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Research Article

Role and Preference of Health Personnel in Maternal Care by & Of Recently Delivered Women in Uttar Pradesh, India

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Abstract: The current study explores some of the crucial variables on the preference of the RDWs regarding health workers. Further, the details on the components of Ante Natal Care (ANC) status and the role of health personnel in availing these ANC components provided to the Recently Delivered Women (RDW) or mothers in four districts of UP. From the catchment area of each ASHA, two RDWs were selected who had a child in the age group of 3 to 6 months. Through this profile, the ANC components of RDWs, health care worker's visit profile to the RDWs, preference regarding health personnel by RDWs and the recollection of contacts of health workers by the RDWs are reflected upon to give a picture that represents the entire state of UP. The relevance of the study assumes significance as data on the preference and opinion of RDWs on health workers, services provided for ANCs for recently delivered mothers are not available even in large scale surveys like National Family Health Survey 4 done in 2015-16. The percentage of women covered for the four ANCs along with other services related to ANC are given for the district level but there is a significant difference between the services or indicators mentioned in the study and large-scale surveys like NFHS 4. The current study also gives the data regarding recollection of messages by the RDWs on ANC. A total of four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted in the villages of the respective districts with the help of a pre-tested structured interview schedule with both close-ended and open-ended questions. In addition, in-depth interviews were also conducted amongst the RDWs and a total 500 respondents had participated in the study. The results showed that besides doctor, the most preferred health personnel in all the 4 districts were the ANM. Analysis of the various ANC related services showed that only in Saharanpur, 9% of RDWs said that they received need specific IEC and no RDW received this service in the other 3 districts. This proves that the preventive health was all together neglected by the ASHAs as the RDWs were not participating in any discussion on health. Regarding the role of health personnel, it emerged that almost all the RDWs in the 4 districts replied that they were aware of the message on TT injections. However, only 79% in Gonda and 90% in Barabanki told that they have received this message from ASHA unlike the other two districts where most of the RDWs replied that they had received the message from ASHA.

Keywords: RDW, ASHA, NRHM, VHSNC, VHND, CHW

INTRODUCTION

As RDWs were selected from the catchment area of the ASHAs in the four districts, the following section briefs out the details on ASHAs.

The ASHAs were recruited by the Local Self Governance (LSG) from their own communities as per the guidelines set by NHM. Subsequent to the roll out of guidelines at the central level, the state of UP also rolled out the recruitment of ASHAs through the setting up of State Program Management Unit of NHM at state level and the District Program Management Unit (DPMU) at district level. These DPMUs helped set up the Block Program Management Unit (BPMU) at the block level. These units got in touch with the Panchayati Raj Institutions which was part of LSGs and these PRIs represented by the Gram Pradhans or the village panchayat head nominated the ASHAs from the

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respective communities. They attached the ASHAs with the public health system at the block level to work as ASHAs who are incentive based workers while receiving incentives for various services from the public health system. (GOUP, PIP, NHM, 2008).

Like India, UP also went through the CHW scheme in 1970s through the introduction of Village Health Guide in 1977 (5th Plan GOI, 1974-79) and the concept was ratified further in the Alma Ata conference of 1978 on primary health care. On the other hand, with the introduction of Integrated Child Development Services in 1975 (5th Plan GOI, 1974-79) the Angan Wadi Workers were in place as CHWs in phases. Simultaneously, local Traditional Birth Attendants were in place since 1977 as CHWs (5th plan, GOI, 1974-79). Thereafter, the multipurpose male and female health workers came in to place through the Child survival and Safe Motherhood program in 1992 (Yearly Plan, GOI, 1992). Besides the sporadic efforts of NGOs putting in place CHWs through their small efforts in definite geographic areas, the cadre of Basic Health Workers were put in by the health system from 1992 till 2005 (GOI, 2005). Gradually the CHWs came here to stay with the introduction of ASHAs in 2005 through the introduction of NRHM (GOI, 2005). As per GOUP, there were 1,50,000 ASHAs in UP in 2019. The selection of RDWs in the four selected districts in this study is dependent on the ASHAs at the respective districts.

Studies on RDWs in UP have not covered on aspects like preference of RDWs on health personnel, services or messages on ANCs like need specific IEC, supplementary nutrition that includes Take Home Rations by Integrated Child Development Scheme. Further, the RDWs are not asked about message recollection rather it is the Front-Line Workers who are asked about the message recollection. It is critical that recollection is preferably done by the beneficiaries for whom the messages are intended. The current study reflects on these aspects in detail including the message recollection by the RDWs.

ANC services in UP

A study done in UP regarding the performance of ASHA states that the average number of households visited per ASHA per week in UP is 23. Further it mentions that the average number of group discussions per ASHA in the previous 3 months from the time of the study states that 3 meetings were conducted on health issues, 2 meetings each were on nutrition and sanitation issues and 3 meetings on the issue of family planning. The study also mentions that 98% of ASHAs conducted group talks or discussions in last 3 months from the time of survey in their work areas. Further, more than 90% of ASHAs replied that they were clear about the messages to be given at the community level (Bajpai N, Dholakia R, 2011). It is significant to note that there is no data collected on actual messages given to the pregnant women through surveys.

The project close-out report of Vistaar project (2006-2012) of United States Agency for International Development (USAID) of UP mentions on the upgradation of the quality of Village Health and Nutrition Days (VHND) now called Village Health Sanitation & Nutrition Days (VHSND). These are the outreach convergence platforms to provide ANC services. The project operation increased the quality of VHNDs as the mean number of services offered during VHNDs increased from 5.6 to 8.8 services in UP. This indirectly implies that the services or components of ANC also increased as it is an active component of VHNDs (EOP report, Vistaar project, 2013).

Another evaluation study of ASHA scheme in UP states that in the Village Health Sanitation & Nutrition Committee (VHSNC) meetings, 51.66% of ASHAs discussed on immunization, 33.8% on balanced diet & nutrition and 20.5% on potable water. To add to that, 98.9% of ASHAs provide ANC services as support services in UP (GOUP,2013).

The National Family Health Survey report written in 2017 for UP states that only 68% of mothers in UP had institutional deliveries and the rest 32% had home deliveries. The institutional deliveries coverage for the selected districts of the current study shows that in Saharanpur district 62% of mothers, Barabanki district 63% of mothers, Gonda district 56% mothers and Banda district 75% mothers had institutional deliveries. Further, the ANC service components coverage in UP states that 63.5% of pregnant women were weighed, 63.9% had their blood pressure measured, 65.2% gave their urine samples, 63.7% gave their blood samples and 79.8% had their abdomen examined (NFHS 4, 2015-16).

The following table gives the coverage of the ANC service components for each of the selected district of the study as per the NFHS 4 data. The data shows very low coverage of IFA tablets

consumption. It also reflects that services like TT and IFA are common to the current study for the district level and in addition to these indicators, the state level had indicators like weighing, measuring blood pressure and abdomen examination that are common to the current study.

Table 1. ANC coverage in the four selected districts of the study

Names of districts	Banda	Barabanki	Gonda	Saharanpur
Percentage of mothers who had 4 or more ANC visits	6.4	23.6	13.5	41.7
Percentage of mothers with an ANC visit in the first trimester of pregnancy	31.2	45.8	20.7	75.2
Percentage of mothers who took IFA tablets for at least 100 days	6.8	9.9	5.9	14.6
Percentage of mothers who received two or more TT injections	82.4	71.7	65.8	88.9
Percentage of mothers who had full ANC coverage	1.8	3.6	2.0	8.7
Percentage of mothers who received a Mother Child Protection Card	88	86.8	74.1	70.8

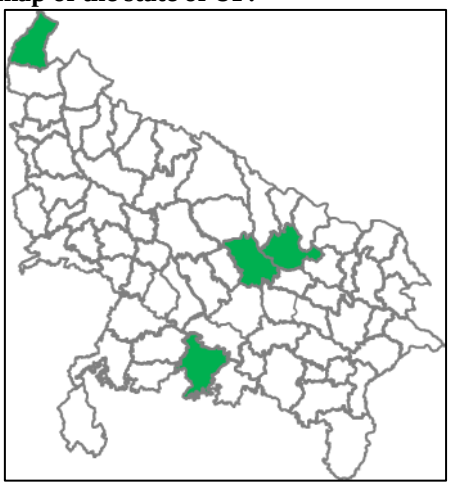
Source- NFHS-4, 2015-16.

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. Through purposive sampling, 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.

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



The data was analyzed using Statistical Package for Social Sciences (SPSS) software to

calculate the percentage and absolute values of RDWs availing the services, role of health personnel and the preference of RDWs regarding the health personnel using the detail profiles as per the data collected in the four study districts. The quantitative data related to the profiles was also seen for recollection of messages by the RDWs that they received from the health personnel. All these indicators form the basis of the ensuing results and discussion.

Research Tool

The RDWs were interviewed using an in-depth, open-ended interview schedule which included a section on variables on ANC related visits. Under the third section of the tool, one question (number 307 of the tool) was regarding the preference of RDWs about health personnel. Another question (number 308 of the tool) was regarding the services availed by RDWs and a portion of another question (number 309 of the tool) has been used in the current study. The said question (309) was regarding the awareness of RDWs on messages related to the components of ANC and the type of personnel who gave the message including the information about the place where the message was given. The number of research tools used for the study were 500 to interview 500 recently delivered women who had a child in the age group of 3 to 6 months during the survey. The following section details out the results and discussions related to the study.

RESULTS AND DISCUSSIONS

This section has three tables where the first one is regarding the preference of RDWs about the health personnel working in the community. The next table is on the services availed by the RDWs during their last pregnancy and the last table is regarding the messages given to the RDWs.

Table 2. Preference of RDWs on health personnel

Names of districts & Number of RDWs surveyed (n=500)	**Banda (n=124)**	**Barabanki (n=124)**	**Gonda (n=128)**	**Saharanpur (n=124)**
Preference of RDWs about the health personnel working for the community				
Percentage of RDWs who prefer the medical officer of the public health system	0.0	1.6	0.8	1.6
Percentage of RDWs who prefer government nurse	2.4	25.8	10.1	5.6
Percentage of RDWs who prefer ANM	48.3	71.7	83.5	90.9
Percentage of RDWs who prefer ASHA	49.3	0.9	2.3	1.9
Percentage of RDWs who prefer AWW	0.0	0.0	1.5	0.0
Percentage of RDWs who prefer private doctor	0.0	0.0	0.8	0.0

When we analyzed the preference of RDWs regarding the health personnel, very few RDWs preferred the Government doctor. Only one RDW in Gonda and 2 each in Barabanki and Saharanpur preferred the doctor as a health personnel working for the community. No RDW preferred the doctor in Banda district.

Besides doctor, the most preferred health personnel in all the 4 districts were the ANM. In Sharanpur, 91% of RDWs preferred the ANM, 84% preferred in Gonda, 72% preferred in Barabanki and 48% of RDWs preferred in Banda. The Government nurse was preferred by 26% RDWs in Barabanki, 10% in Gonda, 6% in Saharanpur and only 2% in Banda district. The ASHA was preferred by 49% RDWs in Banda but only 2% each in Gonda and Saharanpur followed by only 1% in Barabanki. The private doctor and the AWW were the least preferred as only 2 RDWs in Gonda preferred the AWW and 1 RDW preferred the private doctor also in Gonda district.

Table 3. RDWs & services in their last pregnancy

Names of districts & Number of RDWs surveyed (n=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
Percentage of RDWs who availed various services during their last pregnancy				
Received TT injection	86.2	89.5	94.5	100
Received IFA tablets	98.3	96.7	92.9	98.3
Weighed	86.2	89.5	67.9	98.3
Blood pressure measured	84.6	4.8	17.1	70.9
Abdominal checkup done	89.5	67.7	37.5	94.3
Received supplementary nutrition	62.9	16.1	11.7	77.4
Participated in discussion on health or nutrition issues	0.0	0.0	4.03	13.7
Need specific IEC	0.0	0.0	0.0	8.8

Analysis of the various services received by RDWs during their last pregnancy was discussed in this section. Most of the RDWs in the 4 districts said that they received TT injections and IFA tablets. Among the TT injection, Banda district coverage was minimal among the 4 districts as only 87% RDWs said they received TT injections. Regarding weighing services, only RDWs of Gonda lagged behind as only 68% of RDWs said that they were weighed. In the other 3 districts, more than 85% of RDWs received this service. Only 5% in Barabanki and 17% of RDWs in Gonda said that their blood pressure was measured where as it was 71% in Saharanpur and 85% in Banda. Abdominal checkup was done for 94% of RDWs in Saharanpur and 90% in Banda. It was only 68% in Barabanki and 38% in Gonda district. Supplementary nutrition provided by ICDS was availed by only 16% of RDWs in Barabanki and 12% of RDWs in Gonda but by 77% in Saharanpur and 63% in Banda. This showed that AWWs were working poorly in Barabanki and Gonda districts in comparison to Banda and Saharanpur districts leading to poor maternal nutrition. Only 14% of RDWs in Saharanpur and 4% in Gonda said that they participated in discussions on health and nutrition issues. None of the RDWs in the other two districts participated in such discussions. As the discussions were not held so are the issue identification and addressing them were also not done. Only in Saharanpur, 9% of RDWs said that they received need specific IEC and no RDW received this service in the other 3 districts. This showed that the preventive health was all together neglected by the ASHAs as the RDWs were not participating in any discussion on health. Health related discussions in group meetings were one of the important activities that the ASHAs were supposed to do. As need specific IEC was done poorly, the main aim of the home visits was lost as RDWs were not receiving information that was actually needed and meant for them.

Table 4. Role of ASHA and other outreach worker in ANC services of RDWs

Names of districts & Number of RDWs surveyed (n= 500)	**Banda (n= 124)**	**Barabanki (n= 124)**	**Gonda (n= 128)**	**Saharanpur (n= 124)**
Percentage of RDWs who were aware or received messages related to ANC by health personnel during their pregnancy				
Two doses of TT injections				
Percentage of RDWs who could recollect the message	98.3	100	98.3	99
Percentage of RDWs who received this message from ASHA	98.4	89.5	78.9	99.2
Percentage of RDWs who received this message at home	98.4	87.1	68	98.4

The table number 4 is regarding the messages related to ANC given by health personnel to the RDWs during their pregnancy. The table also showed that RDWs who were aware of these messages and also received these messages by ASHA and at home. Three aspects were there for each message. The first was RDWs who could recollect the particular message, RDWs who received this message from ASHA and lastly RDWs who received the message at home.

The first message was regarding two TT injections. Almost all the RDWs in the 4 districts replied that they were aware of this message. However, only 79% in Gonda and 90% in Barabanki told that they have received this message from ASHA unlike the other two districts where most of the RDWs replied that they had received the message from ASHA. Only 68% of RDWs in Gonda replied that they had received this message at home unlike the other three districts where more than 85% of RDWs received the message at home.

CONCLUSIONS:

The above results showed that the profile of the ANC services of RDWs vary a lot across the districts. A study on evaluation of ASHA program in eight Indian states that included the state of UP in 2012 suggests that beyond provision of cash incentives, greater support be given to the provision of competency based training, health rights dimension, adequate supply of medicines, mentoring and motivation to the ASHAs (Sundararaman *et al.*, 2012). The process should also focus on involving all the stake holders and the ANC services of RDWs should represent all the various modalities optimally so that the heterogenicity regarding ANC care are better accepted and understood by the communities. This will help RDWs to be in focus so that maternal health also get priority. Data should be collected in large scale surveys on these parameters of ANC services of RDWs as they can give crucial information regarding maternal health. The inclusion of role of any type of personnel regarding ANC services will help in designing better outreach services regarding maternal health.

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