

Role of Ashas in Delivering New Born Care Messages to Pregnant and Lactating Mothers in Uttar Pradesh, India

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ABSTRACT

When ASHAs were introduced in NRHM in 2005, one of their primary mandates were to visit homes of newborns as the first program and counsel and deliver relevant messages as envisaged under the Comprehensive Child Survival Program (CCSP) way back in 2008 in Uttar Pradesh. Since then, tracking of all the deliveries and the related messages given by ASHAs on newborn care to mothers during pregnancy and in the first month after delivery are an integral part of the work of ASHAs in all the primary health care programs operated by the NHM in UP.

The current study explores some of the crucial variables of the targeted activities of the ASHAs in type of message delivery on newborn care in four districts of UP. Through this profile, the content and type of messages given by ASHAs in their coverage area is tracked for pregnant women and mothers of newborns. These include both institutional and home deliveries covered by ASHAs through home visits. Further, this also includes number of deliveries escorted by ASHAs in the last 3 months prior to the survey and the number of newborns that they covered through home visits.

The relevance of the study assumes significance as data on the details of activities like the content, timing and quality of messages delivered by ASHAs during third trimester birth-planning and post-partum home visits as per the HBNC guidelines are usually not available in various studies available in the public domain.

A total of four districts of Uttar Pradesh were selected using purposive sampling for the study and the data collection was conducted in the selected villages of the respective districts using a pre-tested structured questionnaire with both close-ended and open-ended questions. In addition, in-depth interviews were also conducted amongst the ASHAs and a total 250 respondents had participated in the study.

The content of message deliveries by ASHAs in the 4 districts in their catchment area was assessed. Most of the ASHAs in all the districts except Saharanpur gave the messages on exclusive breast feeding to both the category of mothers. The newborn care message was better delivered in Saharanpur district as compared to the remaining three districts. Similarly, except Saharanpur where half of the mothers received gender related message on newborn care, the situation was very poor in the rest three districts. This reflects the urgent need to reorient ASHAs on the essential birth-planning and newborn care messages using the structured mentoring and coaching approach, both, onsite/in-field and facility based by the supportive supervision structure of ASHA Sanginis, ANMs and Medical Officers for better adherence on delivery of the content, timing and quality of messages on newborn care to the prospective and lactating mothers in the community.

KEYWORDS: ASHA, JSY, CCSP, Sanginis, Neonants, HBNC

INTRODUCTION

The current study focused on the role and performance of ASHAs (Accredited Social Health Activist) regarding tracking of newborn care message deliveries by ASHAs to mothers during ante and postnatal stages. ASHAs are supposed to track all the deliveries of the pregnant women in their area,

visit all the newborns in their area as a prioritized activity both for institutional and home deliveries. These targets were developed by the Government of UP on the lines of HBNC guidelines provided by GOI. In UP, the delivery tracking and home visits to newborns by ASHAs started with

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the CCSP in 2008 operated through the National Rural Health Mission (NRHM) that is currently operational in 18 states of India. Uttar Pradesh is one such state. The aspects of newborn care messages covered here are both for the pregnant women and mothers of newborns. In a way, it examines the planning and implementation of home based newborn care by ASHAs. The study also explores the role of ASHA in addressing gender issue while delivering these messages. The study was done in four selected districts in Uttar Pradesh (UP) and the reference period was 3 months preceding the survey.

Background of ASHAs

The ASHAs emerged in India's public health system during the launch of NRHM in 2005 in the state of Uttar Pradesh (GOI, 2005). The ASHAs were in fact inducted to NRHM with the primary aim to roll out the JSY component of NRHM (GOI, 2005).

A study on evaluation of ASHAs in 2013 in UP reflects that 52.7% of pregnant women were registered in first trimester of pregnancy. 97.4% of pregnant women were registered for ANC by ASHAs. 98.2% pregnant women got support from ASHAs. 90.4% of the pregnant women were escorted for delivery by ASHAs and 97.06% of pregnant women were escorted in case of complications to Government health facility (GOUP, CCSP evaluation report, Vimarsh, 2013).

The performance of ASHAs in UP was also done in another study. As per the study, 98% of ASHAs register pregnant women, average number of pregnant women registered by each ASHAs in UP was 22. Among the registered pregnant women, 32% of deliveries were home deliveries. 93% of deliveries of health facilities were accompanied by ASHAs and 71% of home deliveries were attended by each ASHA (Bajpai N, Dholakia R, 2011).

As per another project operated in UP from 2006 to 2012, the final results mention that the percentage of mothers reporting on the second visit to their newborns by ASHAs increased from 21% in 2006 to 60% in 2012. Similarly, the third visit increased from 8% to 40% (COP report, Vistaar Project, 2013). As per the report, the first visit refers to a visit by a doctor or ANM and not ASHA.

The above three studies do not reflect on the performance of ASHAs with respect to their targets for their catchment area nor to the content and quality of message delivery on newborn care. The current study has the quality and content for each of the variables on newborn care used in the study. This study done in 2017 examines the profile of the timing and content of newborn care related messages in the coverage area of ASHA. It further examines the role of gender in the delivery of messages as the role of ASHAs are seen for both boys and girls. The data reveals if the ASHA has asked the mother to take equal care of boy or girl both in

Results and discussions

In this section, there are two tables one for the details of newborn care messages to the pregnant women and the other for the same messages to the mothers of newborns in the catchment areas of ASHAs. Usually, these are the women who are escorted by ASHAs for deliveries that includes both institutional and the home deliveries in their coverage area. It captures the planning as well as the execution of newborn care for number of newborns that the ASHAs visit. All these activities are for the reference period of 3 months preceding the survey related to the study.

pregnancy stage of the mother and in the first month period after delivery. Through the scrutiny of these message delivery, it also shows whether the ASHAs have visited the houses of all the pregnant women and newborns who are to be escorted for these deliveries to institutions.

Research Methodology

Using purposive sampling technique, four districts were chosen from the four different economic regions of UP, namely Central, Eastern, Western and Bundelkhand. Further, the Government of UP in 2009 categorized the districts as per their development status using a composition of 36 indicators. Purposefully, the high developed district chosen for the study is Saharanpur from the western region, the medium developed district chosen for the study is Barabanki from the central region, the low developed district chosen for the study is Gonda from the eastern region and the very low developed district chosen for the study is Banda from the Bundelkhand region (GOUP, 2009).

In the next step, purposefully two blocks were selected from each of the district and all the ASHAs in these blocks were chosen as the universe for the study. From the list of all the ASHAs in each of the two blocks, 31 ASHAs were chosen randomly from each block for the study. In this way, 62 ASHAs were chosen for the study from each of the districts. In Gonda district, 64 ASHAs were selected to make the total number of ASHAs for the study to 250.

Data analysis

The data was analyzed using SPSS software to calculate the percentage of mothers covered by ASHAs. The mothers of newborns include the total number of deliveries that covers both institutional and home deliveries. It also deciphered the home-based newborn care of newborns visited by ASHAs through content and timing of the messages. The analysis also saw the messages through the gender lens. The study also used the detail profiles of deliveries as per the data collected in the four study districts. The qualitative data related to the details of the contents of the messages given during home visits to newborns and deliveries was seen against the prescribed guidelines for ASHAs by GOI regarding the content in the prescribed training modules of ASHAs.

Research tool

The ASHAs were interviewed using an in-depth, open-ended interview schedule which included a section on variables on work done by ASHAs through home visits to newborns, escorting deliveries to institutions, number of home deliveries and number of newborns visited. These activities were also seen against the targets that should be achieved by the ASHAs to track the number of deliveries and visits to the houses of number of newborns in the last 3 months preceding the survey.

Table 1

Percentage of ASHAs delivering type of messages on newborn care during home visits to pregnant women				
Names of districts	Banda	Barabanki	Gonda	Saharanpur
Dry and wrap up immediately after birth	33.3	58	54	98.3
Delay bathing the newborn for a week	37	56	46.5	91.5
Initiate breast feeding within an hour of birth	28	30	55.5	88.1
Exclusive breastfeeding up to 6 months	85	83	75	100
Do not apply anything on the cord	61	64	33	93.2
Get newborn weighed	8.5	3.4	4.5	81.3
Take equal care of girl/boy newborn	5.1	0.0	1.5	55.8
Any other	0.0	0.0	0.0	1.7

The table above mentions categories/types of messages on the newborn care. The current paragraph deals with the messages that the pregnant women got from the ASHAs. The first message regarding drying and wrapping up the newborn after birth was given by more than 98% of ASHAs in Saharanpur where as in Gonda only 54% and in Barabanki only 58% of ASHAs gave this message which ensured the warmth of the newborn. In Banda, the least developed district among the four only 33% of ASHAs gave this message. The pattern was same for the message of delaying birth for a week. Only 37% of ASHAs in Banda gave this message followed by 46% in Gonda and 56% in Barabanki. Saharanpur had more than 90% of ASHAs who gave this message to pregnant women. The message on early initiation of breast feeding was given by only 28% of ASHAs in Banda, 30% in Barabanki, 55% in Gonda and again 88% in Saharanpur, the most developed district among the four districts. Interestingly, the message related to exclusive breast feeding was on the higher side in all the districts. This message was given by all the ASHAs in Saharanpur, more than 80% of ASHAs gave this message in Banda and Barabanki districts. The low category district had 75% of ASHAs giving this message to pregnant women. The message regarding cord care where the ASHAs advised the household to keep the cord clean by not applying anything on the cord showed a different picture. Only about 33% of ASHAs gave this message in Gonda where as it was given by just more than 60% of ASHAs in Banda and Barabanki districts. Saharanpur again led the list with more than 93% of ASHAs giving this message. The next message about weighing the newborn was given by very few ASHAs in 3 districts except Saharanpur where more than 81% of ASHAs gave this message. However, in Saharanpur only about 2% of ASHAs also gave non-specific messages to pregnant women regarding newborn care. The last message in this category was the gender issue related message where ASHAs told the pregnant women to take equal care of boy or girl was given by very few ASHAs in districts of Banda and Gonda. No ASHA in Barabanki percolated this message whereas only about 56% of ASHAs in Saharanpur gave this message to pregnant women. In this section, we found that barring Saharanpur, the ASHAs in other three districts were not giving newborn care messages to all pregnant women. The only message of exclusive breast feeding showed a better pattern among the four districts.

Table 2

Percentage of ASHAs delivering type of messages on newborn care to mothers of newborns				
Names of districts	Banda	Barabanki	Gonda	Saharanpur
Keep the baby well wrapped and warm	33.8	66	54.6	95
Delay bathing the newborn for a week	32.2	41.9	29.6	96.7
Initiate breastfeeding within an hour of birth	27.4	24.1	76.5	87
Do not apply anything on the cord	74.1	72.5	28	93.5
Exclusive breastfeeding up to 6 months	96.7	91.9	81	95.1
Get newborn weighed	9.6	9.6	4.6	87
Danger signs in newborn	1.6	3.2	6.2	79
Danger signs in mother	3.2	0.0	0.0	56.4

This section dealt with the messages that the ASHAs gave regarding newborn care to the mothers of newborns. In addition to the list of messages given to the pregnant women regarding newborn care, there were two more messages on danger signs both for the mother and child. The gender related issue is not dealt here. The table shows that only 33% of ASHAs in Banda and 55% of ASHAs in Gonda told the mother to dry and wrap the newborn but 66% in Barabanki and 95% of ASHAs in Saharanpur gave this message to mothers of newborns. The second message on maintaining the warmth of the newborn through delaying the bathing was only given by 30% of ASHAs in Gonda and 32% in Banda districts. 42% of the ASHAs of Barabanki and about 97% of ASHAs in Saharanpur gave this message to pregnant women. Regarding messages related to breast feeding, 81% of ASHAs gave this message in Gonda district and the same message was given by more than 90% of ASHAs in the rest 3 districts. In contrast, the early initiation of breastfeeding message was given by 24% of ASHAs in Barabanki and 27% of ASHAs in Banda district. Here, the ASHAs of Gonda and Saharanpur fared better as 77% and 87% of ASHAs give this message in these two districts respectively. Cord care message was poorly done in Gonda as only 28% of ASHAs gave this message but more than 70% of ASHAs gave this message in Banda and Barabanki districts while Saharanpur topped the list with 93.5% ASHAs who gave this message.

The message regarding weighing the newborn was given by just 5% of ASHAs in Gonda and about 10% of ASHAs in Banda and Barabanki. The figure was better in Saharanpur where 87% of ASHAs gave this message to the mothers of newborns. Except Saharanpur where 79% and 57% of ASHAs gave messages on danger signs in newborn and mother respectively, very few ASHAs of the rest 3 districts disseminated this message.

In Barabanki and Gonda district, none of the ASHAs gave messages on danger signs in the mother.

Conclusions

The above results showed that the average content on newborn care messages revolve around exclusive breast feeding primarily. This was seen across three districts except Saharanpur. The major problem is that the ASHAs do not compare the performance with their targets as well as the content of the message delivery. Tracking of all the pregnant women and preparing them to take care of their newborns through home based newborn care has to be planned by the ASHAs. As all the deliveries are not tracked, the newborns are also not tracked and that's why all the newborns are not visited by the ASHAs in all the districts. This is why the mothers of newborns do not receive the newborn care messages timely in the first month after delivery. The challenge lies in mentoring-coaching ASHAs on following up all the deliveries with the support of Sanginis (supervisors of ASHAs in UP) and that too it should be preferably an onsite orientation i.e. during the home visits while accompanying the ASHAs. Qualitative analysis of the messages and effective delivery of these messages are the two areas that the supervisors need to focus. Message content along with the

inclusion of gender issues will lead better sex ratios at birth as well. All these parameters should be worked out at the level of ASHAs so that performance is tracked regularly.

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