

Case Studies on Maternal & Newborn Care among Recently Delivered Women of Scheduled Caste Community through the Role of ASHA in Gonda District of Uttar Pradesh, India

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Abstract: [12-14, 8, 9]: When ASHAs were introduced in NRHM in 2005, their primary aim was to visit homes of newborns as the first program in UP operated through the ASHAs was the Comprehensive Child Survival Program in 2008. Since then, tracking of all deliveries and all the newborns are an integral part of the work of ASHAs in all the primary health care programs operated by the NHM in UP. Evaluation studies on the performance of ASHAs was done since 2011 as by then ASHAs had actually worked in the field for a minimum period of 5 years. It is to be noted that National Rural Health Mission was rolled out in April 2005 but it took about one to two years for the states to hire ASHAs and put things in place right from the state to the village level. In this article, a comprehensive feedback is elicited from the mothers of Scheduled Caste (SC) community from the last visit of ASHAs to their homes to visits during pregnancy & newborn care in Gonda district of UP. The current study explores some of the crucial variables through five case studies on the performance of ASHAs through their message delivery & visits during natal, newborn care of mothers of Scheduled Caste (SC) community. The article also includes the feedback of the SC community mothers on the work & approach of ASHAs. That's how the perception of the Recently Delivered Women of SC community in the state of UP is included in this article. The mothers of SC community responded about the performance based upon their experience in visits & messaging by ASHAs on Janani Surakhya Yojana (JSY), New Born Care (NBC) & Routine Immunization (RI) as these were the frontline programs for the states. The responses of these mothers or Recently Delivered Women (RDW) (as named for the current study) had a 3 to 6 months old child during the time of survey. They were selected as respondents as they were from SC community & were in a position to recollect the health care events of their children. The relevance of the study assumes significance as data on the details of visits, care and message during pregnancy, newborn care, postnatal care & perception or feedback details on the health personnel's performance is usually not collected from the mothers of Scheduled Caste (SC) communities through case studies. Such responses that collect feedback on the work & approach of ASHAs including the care & visits during all the stages of maternal & newborn care of SC community mothers are not the focus in very large-scale health surveys like National Family Health Surveys. Such feedback that go beyond work & focus on the opinion of mothers on the work & approach of ASHAs come under the ambit of social audits. The audits gain more teeth when the feedback is solicited from the mothers of SC communities. It is important to note that social audit is an integral part of the National Health Mission document but it is not a priority activity of NHM. Usually, the responses, knowledge of trained health personnel are assessed in many studies while neglecting the response & perception of the community members. Here in this article, the same mothers & that too from the socially unprivileged SC community mothers talk about their feedback on the work &

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approach of ASHAs including the performance of ASHAs through message delivery & visits. Here also it is seen that usually, the trained health personnel become the respondents as part of evaluation of their timely actions in many other studies. The uniqueness of the current study is that the SC community mothers become the pivot around which all the modalities move. A total of four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted among the RDWs in the villages of the respective districts with the help of a pre-tested structured interview schedule with only open-ended questions. Gonda was one such district. These in-depth interviews collected descriptive details as responded by RDWs. The responses were collected in Hindi language and were translated to English language later for the case studies. The qualitative data were conducted amongst the RDWs and a total of 5 respondents participated in the study in the district. The summary of the case studies reflected that regarding the last visits, the ASHAs of Gonda district had better performance. All the mothers in the district received information on arranging transportation for an institutional delivery. Regarding availing the JSSK benefit, the situation was same as that of JSY in the district. No mother received the critical information regarding cord care from the ASHAs in Gonda district. All the 5 mothers received the advice on referral in Gonda district. Except two mothers in Gonda district, rest 3 mothers opined that they were satisfied with the work of ASHAs as a community worker. The feedback on the approach of ASHAs showed that the satisfaction level of mothers was poor in Gonda district.

Keywords: ASHA, RDW, JSY, JSSK, Scheduled Caste, social audit.

INTRODUCTION [10]

Through case studies, the current study focused on the responses of RDWs of Scheduled Caste community who were selected from the catchment area of ASHAs (Accredited Social Health Activist). Feedback of RDWs on the work & approach of ASHAs & thereby the performance of ASHAs are the central focus of the study. Hence, it is prudent to mention about studies that mention about perceptions or feedback of community members or mothers about the performance of health personnel like ASHAs.

The SC community constitutes 21.1% of the population of UP & the absolute numbers of SC population in UP is 35,148,377. It is significant to note that only 0.6% of the total tribal population of India reside in the state of UP. The current study deals with SC population in Gonda district where only 5 mothers from the district were selected as Recently Delivered Women (RDW) because they met the inclusion criteria of the study where-in they should have a child in the 3 to 6 months age during the time of survey of the study. The following table gives the profile of SC population in Gonda district of UP.

Table 1: Scheduled Caste population in Gonda district of the study/article [10]

Name of district	Community	Population in percentages	Population in numbers
Gonda	SC	15.67	433,491

The research tool or the interview guide included feedback from the mothers of SC community on the work & approach of ASHAs. These kinds of feedback come under the ambit of social audits. Hence, the paragraph below is a short profile on social audit.

About Social Audit [4-7]

The concept of social audit came in effect in mid-20th century by Charles Medawar. In the 1990s, the concept has been applied for social & health sector. In the beginning, it was applied in the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) and its details are mentioned in the social audit manual for trainers.

Its principles are perceptions & gradation by community for the programs of the Government come under the ambit of social audit. It is done jointly by government & people who are affected or intended beneficiaries, it looks at outcomes and not merely outputs, brings on broad perceptions and knowledge of people, greater acceptability by government.

It is the aspect of social audit that the current study deals with the feedback of RDWs on the work & approach of the ASHAs. In the National Health Mission

report of UP social audit is mentioned under the role of NGOs in the mission where it is written that social audit is to be done with monitoring & evaluation. In another study, the social audit is mentioned as a mechanism to ensure that intended benefits reach the target groups. It also mentions that National Rural Health Mission lays down the guidelines of operationalization of decentralization & implementation strategy ensuring greater participation of the community.

RDWs of SC community & their feedback in UP [1, 3, 12, 15, 8]

The ASHAs emerged in India's public health system during the launch of NRHM in 2005 in the state of Uttar Pradesh. The ASHAs were in fact inducted to NRHM with the primary aim to roll out the JSY component of NRHM to increase the institutional deliveries. The selection of 500 RDWs was dependent on the catchment area of 250 ASHAs as two RDWs were selected from each of the selected ASHA's area. Besides these, 5 mothers of SC community were selected as respondents for the study to give a qualitative perspective to the study. As the study dealt with performance of ASHAs in UP through the feedback of RDWs of SC community on the work & approach of ASHAs, the following paragraphs

discusses some studies on ASHAs where their performances are socially audited by mothers of SC community.

One of the qualitative studies done in UP regarding perspective of women on quality of child care stresses the following conclusion. The study concludes that women have clear expectations of quality care from facilities where they go to deliver. Understanding their expectations & matching them with provider's perspective of care is critical for efforts to improve the quality of care & thereby impact maternal outcomes.

The study does not talk anything on the perspective of the mothers of SC community.

Similarly, NFHS 4 report of UP mention about SC community in the house-hold composition section where it mentions that the head of 24% of house-holds in UP belong to a SC community. However, the report does not segregate the services by caste of the user groups.

The case studies involve visit by ASHAs to the RDWs and in this context, NFHS 4 and 5 have one related indicator. The following box gives the details of the indicator for Gonda district.

Box 1- NFHS 4 and NFHS 5 indicator for postnatal visit in Gonda district of UP [8, 9]

Indicator-Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery in percentage- NFHS 4(2015-16) - 34.6 and NFHS 5 (2019-21)-68.6.

The indicator shows that there has been a double increase in the visits in the 5 years from 2016 to 2021. The current study was done in 2017 and the mother replied that the ASHA had visited them and this reflected in the survey of 2021.

The current article deals with services availed by mothers of SC community broadly in nine aspects. These aspects start with the messages by ASHAs in their last visit followed by the role of ASHAs during pregnancy & benefits availed by schemes like Janani Surakhya Yojana (JSY in Hindi & Maternal Protection Scheme in English) & Janani Shishu Surakhya Karyakram (JSSK in Hindi & Mother Child Protection Program in English). If the benefits are not availed, the

reasons are elicited also. Thereafter, the role of ASHAs in last trimester of pregnancy & newborn care services are covered. This portion is followed by the advices that the ASHA gave after the delivery of the child, referral & finally the feedback of RDWs on the work & approach of ASHAs.

The Rapid Survey on Children (RSOC) in UP mentions about a majority of these indicators especially for mothers of SC community. However, it talks only on awareness & services among mothers but it does not mention perceptions/feedback of RDWs on the work & approach of ASHAs. The following table gives the indicators from RSOC on mothers of SC community in UP that are related to the current article.

Table 2: SC women who had a live birth in 35 months prior to survey by specific maternal health care [3]

Indicator	Percentage of SC women
Visited at least once during pregnancy by ASHA	37.8
Received Postnatal care within 48 hours of discharge or delivery	All births- 10.1, Home births- 13.1, Institutional delivery (after discharge)-8.6
Newborn who received first checkup within 24 hours of birth/discharge	All births- 10.1, Home births- 13.3 Institutional delivery (after discharge)-8.1
Visited by primary health worker (AWW/ANM/ASHA) at home within one week of delivery/discharge from health institution	20.3
Availed benefit from national program for safe motherhood	JSY-52.4, JSSK-8.4, Both JSY & JSSK-5.5

Here, it is noted that among the above-mentioned studies, only the RSOC study primarily dealt in data related to mothers of SC community that the current article focuses upon. It substantiates the importance of the current study further.

RESEARCH METHODOLOGY [2]

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. From the catchment area of each ASHA, two Recently Delivered Women (RDW) were chosen who had a child in the age group of 3-6 months during the time of the data collection for the study. In this way, 124 RDWs from three districts and 128 RDWs from Gonda district were chosen thus a total of 500 RDWs were selected for the study. In order to include the category of caste in to the domain of the study, 5 Scheduled Caste (SC) mothers from each district were selected from the existing list of ASHAs. As each district has two selected blocks, three mothers were selected randomly from one block & the

other two from the other block. The existing list of Recently Delivered Women (RDW) available with the ASHAs at the time of the survey was the universe for selecting the respondents. In this way, a total of 20 SC mothers were selected from the study. The criteria for choosing these mothers were that they had a 3 to 6 months old baby at the time of survey to fulfill the inclusion criteria of being an RDW for the current study or article.

The following figure shows the four districts of UP in the map of the state of UP.

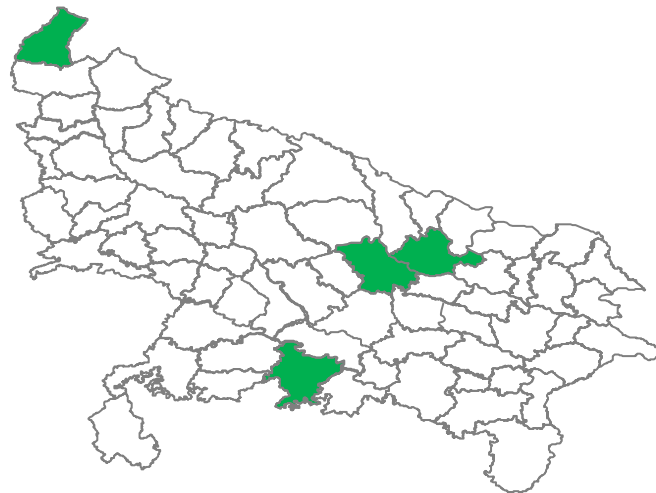


Figure 1 [2]:

Research tool (Annexure 1)

The RDWs were interviewed using an open-ended interview guide which included seven open ended questions. The article deals with these seven questions of the guide. The responses of RDWs were in detailed description of their experiences with ASHA. These descriptions included the activities done by ASHA during her last visit to the house of the mother of the SC community. Further details included the period of pregnancy, work of ASHA on benefits like JSY & JSSK, detail activity during the first month of the postnatal period, advices during postnatal period. The guide also included the feedback of the SC community mothers about the work & approach of ASHA as a community worker. All these aspects were seen in the context of the entire experience & contacts of the RDWs with the ASHAs especially during their last pregnancy & first month after delivery. Five interview guides were used for the study to interview 5 recently delivered women of SC community who had a child in the age group of 3 to 6 months during the survey.

The following section details out the details of the 5 case studies related to the study [16].

Case Study 1

Mrs X, aged 21 years, mother of a 4 month old girl child, lives in Colonelganj block of Gonda district.

She was married at the age of 19 years. Her detailed replies on the seven aspects through the seven open ended questions are given below qualitatively.

The first aspect was regarding the visit made by the ASHAs to the hamlets where the mothers of SC community stay. The mother replied that 'ASHA yahan barabar nahin aati aur who tab aayi jab maine use bulayi'. The mother replied that ASHA do not visit the hamlet regularly and also replied that the ASHA came to their hamlet when she called upon the ASHA.

During these visits by the ASHAs, ASHA advised me on immunization. Further, I also received advice on medicines. I also received advice regarding advice on the health problem of the child. I received no advice for polio drops.

Regarding the ASHA's role during her pregnancy, the ASHA only gave advices to me on immunization, consumption of Iron & Folic Acid tablets and the advice to deliver in a government hospital and the information regarding transportation for institutional delivery or in her words, 'ASHA ne hame ambulance jis se maa ko asptal le jate hain, uske bare mein hame bataye thi'. I was informed by the ASHA about the ambulance in which mother's are taken to the hospital.

When probed, the mother also said that the ASHA did not inform me about the JSY scheme and immediate breastfeeding. 'Jo scheme hai jisse 1400 rupaiya milta hai aur baccha hone ke baad turant doodh pilane ke bare mein nahin bataye thi'. In her words, the ASHA did not tell her about the scheme in which ₹ 1400 is given and she was also not told about breastfeeding immediately after birth.

Further, she informed that I was not informed about the maternal health schemes and I also did not receive any support from Janani Surakhya Yojana (JSY), Janani Shishu Surakya Karyakram (JSSK) schemes. I had a home delivery and do not have a bank account and that's why I did not receive any benefit from these schemes. (these were the pre Jan Dhan days as the financial inclusion process picked up after 2014).

The next section is on the role of ASHA in the last trimester of her pregnancy and the Newborn Care (NBC). The ASHA visited me and told me about the birth preparedness and to delay the bathing of my newborn child. I was also told to wrap my child and maintain the warmth of my child. The ASHA also did not advise me to initiate early breast feeding, exclusive breast feeding my child and weighing my child. I was also not told about giving skin to skin care to my child and to keep the cord of my child clean and dry while not applying anything on the cord of my newborn.

'Prasab ke baad ASHA ne hame doodh pilane, apni khan pan ke bare mein aur aspatal mein jane ke liye bataya'. 'Hame woh navjat mein aur mujhme khatre ke nisan ko pehchan ke bare mein nahin bataya'. After my delivery of the last child, the ASHA advised me on Breast Feeding (BF), my nutrition and referral if needed. However, the ASHA did not tell me about the identification of danger signs in newborn and me

Agar mein aap ko ASHA ke kam kar ne ked dhang ke bare mein bataun to 'Hame ASHA ke baat chit karne ki tarika ko acchha lagta hai par usko aapsi sambandh banana aur apna atma biswas badhane pe kaam karna hai'. 'Hum uski kaam se puri tarah khus nahin hain'. About the approach of the ASHA as a Community Worker, I appreciate her ways of communication but she has to work on her rapport building skills and her confidence level. Overall, I am not satisfied with her method of work.

'Jab mein ASHA ke kam ke bare mein bataun to toh who waqt pe hamare yahan aati hai aur hamari zaroorat ke anusar hamein woh salah deti hai'. 'Hum uske kaam se khus nahin hain'. In her words, the ASHA visits her hamlet timely and gives need specific communication but I am not satisfied with her work performance.

Case Study 2

Mrs X, aged 19 years, mother of a 5 month old boy child, lives in Colonelganj block of Gonda district.

She was married at the age of 17 years. Her detailed replies on the seven aspects through the seven open ended questions are given below qualitatively.

The first aspect was regarding the visit made by the ASHAs to the hamlets where the mothers of SC community stay. The mother replied that 'ASHA yahan barabar aati hai aur maine bhi use bulayi'. The mother replied that ASHA do visit the hamlet regularly and also replied that she also calls upon the ASHA.

'Mujhe ASHA ne tikakaran, dawa ke bare mein batayi par usne polio aur mere bacche ke sehat ke bare mein nahin batayi'. During these visits by the ASHAs, ASHA advised me on immunization. Further, I also received advice on medicines. I received no advice regarding advice on the health problem of the child. I received no advice for polio drops.

'Jab mein garbhvati thi, ASHA ne mujhe tikakaran, khan pan, iron ke goli ke bare mein batayi. Usne mujhe sarkari aspatal mein prasab karane ko kaha aur 1400 rupaiya bale yojana ke bare mein batayi. ASHA ne mujhe bacche ko turant doodh pilane aur aspatal le jane wali ambulance ke bare mein batayi'. Regarding the ASHA's role during her pregnancy, the ASHA gave advices to me on immunization, nutrition, consumption of Iron & Folic Acid tablets, to deliver in a government hospital, about JSY and immediate breast feeding. The advice also had the information regarding transportation for institutional delivery and about the ambulance in which mothers are taken to the hospital.

Further, she informed that I was informed about the maternal health schemes and she also received support from Janani Surakhya Yojana (JSY), Janani Shishu Surakya Karyakram (JSSK) schemes. I do not have a bank account but I received benefit from these schemes. (these were the pre Jan Dhan days as the financial inclusion process picked up after 2014).

On the role of ASHA in the last trimester of her pregnancy and the Newborn Care (NBC), the ASHA visited me and told me about the birth preparedness and to delay the bathing of my newborn child. I was also told to wrap my child and maintain the warmth of my child. The ASHA did advise me to initiate early breast feeding but not on exclusive breast feeding my child. She also advised for weighing my child. I was also not told about giving skin to skin care to my child and to keep the cord of my child clean and dry while not applying anything on the cord of my newborn.

'Prasab ke baad ASHA ne hame doodh pilane, apni khan pan ke bare mein aur aspatal mein jane ke liye bataya'. 'Hame woh navjat mein khatre ke nisan ko pehchan ke bare mein bataya'. After my delivery of the last child, the ASHA advised me on Breast Feeding (BF), my nutrition and referral if needed. However, the

ASHA did not tell me about the identification of danger signs in me but not about my newborn.

Agar mein aap ko ASHA ke kam kar ne ke dhang ke bare mein bataun to 'Hame ASHA ke baat chit karne ki tarika ko acchha lagta hai aur usko aapsi sambandh banana aur apna atma biswas pe bharosa hai'. 'Hum uski kaam se puri tarah khus hain'. About the approach of the ASHA as a Community Worker, I appreciate her ways of communication and she also has a good rapport building skills and her confidence level is also good. Overall, I am satisfied with her approach to work.

'Jab mein ASHA ke kam ke bare mein bataun to woh waqt pe hamare yahan aati hai aur hamari zaroorat ke anusar hamein woh salah deti hai'. 'Hum uske kaam se khus nahin hain'. In her words, the ASHA visits her hamlet timely and gives need specific communication but I am not satisfied with her work performance.

Case Study 3

Mrs X, aged 17 years, mother of a 2 month old girl child, lives in Colonelganj block of Gonda district. She was married at the age of 16 years. Her detailed replies on the seven aspects through the seven open ended questions are given below qualitatively.

The first aspect was regarding the visit made by the ASHAs to the hamlets where the mothers of SC community stay. The mother replied that 'ASHA yahan aati hai aur woh salah deti hai'. The mother replied that ASHA do visit the hamlet and also replied that the ASHA gives advice.

'ASHA ne mujhe tikaran, dawai, mere bacche ke tabiyat aur polio pilane ki baat batayi. Ye sabhi batein woh apni bhraman ke douran batayi'. During her visits, the ASHA advised me on immunization, medicine, health problem of my child and polio drops.

The mother also told that during my last pregnancy, ASHA advised me on immunization and nutrition. Further, I also received advice on IFA. I also received advice regarding delivering in a public hospital, information on JSY, immediate breast feeding and information on transportation for delivery in a public hospital.

In her words 'ASHA ne hame ambulance jis se maa ko aspatal le jate hain, uske bare mein hame bataye thi'. I was informed by the ASHA about the ambulance in which mother's are taken to the hospital.

When probed, the mother also said that the ASHA informed me about the JSY scheme and immediate breastfeeding. 'Jo scheme hai jisse 1400 rupaiya milta hai aur baccha hone ke baad turant doodh pilane ke bare mein bhi bataye thi'. In her words, the

ASHA told her about the scheme in which ₹ 1400 is given and she was also told about breastfeeding the child immediately after birth.

Further, she informed that I was informed about the maternal health schemes and I also received support from Janani Surakhya Yojana (JSY), Janani Shishu Surakya Karyakram (JSSK) schemes. I had an institutional delivery but do not have a bank account I received benefit from these schemes. (these were the pre Jan Dhan days as the financial inclusion process picked up after 2014).

The next section is on the role of ASHA in the last trimester of her pregnancy and the Newborn Care (NBC). The ASHA visited me and told me about the birth preparedness and to delay the bathing of my newborn child. I was also told to wrap my child and maintain the warmth of my child. The ASHA also advised me to initiate early breast feeding but not on exclusive breast feeding my child. I was also told about weighing my child after birth; delay the bathing of my child and wrapping my child to maintain warmth. I was not told about giving skin to skin care to my child and to keep the cord of my child clean and dry while not applying anything on the cord of my newborn.

'Prasab ke baad ASHA ne hame doodh pilane, apni khan pan ke bare mein aur aspatal mein jane ke liye bataya'. 'Hame woh navjat mein khatre ke nisan ko pehchan ke bare mein bataya'. After my delivery of the last child, the ASHA advised me on Breast Feeding (BF), my nutrition and referral if needed. However, the ASHA did not tell me about the identification of danger signs in me.

Agar mein aap ko ASHA ke kam kar ne ke dhang ke bare mein bataun to 'Hame ASHA ke baat chit karne ki tarika ko acchha lagta hai. Uske aapsi sambandh banana aur apna atma biswas bhi badha hai'. 'Hum uski kaam se puri tarah khus hain'. About the approach of the ASHA as a Community Worker, I appreciate her ways of communication and she also has a good rapport building skills and she has high confidence level. Overall, I am satisfied with her ways to do work.

'Jab mein ASHA ke kam ke bare mein bataun to woh waqt pe hamare yahan aati hai aur hamari zaroorat ke anusar hamein woh salah deti hai'. 'Hum uske kaam se khus nahin hain'. In her words, the ASHA visits her hamlet timely and gives need specific communication and I am not satisfied with her work performance.

Case Study 4

Mrs X, aged 20 years, mother of a 3 month old boy child, lives in Nawabganj block of Gonda district. She was married at the age of 18 years. Her detailed

replies on the seven aspects through the seven open ended questions are given below qualitatively.

The first aspect was regarding the visit made by the ASHAs to the hamlets where the mothers of SC community stay. The mother replied that 'ASHA yahan aati hai aur salah bhi deti hai'. The mother replied that ASHA visits the hamlet regularly and gives advice.

During these visits by the ASHAs, ASHA advised me on immunization. Further, I also received advice on medicines. I also received advice regarding advice on the health problem of the child. I received no advice for polio drops.

Regarding the ASHA's role during her pregnancy, the ASHA only gave advices to me on immunization, consumption of Iron & Folic Acid tablets and the advice to deliver in a government hospital and the information regarding transportation for institutional delivery or in her words, 'ASHA ne hame ambulance jis se maa ko aspatal le jate hain, uske bare mein hame bataye thi'. I was informed by the ASHA about the ambulance in which mother's are taken to the hospital.

When probed, the mother also said that the ASHA informed her about the JSY scheme and immediate breastfeeding. 'Jo scheme hai jisse 1400 rupaiya milta hai aur baccha hone ke baad turant doodh pilane ke bare mein bhi bataye thi'. In her words, the ASHA told her about the scheme in which ₹ 1400 is given and she was also told about breastfeeding immediately after birth.

Further, she informed that I was informed about the maternal health schemes and I also received support from Janani Surakhya Yojana (JSY), Janani Shishu Surakya Karyakram (JSSK) schemes. I had an institutional delivery but do not have a bank account and that's why I received benefit from these schemes through my husband's account. (these were the pre Jan Dhan days as the financial inclusion process picked up after 2014).

The next section is on the role of ASHA in the last trimester of her pregnancy and the Newborn Care (NBC). The ASHA visited me and told me about the birth preparedness and to delay the bathing of my newborn child. I was also told to wrap my child and maintain the warmth of my child. The ASHA also advised me to initiate early breast feeding, exclusive breast feeding my child and weighing my child. I was not told about giving skin to skin care to my child and to keep the cord of my child clean and dry while not applying anything on the cord of my newborn.

'Prasab ke baad ASHA ne hame doodh pilane, apni khan pan ke bare mein aur aspatal mein jane ke liye bataya'. 'Hame woh navjat mein aur mujhme

khatre ke nisan ko pehchan ke bare mein bhi bataya'. After my delivery of the last child, the ASHA advised me on Breast Feeding (BF), my nutrition and referral if needed. The ASHA also told me about the identification of danger signs in newborn and me.

Agar mein aap ko ASHA ke kam kar ne ked dhang ke bare mein bataun to 'Hame ASHA ke baat chit karne ki tarika ko acchha lagta hai aur uski aapsi sambandh banana aur apna atma biswas badha hai'. 'Hum uski kaam se puri tarah khus hain'. About the approach of the ASHA as a Community Worker, I appreciate her ways of communication and her rapport building skills, confidence level. Overall, I am satisfied with her ways to work.

'Jab mein ASHA ke kam ke bare mein bataun to woh waqt pe hamare yahan aati hai aur hamari zaroorat ke anusar hamein woh salaha bhi deti hai'. 'Hum uske kaam se khus hain'. In her words, the ASHA visits her hamlet timely and gives need specific communication and I am satisfied with her work performance.

Case Study 5

Mrs X, aged 17 years, mother of a 4 month old boy child, lives in Nawabganj block of Gonda district. She was married at the age of 16 years. Her detailed replies on the seven aspects through the seven open ended questions are given below qualitatively.

The first aspect was regarding the visit made by the ASHAs to the hamlets where the mothers of SC community stay. The mother replied that 'ASHA yahan aati aur woh apni baat batati hai'. The mother replied that ASHA visits the hamlet and gives advice..

During these visits by the ASHAs, ASHA advised me on immunization. Further, I also received advice on medicines. I also received advice regarding advice on the health problem of the child. I received no advice for polio drops.

Regarding the ASHA's role during her pregnancy, the ASHA gave advices to me on immunization, consumption of Iron & Folic Acid tablets and the advice to deliver in a government hospital and the information regarding transportation for institutional delivery or in her words, 'ASHA ne hame ambulance jis se maa ko aspatal le jate hain, uske bare mein hame bataye thi'. I was informed by the ASHA about the ambulance in which mother's are taken to the hospital.

When probed, the mother also said that the ASHA informed me about the JSY scheme and immediate breastfeeding. 'Jo scheme hai jisse 1400 rupaiya milta hai aur baccha hone ke baad turant doodh pilane ke bare mein bataye thi'. In her words, the ASHA told her about the scheme in which ₹ 1400 is

given and she was also told about breastfeeding immediately after birth.

Further, she informed that I was informed about the maternal health schemes and I also received support from Janani Surakhya Yojana (JSY), Janani Shishu Surakya Karyakram (JSSK) schemes. I had an institutional delivery and do not have a bank account and that's why I received benefit from these schemes through my husband's account. (these were the pre Jan Dhan days as the financial inclusion process picked up after 2014).

The next section is on the role of ASHA in the last trimester of her pregnancy and the Newborn Care (NBC). The ASHA visited me and told me about the birth preparedness and to delay the bathing of my newborn child. I was also told to wrap my child and maintain the warmth of my child. The ASHA also advised me to initiate early breast feeding, exclusive breast feeding my child and weighing my child. I was also told about giving skin to skin care to my child but was not told to keep the cord of my child clean and dry while not applying anything on the cord of my newborn.

'Prasab ke baad ASHA ne hame doodh pilane, apni khan pan ke bare mein aur aspatal mein jane ke liye bataya'. 'Hame woh navjat mein aur mujhme khatre ke nisan ko pehchan ke bare mein batayi'. After my delivery of the last child, the ASHA advised me on Breast Feeding (BF), my nutrition and referral if needed. The ASHA also told me about the identification of danger signs in newborn and me.

Agar mein aap ko ASHA ke kam kar ne ke dhang ke bare mein bataun to 'Hame ASHA ke baat chit karne ki tarika ko acchha lagta hai aur usne aapsi sambandh banana aur apna atma biswas badhane pe kaam kia hai'. 'Hum uski kaam se puri tarah khus hain'. About the approach of the ASHA as a Community Worker, I appreciate her ways of communication and she has also worked on her rapport building skills and her confidence level has increased. Overall, I am satisfied with her ways to do work.

'Jab mein ASHA ke kam ke bare mein bataun to toh who waqt pe hamare yahan aati hai aur hamari zaroorat ke anusar hamein woh salaha deti hai'. 'Hum uske kaam se khus hain'. In her words, the ASHA visits her hamlet timely and gives need specific communication and I am satisfied with her work performance.

Data Analysis

There were 5 mothers from SC community from Gonda district in this study. Only one mother said that the ASHA did not visit her. During this visit, none of the mothers received advice for polio drops. During their last pregnancy, only one RDW said that she did

not receive advice from the ASHA on JSY and breastfeeding the child immediately after birth.

Regarding the role of ASHA in availing the benefits of schemes like JSY and JSSK, only one mother did not receive the benefit as she had a home delivery but none of the mothers had a bank account. Analysis of the role of ASHA in the last trimester of these RDWs, all the mothers had been visited and all the 5 mothers had received advice on birth preparedness, delay the bathing of the child and wrapping the child to keep the warmth. Only one mother did not receive advice on early initiation of breast feeding and weighing the child after birth. Only 2 mothers received advice on exclusive breast feeding while one mother was not advised on skin to skin care. None of the mothers received advice on keeping the cord clean and not apply anything on the cord.

Analysis of the variables on advices that the ASHA gave after the delivery of the child, all the 5 mothers had received advice on breastfeeding, maternal nutrition and referral. Only one mother did not receive advice on identification of danger signs in newborns while 3 mothers did not receive advice on identification of danger signs in mother.

All the mothers agreed that ASHA's communication skills were good. One mother each in variables like rapport, confidence and satisfaction replied that the ASHA's rapport, confidence was not good and she was not satisfied with the approach of ASHA as a community worker.

While analyzing the work of ASHA as a community worker, all the 5 mothers told that the ASHA paid timely visits to them and she gave need specific communication skills. Only 2 mothers were satisfied with the ASHA as a community worker.

RESULTS AND DISCUSSIONS

There are seven aspects covered in this section with multiple indicators and the contents of the case studies are in sequence. It starts with the last visit of ASHA to the RDW followed by the indicators during pregnancy, newborn care, postnatal care, availing of Janani Surakhya Yojana & JSSK benefits. The last two aspects are regarding the feedback of the RDWs of the SC community on the work & approach of ASHAs.

During the visit, the ASHAs were supposed to advice for immunization and medicine, address health problem of the child, give information regarding the delivery and the pulse polio campaigns to the RDWs. The seven aspects below shows the qualitative data regarding the seven questions as given in the open ended interview guide.

CONCLUSIONS [8-11]

The above results showed that the feedback of the RDWs on the work of ASHAs through their feedback on the work & approach of ASHAs is only half satisfactory across the district. The major problem is that large scale studies do not focus on the response of the user groups like the mothers of SC community.

The feedback of RDWs of both SC & Scheduled Tribe community would only improve if the ASHAs are oriented on following up all their home visits 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. This strategy would help in more buying in at the level of the mothers while addressing the ever-burning issue of inclusion & coverage in the outreach programs. The process would make the referrals effective & timely thereby improving the performance level & grading of ASHAs through the eyes of the mothers especially of the disadvantaged communities like SC majorly and minor for Scheduled Tribes (ST).

Limitation of the study [8-11]

As shown in the Table 1 & the section on the SC community in UP, more than one-fifth of the population of UP constitute SC population. For Gonda district, as mentioned above, it is about 16% of the population of the district. The current article has case studies of just 5 mothers of SC community. The current study was basically a qualitative study where this mere sample size was to address the qualitative part of the study. Hence, the responses of this small sample size cannot be attributed to the entire SC population of the district of Gonda.

Annexure-1

Interview guide for mothers of 3-6 months old children who are from SC community

1. How often do the ASHA visit your area and what she did during her last visit? If she visited your home, please tell me what all she did.
2. Tell me about the role of ASHAs with you when you were pregnant with the current child.
3. Please tell me in detail about the JSY and JSSK benefits that you availed and the role of ASHAs in helping you to avail the benefits.
4. How did the ASHA help you and your child after the delivery of your current child? Tell me in detail about her work in the first month of your child. (visit in the last trimester, birth preparedness, breast feeding- early initiation and exclusive, weighing the child, delay bathing, wrapping and keeping the child warm, skin to skin care)

5. What all advices did the ASHA give you after the delivery of your child? (breast feeding, maternal nutrition, identification of danger signs in newborns and mother, referral)
6. Tell me about the approach of ASHA as a community worker (rapport, confidence, communication). If satisfied or not satisfied with her approach, tell me the reasons.
7. Tell me about the work of ASHA as a community worker. (timely visit, gives need specific communication). If satisfied or not satisfied with her work, tell me the reasons.

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