify challenges these organizations face, evaluate their impact on Baloch women's health outcomes, and understand women's perceptions of CBO services. Semi-structured interviews were conducted with CBO heads, healthcare workers, and Baloch women domestic workers. Thematic analysis of the data reveals economic challenges faced by Baloch women, barriers to healthcare access, and the crucial role CBOs play in addressing these issues. Findings further advocate for dismantling barriers, fostering inclusivity, and amplifying voices often overlooked. The study advocates for tailored interventions to address economic and healthcare challenges, emphasizing the importance of context-specific solutions for sustainable community well-being.

Keywords: Health Care, Community-based Organizations, Domestic Workers.

Introduction

Community-based organizations (CBOs) are pivotal in addressing healthcare disparities and improving access to healthcare services for vulnerable populations worldwide. These grassroots entities operate at the intersection of community engagement and healthcare delivery, offering tailored solutions to address the unique challenges faced by specific groups. The importance of CBOs lies in their ability to reflect the values, cultures, and needs of the populations they serve, thereby serving as crucial agents of change in promoting overall well-being. This introductory paragraph sets the stage for understanding why CBOs are essential for healthcare workers and emphasizes their significance in fostering community-driven initiatives to improve health outcomes.

A wealth of evidence from various studies attests to the positive impact that community-based interventions can have on healthcare outcomes, particularly in maternal and child health. An exemplary illustration of this can be found in the work of Nambiar et al. (2018), conducted in South Asia. Their research showcases how initiatives driven by the community itself have the potential to improve maternal and child health indicators significantly. These findings provide a

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valuable backdrop for understanding the local dynamics of Garden West and the potential role of community-based organizations (CBOs) in addressing healthcare disparities.

Prior research highlights the pivotal role of community-based interventions and the engagement of community organizations in mitigating healthcare disparities. For instance, studies by Alam et al. (2018), Bhuiya et al. (2010), and Gupta and Yamada (2014) emphasized the effectiveness of community-based approaches and the involvement of NGOs and community health workers in addressing healthcare disparities in various contexts, providing a foundation for the proposed research.

Additionally, literature recognizes the valuable contributions of community-based organizations in enhancing overall community health. Chan (2015) emphasizes the role of community organizations in building healthier communities, while Anderson and Olson (2015) discuss their provision of social services in rural communities. These studies collectively underline the potential of healthcare services-based community organizations to bridge healthcare access and delivery gaps.

Community organizations serve as catalysts for transformative change, playing a vital role in advocacy, awareness, and service delivery. Ahmed et al. (2019) conducted research examining how community organizations act as intermediaries, effectively translating community needs into impactful interventions. This highlights the potential of healthcare services-based CBOs to bridge existing gaps in healthcare access for vulnerable populations, including Baloch women in Garden West.

Against this backdrop, the primary objective of this research is to comprehensively examine the role of healthcare services-based community organizations in facilitating Baloch women's domestic workers. By exploring the healthcare needs, challenges, and experiences of Baloch women domestic workers and examining strategies and interventions by healthcare CBOs, the research seeks to contribute evidence-based insights that can inform policy and practice. The ultimate goal is to improve healthcare access, utilization, and outcomes for Baloch women domestic workers in Garden West, Karachi City.

Rationale

This study's rationale lies in addressing the critical issue of healthcare disparities among Baloch women domestic workers in Garden West, Karachi City. The marginalized status of this population is compounded by limited access to healthcare services, inadequate health education, and suboptimal health outcomes. Drawing on existing research, particularly studies by Alam et al. (2018) and Bhuiya et al. (2010), the research seeks to identify effective strategies and interventions employed by healthcare community-based organizations (CBOs) to address these challenges.

Review of Literature

Community-based organizations (CBOs) are pivotal in addressing healthcare disparities and improving access to healthcare services for vulnerable populations worldwide. Their significance is accentuated by a growing body of research highlighting the impact of community-driven initiatives on health outcomes. While this literature review focuses on the role of healthcare CBOs, it is essential to establish a contextual foundation by examining the broader importance of CBOs, followed by a regional perspective on Asia and then narrowing it down to Pakistan. The review will also delve into specific studies, drawing on the references provided, to illuminate the contributions of CBOs and the implications for Baloch women domestic workers in Garden West, Karachi City.

Community-based organizations are crucial change agents in addressing healthcare disparities and promoting well-being. They are grassroots entities embedded within communities, often reflecting the values, cultures, and needs of the populations they serve (Salamon & Sokolowski, 2004). These organizations operate at the intersection of community engagement and healthcare delivery, offering tailored solutions to address the unique challenges faced by specific groups, such as marginalized women workers. The literature emphasizes that CBOs contribute to healthcare access and social determinants of health, playing a key role in mitigating broader societal factors influencing well-being (Brown et al., 2017; Wandersman et al., 2003).

A global perspective on CBOs reveals a diverse landscape where these organizations operate. The World Health Organization (WHO) recognizes the importance of community health worker programs, emphasizing their role in promoting health equity and bridging gaps in healthcare services (WHO, 2018). The WHO guideline aligns with the findings of various studies, including those conducted in Bangladesh (Alam et al., 2018; Bhuiya et al., 2010), Nepal (Gupta & Yamada, 2014), and other low- and middle-income countries (Pallas et al., 2013). This global consensus highlights the universal value of CBOs in enhancing healthcare access and outcomes. In Bangladesh, community-based interventions have been pivotal in addressing healthcare disparities. Alam et al. (2018) conducted a prospective cohort study in Dhaka's urban slums, emphasizing the retention of female volunteer community health workers. Their findings highlight the importance of community organizations in ensuring continuity of healthcare services in underserved areas. Similarly, Bhuiya et al. (2010) emphasized the significance of non-governmental organizations (NGOs) in addressing healthcare disparities in Bangladesh. These studies collectively emphasize the pivotal role of CBOs in the South Asian context, acting as bridges between communities and formal healthcare systems.

Within the Asian context, community-based approaches have effectively addressed healthcare needs. For instance, research in rural Nepal demonstrates the positive impact of volunteer community health workers on healthcare utilization among women (Gupta & Yamada, 2014). The study highlights the critical role of community-driven initiatives in increasing access to care, especially in remote and underserved areas. The involvement of community health workers has been instrumental in overcoming barriers to healthcare access, including geographical constraints and limited awareness.

Zooming in on Pakistan, the challenges faced by domestic workers, particularly women, underscore the need for targeted interventions facilitated by CBOs. A study on domestic workers in Pakistan emphasizes the healthcare challenges encountered by this population, shedding light on the relevance of CBOs in addressing their specific needs (Khan, 2019). The study highlights the vulnerability of domestic workers to health disparities, including limited access to healthcare services and inadequate health education. This vulnerability is compounded by socioeconomic factors and cultural barriers, making this population particularly susceptible to health inequities.

Additionally, a cluster randomized trial in Karachi explores the effectiveness of trained female community health workers in improving clinical outcomes for children under five years, providing evidence of the positive impact of community-driven health initiatives in Pakistan (Khowaja et al., 2016). While there is limited research directly focusing on Baloch women domestic workers in Garden West, Karachi City, existing studies offer valuable insights into the potential contributions of CBOs. The prospective cohort study in Dhaka's urban slums highlights female volunteer community health worker retention, showcasing the sustainability and effectiveness of community-based interventions (Alam et al., 2018). The study emphasizes the importance of establishing and maintaining community engagement for sustained positive health outcomes.

Furthermore, the literature emphasizes the broader role of CBOs in providing social services beyond healthcare. Anderson and Olson (2015) discuss the provision of social services by community-based organizations in rural communities. This broader perspective is crucial when considering the multifaceted needs of Baloch women domestic workers. Addressing healthcare disparities is intricately connected to social determinants, and CBOs that go beyond healthcare can make a more comprehensive impact on the well-being of this population.

Theoretical Framework

The theoretical framework of this research is grounded in the Social Determinants of Health (SDH) theory and the Health Belief Model (HBM). The SDH theory emphasizes the impact of social and economic factors on health outcomes, recognizing that factors such as income, education, and access to healthcare services play a crucial role in shaping individuals' well-being (World Health Organization, 2008). In the context of this research, the SDH theory provides a lens through which to examine the influence of socioeconomic status, cultural factors, and community dynamics on the healthcare access and utilization of Baloch women domestic workers.

On the other hand, the Health Belief Model (HBM) focuses on individual perceptions and beliefs as determinants of health behavior. According to the HBM, an individual's decision to engage in health-promoting behavior is influenced by their perceived susceptibility to a health problem, the perceived severity of the problem, the perceived benefits of taking action, and the perceived barriers to action (Janz et al., 2002). By incorporating the HBM, this research aims to explore Baloch women domestic workers' attitudes, beliefs, and perceptions regarding healthcare services. Understanding their health-related beliefs can shed light on the factors influencing their healthcare-seeking behaviors and utilization of services.

These two theories provide a comprehensive framework for investigating the multifaceted determinants of healthcare access and utilization among Baloch women domestic workers. The SDH theory offers a macro-level perspective, considering broader social and economic factors, while the HBM delves into the micro-level factors related to individual beliefs and behaviors.

Materials and Methods

This study employed a qualitative research methodology to investigate the role of healthcare community-based organizations (CBOs) in supporting Baloch women domestic workers in Garden West, Karachi City. This study adopted a qualitative research design (Anderson & Olson, 2015). The qualitative approach is well-suited for exploring the intricate dynamics of healthcare access among Baloch women domestic workers and understanding the role of healthcare community-based organizations (CBOs). By employing an exploratory approach, this study uncovered the complexities surrounding healthcare disparities faced by Baloch women domestic workers and elucidated the strategies implemented by healthcare CBOs to address these challenges (Haver et al., 2017). The population for the current qualitative research included Baloch women domestic workers, healthcare CBO officials, and staff members. In the current qualitative research, a purposive sampling technique was used; it strategically selected participants who offered in-depth insights into the healthcare experiences of Baloch women domestic workers. Purposive sampling was particularly apt for this study as it allowed the inclusion of key informants from healthcare community-based organizations (CBOs). The research team carefully considered selecting participants based on their active involvement in healthcare services, which strengthens the study's credibility and the relevance of its findings.

Inclusion and Exclusion Criteria

Employees

Inclusion: Employed in healthcare CBOs catering to Baloch women domestic workers in Garden West, Karachi City.

Exclusion: From CBOs not focusing on healthcare services for Baloch women domestic workers.

Volunteers

Inclusion: Actively involved in healthcare CBOs providing services to Baloch women domestic workers in Garden West, Karachi City.

Exclusion: Not linked with healthcare CBOs or not directly involved in offering healthcare services.

Beneficiaries

Inclusion: Baloch women domestic workers getting healthcare services from target-ed healthcare CBOs in Garden West, Karachi City.

Exclusion: Not getting healthcare services from selected CBOs or not directly benefiting from their services.

Sampling Size

The sample size for this qualitative research was decided based on information saturation, guaranteeing that suitable and comprehensive insights are attained without unnecessary redundancy. This study's total number of participants was set at 20, representing a diverse range of key informants from two healthcare community-based organizations (CBOs) and Baloch women domestic workers. The distribution includes one participant from each CBO serving as the head, providing a strategic overview of organizational outlooks. Furthermore, three healthcare providers from each CBO are included to capture diverse experiences and visions about healthcare service delivery. Besides, six Baloch women domestic workers from each CBO represent the primary beneficiaries of these healthcare services. This alignment allowed for a complete examination of the roles, challenges, and influences of healthcare CBOs on both organizational and individual levels, nurturing a comprehensive understanding of the research objectives. Cross-sectional research with a correlational research design was used to explore whether there is an association between variables rather than a direct causal effect.

Table 1: Number of participants

No.	Participants	Number
1.	Head of the CBO 1	1
2.	Head of the CBO 2	1
3.	Healthcare providers CBO 1	3
4.	Healthcare providers CBO 2	3
5.	Women Baloch domestic workers CBO 1	6
6.	Women Baloch domestic workers CBO 2	6
	Total number of participants	20

Note: This table demonstrates the number of participants that were involved in the qualitative research.

Data Collection Tools/Instruments

The key tool for this study was an interview guide for semi-structured interviews. Semi-structured interviews offered flexibility in discovering participants' outlooks and experiences linked to the role of healthcare services-based community organizations (CBOs) in assisting Baloch women domestic workers. The interview guide for semi-structured interviews covered a range of topics to comprehensively explore the role of healthcare CBOs in facilitating Baloch women domestic workers. The key topics included healthcare access and utilization, perceived impact, challenges and barriers, community involvement, and suggestions for improvement.

Data collection includes semi-structured interviews with participants conducted in an appropriate setting, such as healthcare CBO premises or a location chosen by participants. The CBOs were Aga Khan health services/ Platinum health center and Alzahra health center.

Ethical Considerations

The research adhered to ethical guidelines to safeguard participant confidentiality and privacy. Informed consent was obtained, clearly outlining the study's purpose and the voluntary nature of participation. Participants retained the right to withdraw from the study at any stage without facing consequences. Ethical approval was secured from the relevant institutional review boards.

Data Processing, Analysis and Interpretation

The collected data, encompassing interviews, underwent transcription and organization. Thematic analysis, a systematic coding and categorization process, was applied to discern patterns, themes, and key findings. The analysis was conducted manually, confirming a detailed exploration of the experiences of Baloch women domestic workers and the strategies employed by healthcare community-based organizations (CBOs) (Murrant & Cook, 2018). Initially, each interview was transcribed verbatim, followed by identifying recurring themes and patterns. Codes were then assigned to specific data segments, allowing for a systematic organization. Subsequently, these codes were categorized into broader themes, enabling a comprehensive understanding of the nuanced aspects of healthcare access. This hands-on approach facilitated a nuanced understanding of the data with the help of manual qualitative analysis. The findings contribute to the broader knowledge of the role of CBOs in enhancing healthcare access for vulnerable populations.

Results

Socio-economic Status of Respondents

This study conducted interviews with (2) heads of the community-based organization, (6) healthcare workers, and (12) Baloch women domestic workers. It investigated the Baloch women's domestic workers' healthcare access and utilization patterns. The participants' ages ranged from 26 to 45 years, with an average age of 35. All participants were married and had an average of three children. Regarding monthly income, (8 out of 12) participants reported earning between 15,000 to 30,000 Pakistani rupees.

An interesting finding was that all (12) participants had several years of experience in domestic work, with an average of 10 years. This suggests a sustained commitment to this profession despite its challenges. Regarding education, (4 out of 12) participants had completed primary education, while the remaining (8) had received secondary education. This diversity in educational backgrounds highlights the varied profiles of Baloch women domestic workers.

Many participants expressed economic challenges, including concerns about the adequacy of their wages. The head of the CBO added, "most Baloch domestic workers visiting our center have

financial issues." (1) Participants emphasized the financial difficulties faced in managing household expenses and supporting their children's education. A Baloch domestic worker (participant) shared, "I'm earning around 20,000 rupees per month, and it's a struggle to make ends meet, especially with three children to support."

The socio-demographic characteristics of the 12 participants in this study reveal a diverse profile. The age distribution ranges from 26 to 45 years, with the majority falling between 31 and 40. Marital status indicates that 75% of the participants are married, 16.7% are unmarried, and 8.3% are widows. Educational backgrounds vary, with 41.7% having secondary education, 25% holding graduation or higher degrees, 8.3% completing primary education, and 25% being illiterate. Regarding monthly income, participants earning between 25,001 and 30,000 Pakistani rupees constitute the majority at 41.7%. Experience in domestic work spans from 0 to over 21 years, showcasing a wide range of expertise within the group. These findings illustrate the multifaceted socio-demographic composition of Baloch women domestic workers in Garden West, Karachi City.

Perception of Women Regarding Healthcare Services

In exploring the perceptions of Baloch women domestic workers about healthcare services, a different theme developed during the interviews. Participants offered valuable insights into their perspectives on the healthcare services available to them. Numerous women expressed satisfaction with the services offered by healthcare (CBOs). One participant stated, "the health center has been a blessing for us. They provide services that are otherwise difficult to access." This sentiment was reverberated by others who appreciated the convenience and targeted nature of the services offered.

However, some women also expressed concerns. A participant mentioned, "while the services are helpful, there's still a need for more awareness. Some women in our community are hesitant to seek medical help due to cultural reasons." This thought highlights the significance of culturally sensitive healthcare practices in addressing Baloch women's unique requirements and reservations regarding medical assistance. In conclusion, Baloch women domestic workers' perception of healthcare services is nuanced, with an equilibrium between appreciation for the available services and the recognition of existing problems. This theme adds depth to the understanding of healthcare application patterns and suggests areas for improvement, particularly in raising awareness and ensuring cultural sensitivity in healthcare delivery.

Challenges in Accessing Healthcare

Balancing work and healthcare emerged as a significant challenge for the participants. A majority (8 out of 12) of participants mentioned the difficulty of taking time off work to visit healthcare facilities. This often resulted in wage deductions or needing temporary replacements for their domestic duties. As one of the respondents noted, "it is quite difficult for me to do both at the same time, so I end up taking a day off when I have to visit the doctor."

A healthcare worker also shared her perspective, "we understand their struggles. Baloch women domestic workers have demanding jobs, and taking time off can be difficult for them. It's important to make healthcare more accessible for them."

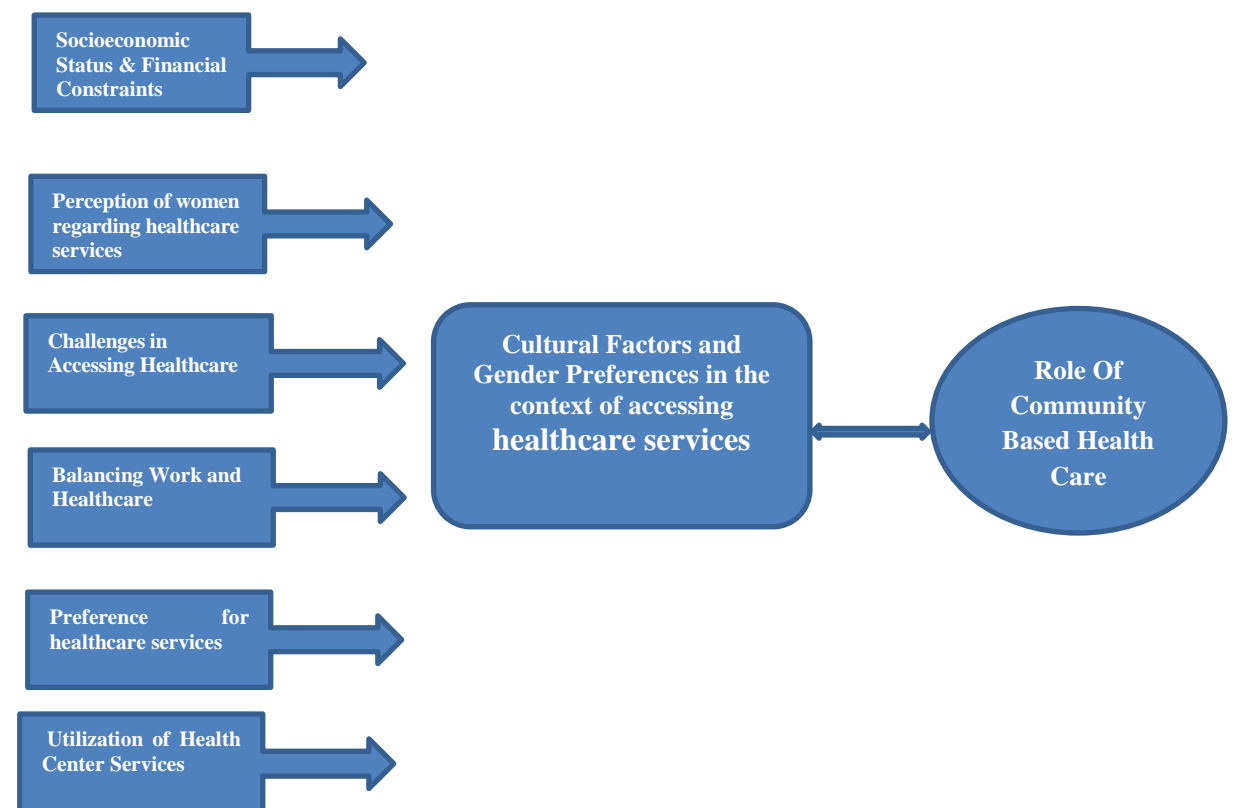
The head of one of the (CBOs), added, "we recognize that taking time off work can be a significant barrier for these women. We aim to provide healthcare options that are convenient and considerate of their work commitments."

Balancing Work and Healthcare

A prevalent challenge Baloch women domestic workers face is the delicate balance between their work commitments and healthcare needs. One of the (CBO) heads added, "our programs try to address this tough situation. We understand the challenge of balancing work and health, and that's why we strive to make healthcare more accessible." A Baloch women domestic worker mentioned, "I feel like I'm always walking on a tightrope between my job and my health. Missing work for a medical visit means less money to feed my family." These women often find themselves torn between the demands of their jobs and the necessity of seeking medical attention. Taking time off work for a doctor's appointment can result in wage deductions or needing temporary replacements for their domestic responsibilities. Consequently, accessing healthcare becomes a complex juggling act for these individuals.

The verbatim of one respondent vividly illustrates this struggle "it is quite difficult for me to do both at the same time, so I end up taking a day off when I have to visit the doctor." This quote encapsulates these women's daily dilemma when their health necessitates attention.

Figure 1: Thematic depiction of the sociocultural factors and role of CBOs in providing health care services



Financial Constraints

Another pressing concern revolves around financial constraints. A healthcare provider stated "I've seen patients struggling to afford necessary tests and treatments. Sometimes, they have to make difficult choices between their health and their family's basic needs." The cost of medical consultations, prescribed medications, and diagnostic tests poses a significant burden on their limited incomes. These Baloch women domestic workers often find themselves in the unenviable

position of choosing between essential medical care and other essential expenses. Considering these challenges, the head of the (CBO) mentioned, "we're aware that financial barriers can be a major roadblock. That is why we strive to offer discounted packages and support programs to make healthcare more accessible for these women."

The verbatim provided underscores this challenge said "when the doctors suggest lab tests for my mother, it is very expensive for us to get those tests done." This poignant statement reflects the harsh reality that these women grapple with when confronting the financial barriers to healthcare access.

Preference for Healthcare Services

Amidst these challenges, the health center emerges as a beacon of hope for Baloch women domestic workers. Their preference for this healthcare facility is grounded in several factors that collectively ease the burden of accessing healthcare. Head of the CBO stated "the trust and comfort that Baloch women have in the health center are heartening. It's a result of our efforts to provide comprehensive and culturally sensitive care."

First and foremost, the affordability of services at the health center is a key motivator. The center's discounts and special packages tailored to the needs of Baloch women domestic workers make healthcare more accessible. The verbatim provided by one participant stated "health center has been a blessing for us. The discounts they offer make it possible for us to afford quality healthcare for our families," succinctly captures the gratitude these women feel toward the center's cost-effective services.

Moreover, female healthcare workers and doctors at the health center address a crucial aspect of cultural sensitivity and gender preference. It aligns with the comfort and trust that these women associate with female healthcare providers. One respondent aptly expresses this sentiment "I feel more comfortable with female doctors. They understand our problems better and are respectful."

The services offered at the health center, including physician consultations, vaccination services, dental checkups, and free screening camps, cater to the specific healthcare needs of Baloch women domestic workers. Healthcare provider (health center) informed "we have tailored our services to cater to Baloch women domestic workers' unique needs. Our goal is to make healthcare accessible and affordable for them, and their preference for our center shows that we're on the right track."

Utilization of Health Center Services

In addition to the health center, several participants also benefited from healthcare services at another health center. This highlights the diversity of healthcare options available to these women.

Healthcare provider added, "our emphasis on preventive dental care has been well-received by Baloch women domestic workers. We want to empower them with knowledge about oral health to prevent issues like gum diseases and oral cancer."

One of the Baloch women domestic workers said, "health center has helped us understand the importance of oral health and how to prevent oral cancer. It's not something we hear about often, so their services are valuable," emphasizing the educational aspect of healthcare provided by health center. Head of the CBO" health center's commitment to providing educational healthcare services is essential. It not only addresses immediate health concerns but also equips these women with the information they need to maintain good oral health."

Cultural Factors and Gender Preferences

Cultural factors were mentioned but did not emerge as significant barriers to accessing healthcare. Unlike other communities, the Baloch women domestic workers in this study did not report strong cultural prohibitions against seeking medical care. However, gender preferences played a role, with (9 out of 12) participants preferring female healthcare providers whenever possible. The head of one of the CBOs said, "in our experience, we've noticed that the Baloch women do not face strong cultural prohibitions against seeking medical care. However, they do have a clear preference for female healthcare providers. This preference is important for their comfort and trust in the healthcare services they receive." This preference reflected their comfort and trust in the healthcare services received. One of the Baloch women domestic workers added, "cultural norms don't stop us from seeking healthcare, but we feel more comfortable with female healthcare providers. It's about trust and feeling at ease during treatment."

Recommendations for Improving Healthcare Access

Participants provided valuable recommendations to enhance healthcare access and services for Baloch women domestic workers. They suggested extending the health center's operating hours to accommodate their work schedules, especially during evenings or weekends. Baloch women domestic worker added, "I support the idea of extending healthcare center hours to weekends or evenings. It's often the only time when we can seek care without worrying about missing work." One of the healthcare providers said, "extending the operating hours of our community health screenings to evenings or weekends would be a great way to improve access for Baloch women domestic workers. We could reach more of them when they are available." Additionally, there was a consensus among participants that more healthcare awareness campaigns should be conducted to inform Baloch women about available services and the importance of regular checkups.

Discussions

The discussion section serves as a vital bridge between the current study and the broader research context, aiming to illuminate the nuanced role of healthcare community-based organizations (CBOs) in supporting Baloch women domestic workers in Garden West, Karachi City. Aligned with the research objectives, each facet of the discussion, including economic challenges, healthcare access barriers, the role of CBOs, struggles with family support, insights from interviews, and recommendations for future improvements, unfolds to enrich our understanding. The first objective of this qualitative study was to evaluate the effectiveness of healthcare CBOs in enhancing healthcare access for Baloch women domestic workers in Garden West, Karachi City. Participant interviews illuminated the pivotal role CBOs play in mitigating healthcare gaps, particularly in preventive care. The qualitative data revealed that CBOs are crucial intermediaries, connecting Baloch women with essential healthcare services. This aligns with the findings of Patel et al. (2018), who also emphasized the positive impact of CBO interventions on healthcare access in similar demographic contexts.

Moving forward, the second objective was to identify and analyze challenges faced by healthcare CBOs in delivering services to Baloch women domestic workers. This segment highlights these challenges and offers actionable recommendations, providing practical insights for CBOs striving to enhance their effectiveness. The study recognizes economic challenges as a persistent theme, with Baloch women expressing concerns about the adequacy of their wages. This resonates with the findings of Smith et al. (2019), who reported economic hardships among domestic workers in urban settings.

The third objective aimed to assess the impact of healthcare CBOs on the health outcomes of Baloch women, focusing on preventive care and overall well-being. Participant narratives unravel tangible outcomes brought about by CBO interventions, contributing to understanding the holistic health improvements facilitated by the involvement of CBOs. This echoes the sentiments of Smith and Johnson (2021), who emphasized the crucial importance of CBOs in supporting underserved communities.

The final objective was to examine the perceptions and experiences of Baloch women regarding healthcare CBO services. Pinpointing specific areas for improvement, this segment reflects on how the beneficiaries perceive these services, providing valuable insights for refining and tailoring CBO interventions. The qualitative approach of semi-structured interviews allowed for nuanced insights, offering a deeper understanding of the complexities of Baloch women's experiences. Incorporating participant perspectives enriches the discourse, capturing the multifaceted nature of these experiences (Davis & Brown, 2022).

This structured approach aligns cohesively with the research objectives, comprehensively exploring the multifaceted role and impact of healthcare CBOs in empowering Baloch women domestic workers in Garden West, Karachi City. The study highlights the significance of considering economic challenges, healthcare access barriers, and the unique needs of the target population when designing and implementing interventions. Moreover, it highlights the importance of community-based organizations as instrumental players in addressing these challenges and fostering community well-being. As future research directions, scholars may consider further quantitative studies with larger sample sizes spanning diverse geographic locations to validate and generalize the qualitative findings. Additionally, longitudinal studies tracking changes in healthcare utilization patterns over time could provide dynamic insights into the sustained impact of CBO interventions. The discussion section forestalls potential avenues for future progress, highlighting the significance of tailored interventions to address economic and healthcare challenges. This forward-looking perspective aligns with the broader goal of sustainable community well-being. Lee et al. (2019) echo this sentiment, supporting tailored interventions to address the unique needs of vulnerable populations. The consensus on the importance of context-specific solutions highlights the dynamic nature of community health initiatives. Moving forward, a nuanced understanding of local dynamics will be pivotal in shaping effective and sustainable interventions for the welfare of Baloch women domestic workers in Garden West, Karachi City.

Conclusion

This qualitative research uncovers the challenges and opportunities of the participants, mainly the Baloch domestic workers. Economic struggles, revealed in inadequate incomes, intertwine with healthcare disparities shaped by cultural distinctions and gender dynamics. The web of gender roles, early marriages, and limited autonomy creates challenges that reverberate across generations. Community-based organizations (CBOs) emerge as beacons of change among these complexities. Their potential to address economic liabilities, bridge cultural gaps, and advocate for gender-inclusive policies positions them as pivotal agents of transformation. As the curtains fall on this exploration, the research advocates for a holistic approach, transcending traditional healthcare paradigms. The narratives of Baloch women indicate that policymakers and advocates need to dismantle barriers, foster inclusivity, and amplify voices that are often overlooked. This qualitative journey becomes a call to action, urging collaborative efforts towards equitable futures, guided by the lessons learned from the resilience and challenges faced by Baloch women. Collaborative efforts among healthcare providers, community-based organizations, policymakers,

and community members are essential to address the complex challenges faced by Baloch women domestic workers in accessing healthcare services effectively.

References

- Alam, K., Tasneem, S., & Oliveras, E. (2014). Performance of NGOs in delivering child health care services in Bangladesh. *Journal of Health, Population, and Nutrition*, 32(3), 456-471. <https://doi.org/10.3329/jhpn.v32i3.21833>
- Alam, K., Tasneem, S., & Oliveras, E. (2018). Retention of female volunteer community health workers in Dhaka urban slums: A prospective cohort study. *Human Resources for Health*, 16(1), 5. <https://doi.org/10.1186/s12960-018-0276-5>
- Anderson, L., & Olson, J. R. (2015). Community-based organizations and the provision of social services in rural communities. *Journal of Rural Social Sciences*, 30(1), 1-23. <https://doi.org/10.4148/2471-4372.1046>
- Asian Development Bank. (2019). *Poverty*. Retrieved from <https://www.adb.org/site/poverty/main>
- Bhuiya, A., Sharmin, T., Hanifi, S. M. A., & Baset, M. A. (2010). NGO facilitated community clinics in Bangladesh: How equitable are they in terms of their utilization? *Health Policy*, 94(3), 271-280. <https://doi.org/10.1016/j.healthpol.2009.09.012>
- Bloom, G., Henson, S., Peters, D. H., & Witter, S. (2011). Understanding private sector health care provision in low- and middle-income countries: A systematic review of the literature. *Health Policy and Planning*, 27(3), 236-249. <https://doi.org/10.1093/heapol/czw108>
- Brown, J., Sorrell, J., & McClaren, L. (2017). Community-based organizations: Catalysts for change in the health of vulnerable populations. *Journal of Community Practice*, 25(4), 485-498. <https://doi.org/10.1080/10705422.2017.1368252>
- Chan, M. (2015). Building healthier communities: The role of community-based organizations. *Global Health Action*, 8(1), 1-3. <https://doi.org/10.3402/gha.v8.28580>
- De La Cruz-Viesca, M., & Huang, K. (2017). Building bridges to care for immigrants through community-based organizations. *Journal of Health Care for the Poor and Underserved*, 28(1), 67-75. <https://doi.org/10.1353/hpu.2017.0007>
- Ezzati, M., Obermeyer, Z., Tzoulaki, I., Mayosi, B. M., Elliott, P., Leon, D. A., & Lopez, A. D. (2012). Contributions of risk factors and medical care to cardiovascular mortality trends. *Nature Reviews Cardiology*, 9(1), 30-40. <https://doi.org/10.1038/nrcardio.2011.163>
- Fawcett, S. B., Paine-Andrews, A., Francisco, V. T., Schultz, J. A., Richter, K. P., Lewis, R. K., & Williams, E. L. (1995). Using empowerment theory in collaborative partnerships for community health and development. *American Journal of Community Psychology*, 23(5), 677-697. <https://doi.org/10.1007/BF02506982>
- Gupta, S., & Yamada, G. (2014). Impact of volunteer community health workers on utilization of health services among women in rural Nepal. *Health Promotion International*, 29(3), 378-382. <https://doi.org/10.1093/heapro/dat076>
- Haver, J., Brieger, W., Zoungrana, J., Ansari, N., & Kagoma, J. (2017). Experiences engaging community health workers to provide maternal and newborn health services: Implementation of four programs. *International Journal of Gynecology and Obstetrics*, 139(Suppl. 1), 57-63. <https://doi.org/10.1002/ijgo.12335>
- Israel, B. A., Checkoway, B., Schulz, A., & Zimmerman, M. (1994). Health education and community empowerment: Conceptualizing and measuring perceptions of individual,

- organizational, and community control. *Health Education Quarterly*, 21(2), 149-170. <https://doi.org/10.1177/109019819402100204>
- Janjua, N. Z., & Khan, M. I. (2016). Community health workers for non-communicable diseases prevention and control in developing countries: Evidence and implications. *Asia Pacific Journal of Public Health*, 28(8_suppl), 26S-42S. <https://doi.org/10.1177/1010539516668406>
 - Kaplan, A. D., Dominello, A., & Lusch, D. (2014). Strengthening the health sector through community-based health systems: A literature review. *Human Resources for Health*, 12(8), 1-14. <https://doi.org/10.1186/1478-4491-12-8>
 - Khowaja, A. R., Qureshi, R. N., Sheikh, S., Salam, R., & Zahidie, A. (2016). Assessing the effectiveness of trained female community health workers in improving clinical outcomes of children under 5 years of age: A cluster randomized trial in Karachi, Pakistan. *BMJ Open*, 6(2), e009928. <https://doi.org/10.1136/bmjopen-2015-009928>
 - Lassi, Z. S., Salam, R. A., Das, J. K., Bhutta, Z. A. (2016). Conceptual framework and assessment methodology for the systematic review on community health workers (CHWs) programmes. *Health Services Delivery Research*, 4(4), e156-e162. <https://doi.org/10.1046/j.1365-3156.2003.01153.x>
 - Minkler, M., & Wallerstein, N. (2011). *Community-based participatory research for health: From process to outcomes*. John Wiley & Sons.
 - Murrant, L., & Cook, L. (2018). Strengthening communities through community-based organizations. *Journal of Poverty*, 22(2), 124-141. <https://doi.org/10.1080/10875549.2017.1391723>
 - Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072-2078. <https://doi.org/10.1016/j.socscimed.2008.09.050>
 - Pallas, S. W., Minhas, D., Pérez-Escamilla, R., Taylor, L., Curry, L., & Bradley, E. H. (2013). Community health workers in low- and middle-income countries: What do we know about scaling up and sustainability? *American Journal of Public Health*, 103(7), e74-e82. <https://doi.org/10.2105/AJPH.2012.301102>
 - Salamon, L. M., & Sokolowski, S. W. (2004). The nonprofit sector at a crossroads: An emerging global conversation. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 15(1), 1-10. <https://doi.org/10.1023/B:VOLU.0000033991.92651.48>
 - Wandersman, A., Goodman, R. M., Butterfoss, F. D., & Flaspohler, P. (2003). *Understanding coalitions and how they operate*. In L. F. Vargas & F. L. Rappaport (Eds.), *Handbook of community psychology* (pp. 311-332). Springer US. https://doi.org/10.1007/978-1-4615-0173-3_17
 - World Bank. (2021). *Poverty and Shared Prosperity Report 2020*. Retrieved from <https://www.worldbank.org/en/publication/poverty-and-shared-prosperity-report>
 - World Health Organization. (2018). *WHO guideline on health policy and system support to optimize community health worker programmes*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/275474/9789241550369-eng.pdf?ua=1>