Cross Current International Journal of Medical and Biosciences
Abbreviated Key Title: Cross Current Int J Med Biosci
ISSN: 2663-2446 (Print) & Open Access
DOI: 10.36344/ccijmb.2021.v03i04.001

Volume-3 | Issue-4 | June, 2021 |

Original Research Article

Benefits of Using of IEC Materials by ASHA During Home Visits to Disseminate Newborn Care Messages in Uttar Pradesh, India

Dr. Tridibesh Tripathy[1*], Prof. Shankar Das[2]
[1]Public Health & Homoeopathic Expert, Subject Expert, Lucknow University, Lucknow, India
[2]Professor, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai, India

***Corresponding author:** Dr. Tridibesh Tripathy

| **Received:** 19.04.2021 | **Accepted:** 31.05.2021 | **Published:** 03.06.2021|

Abstract: ***Background:*** The article is about ASHAs appreciating the use of Information Education & Communication materials related to newborn care. Further, the focus is on the ways in which the ASHAs find these materials beneficial while using the materials for dissemination of newborn care messages. ***Objective:*** The objective of the current study is to explore the crucial variables of the benefits of the use of IEC materials as per the ASHAs especially on services related to newborn care. ***Methods:*** Four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted in the respective districts with the help of a pre-tested structured interview schedule with both close-ended and open-ended questions. In-depth interviews were conducted amongst the ASHAs and a total 250 respondents had participated in the study. ***Results:*** Monthly meeting platforms at the government facilities helped the ASHAs to be skillful to use the IEC materials. About 75% of ASHAs thought that the materials helped in giving the complete message. Very few ASHAs used the materials to reply to any health-related query during home visits. Less than 25% of ASHAs thought that the materials added to the credibility of the message and helped them to explain to illiterate households. ***Conclusion:*** IEC materials help them to recollect contents & give the complete message on newborn care. They could answer queries of community, felt that the materials added credibility to the message & they could address illiterate masses.

Keywords: ASHA, HBNC, IEC, home visits, CHW, NMR.

INTRODUCTION

In India, the Accredited Social Health Activists (ASHAs) are the community health workers that can potentially serve as a means of improving health outcomes for marginalized & vulnerable populations for various primary health conditions & improve referral system for improving utilization of health services [1]. Simple tools like effective use of community friendly Information Education & Communication (IEC) materials by ASHAs can help address primary health conditions while the ASHAs appreciate the benefits of the IEC materials. Instituted by the Ministry of Health and Family Welfare (MoHFW) as part of the National Rural Health Mission (NRHM) [2]. Following induction training, the ASHAs were given IEC materials on key health topics like newborn care so that they can use these materials for effective Inter Personnel Communication (IPC) and need based Information Education and Communication (IEC) during their home visits.

The ASHAs emerged in India's public health system during the launch of NRHM in 2005 in the state of Uttar Pradesh [3]. Provision of IEC materials have been a regular feature of all programs to roll out various programs of NHM. The ASHAs were in fact inducted to NRHM with the primary aim to roll out the JSY component of NRHM [3]. HBNC was also a major component of the work of ASHAs in UP through the roll out of the CCSP in 2007. In the initial phase, the emphasis was given on home-based newborn care, as the government of UP was rolling out the Comprehensive Child Survival Program that focused exclusively on Home Based Newborn Care (HBNC) model of WHO [4, 5]. With the efforts of the Vistaar project (2006-2012), the program implementation plan of NRHM of UP developed the prototype of various IEC materials on newborn care [6]. The ASHAs received the printed IEC materials from the NRHM through the district and block level health systems in UP. The ASHAs utilized the IEC materials to give need specific IEC on newborn care at household level as per

Quick Response Code

Journal homepage:
https://crosscurrentpublisher.com

Citation: Tridibesh Tripathy & Shankar Das (2021). Benefits of Using of IEC Materials by ASHA During Home Visits to Disseminate Newborn Care Messages in Uttar Pradesh, India. *Cross Current Int J Med Biosci, 3*(4), 42-45.

the guidelines of CCSP which was on the lines of the HBNC program of GOI that is based on the WHO model [5]. Subsequently, with the learning from HBNC roll out, the GOI developed the India Newborn Action Plan in 2014 [7]. Studies show that the survival of newborns is dependent on the home visits of the newborns especially in the first week of life [8]. It is the appropriate use of these IEC materials that makes these visits effective. It is significant to note that the Neonatal Mortality Rate in India is 28 where as it is 35 in the state of UP [9].

The community behavior tracking survey conducted in UP in 2015 also studied the use of these materials by ASHAs. It recommends qualitative improvement in the use of these materials so that it leads to effective interaction between the community and frontline workers like ASHAs [10]. Another study in 2012 states that ASHAs should be provided with pictorial job aides on specific topics and these should be easy to carry during their home visits. Although using job aides during home visits is a part of their roles and responsibilities, most of the ASHAs did not do this activity [2]. The evaluation study of the Comprehensive Child Survival Program mentioned above also emphasizes on the effective use of this newborn care-based IEC materials to build the capacity of ASHAs to do effective home visits in the state of Uttar Pradesh [5]. The current study done in 2017 examines the status of these IEC materials, process of using these materials, explores how the ASHAs have benefited from the materials and how they have used the materials in their home visits.

Data show that there is no information collected on use of IEC materials and particularly for ASHAs. They are a part of the other health personnel category. IEC materials are used by ASHAs during home visits. Out of 97,661 women in age group 15-49 years of age from whom information were collected in state of UP, only 12,031 met with a Community Health Worker (CHW) in last 3 months of pregnancy [11]. From this we can infer that ASHA being a CHW might have used IEC materials during these home visits during their pregnancy.

MATERIAL & METHODS

Research Material

The ASHAs were interviewed using an in-depth, open-ended interview schedule which included a section on variables on socio-demographic aspects, capacity building initiatives and home visits. Under the home visit section of the tool, the ASHAs were asked on the types of job aides (IEC materials) they received on newborn care issues and how they used and perceived the effectiveness and usefulness of these materials. The effectiveness and usefulness of these materials were seen in the context of the home visits done by the ASHAs.

Research Method

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 [12].

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. The figure 1 shows the four districts of UP in the map of the state of UP.

Fig-1: The four selected districts of UP (Source-GoUP, 2009)

Data Analysis

The data was analyzed using SPSS software to calculate the percentage values of ASHAs using these materials during home visits in the four study districts. The qualitative data related to the benefits of these job-aides was grouped into common thematic areas that emerged in the study which forms the basis of the ensuing results and discussion.

RESULTS

The use of IEC materials are done during home visits by ASHAs. There was a section on home visits by ASHAs in the research tool. The ASHAs were

asked whether they are able to use the materials during home visits followed by the benefits of using these job-aides during home visits and whether the materials have helped improved the quality of home visits.

Table-1- Percentage of ASHAs Reporting on the use of job-aides during home visits

Names of districts (N=250)	Banda (N=62)	Barabanki (N=62)	Gonda (N=64)	Saharanpur (N=62)
Able to use job-aides during home visits	98.4	100	83.5	100

The table 1 details out the percentage of ASHAs who are able to use these materials during home visits. It is seen that except in Gonda district, the ASHAs in rest of the three districts use the materials during home visits. About 17% of ASHAs in Gonda district were not able to use the materials during home visits.

Table 2- Percentage of ASHAs telling about the type of benefits of using the job-aides during home visits

Names of districts (N=250)	Banda (N=62)	Barabanki (N=62)	Gonda (N=64)	Saharanpur (N=62)
Types of benefits of IEC material	Banda	Barabanki	Gonda	Saharanpur
Complete messaging	77.4	29	76.5	79
Ease of counseling	11.2	22.5	54.6	9.6
Ready-reckoner for questions from beneficiaries	14.5	0.0	7.8	8.0
Improves credibility of message	17.7	25.8	9.3	12.9
Becomes easy to explain to illiterate clients	11.2	20.9	1.5	1.6
Pictures capture the attention of beneficiaries	30.6	19.3	14	67.7
Able to provide necessary treatment	1.6	0.0	0.0	3.22

Table 2 details the benefits of these materials as replied by ASHAs. When asked about the benefits of using job-aides, except Barabanki district where only 29% of ASHAs think that the IEC materials helped in complete messaging, more than 75% of ASHAs in rest 3 districts thought that the materials helped in giving the complete message. In Banda district, 55% of ASHAs thought that the IEC materials helped in easing the counseling whereas less than 25% of ASHAs thought the same in the rest three districts. None of the ASHAs in Barabanki district thought that the materials acted as a ready-reckoner to reply to questions of people at homes where as only about 8% of ASHAs in Gonda and Saharanpur, 15% of ASHAs in Banda thought alike. Less than 25% of ASHAs across the 4 districts thought that the materials added to the credibility of the message and helped to explain to illiterate households. If in Saharanpur about 67% of ASHAs thought that pictures helped to seek attention from people, less than 30% of ASHAs thought so in rest of the 3 districts. Only about 14% of ASHAs in Gonda thought of this use of the material. About 3% of ASHAs in Saharanpur, about 2% in Gonda and none of the ASHAs in rest 2 districts thought that they were able to provide necessary treatment.

The above results showed that the IEC materials are used by the ASHAs. The major problem is their availability with the ASHAs. The ASHAs also agreed that their home visits have improved both quantitatively and qualitatively as a result of using these IEC materials. The challenge lies in orientating ASHAs about the effective use of the IEC materials during home visits as the regular orientation method for ASHAs do not help the ASHAs. What is needed is the onsite orientation of ASHAs by the supervisors of the ASHAs. Learning how to hold a particular job-aide during the home visits is also critical. The training should also focus on carrying the particular IEC material needed for the particular home visit. This will help ASHAs to carry less IEC materials during home visits instead of carrying the whole lot of IEC materials issued to them. In short, the home visit planning should be in tune with the use of IEC materials. Most importantly, data should be collected on the use of IEC materials by CHWs in large scale surveys like NFHS as huge costs are incurred in the development and use of these materials.

DISCUSSION

Most of the ASHAs were able to use the IEC materials/job-aides during their home visits. Very few ASHAs used the materials to reply to any health related query during home visits and very few could provide necessary treatment at home. This meant that the medicines in the kit are not replaced timely and the ASHAs are not oriented on the use of the medicines periodically. This explained that curative care is not in line with the preventive care. The job-aides help in strengthening the preventive care. Further, the quality of the home visit suffers because of the unavailability of medicines and appropriate job-aides at the level of ASHAs.

CONCLUSION

While ASHAs value the use of IEC materials during home visits, their medicine kit is equally important during home visits. Availability of these two variables will strengthen the preventive and curative aspects of new-born care.

Limitations of the study

The study was only done in 4 districts of UP where as UP has 75 districts. Hence, the aspect of IEC material and home visits discussed in this article is only a reflection for the huge state and cannot be attributed to the entire state of UP.

ACKNOWLEDGEMENT

The lead author duly acknowledges the role of his Ph.D. guide for this article. The article is a portion of the Ph.D. thesis of the lead author where the co-author was the Ph.D. guide of the lead author at Tata Institute of Social Sciences, Mumbai.

The lead author also thanks the ASHAs and the people of UP who acted as respondents for the study as well as the persons who supported the lead author in data collection.

Conflict of interest: None declared.

Funding: No funding sources.

Ethical approval: It is to be noted that ethical approval is not required to publish this article.

REFERENCES

1. Das S, Cottler L B. (2017). Health Care System in India. In: Christian Aspalter KT. Pribadi RG, Eds. Health Care Systems in Developing Countries in Asia. 1st edition. Routledge, Taylor and Francis Group. New York, 31.
2. Dholakia RH, Bajpai N. (2011). Improving the performance of ASHAs in India, working paper No.1, working paper series. globalcentres.columbia.edu/South Asia. Available at: https://academiccommons.columbia.edu/doi/10.7916/D8988G63. Accessed on 24 January 2020.
3. GOI. (2015). About ASHA, NHM. Ministry of Health and Family Welfare; Update on the ASHA Programme, April, January. Available at: https://nhm.gov.in/index1.php. Accessed on 6 February 2020.
4. WHO bulletin. (2012). Home Based New born Care, Available on https://www.who.int/maternal_child_adolescent/documents/newborn/en. Accessed on 18.12.2019.
5. GoUP. (2013). Evaluation of Comprehensive Child Survival Programme under NRHM in Uttar Pradesh, Vimarsh, SIFPSA. Available at: https://upnrhm.gov.in/assets/site_files/monitoring_and_evaluation/PDF_CCSP_final_report_14.10.13.p df. Accessed on 2 February 2020.
6. Vistaar project (2013). Project close out report, Intra Health international, April, 2013, www.intrahealth.org. Accessed on 15.1.2020
7. India New-born Action Plan. Ministry of Health and Family Welfare. (2014). GOI. Available at: https://nhm.gov.in/images/pdf/programmes/inap-final.pdf. Accessed on 12 February 2020.
8. Sankar M.J. et. al., (2016). State of new born health in India, Journal of Perinatology, 2016; 36; S3-8.
9. Sample Registration System Bulletins, Ministry of Home Affairs. (2013). RGI, GOI. Available at https://censusindia.gov.in/vital_statistics/SRS_Bulletins/Bulletins.html.
10. UP-TSU (2015). IHAT, Community Behaviour Tracking Survey: Results of the first round, September 2015. Available on https://www.ihat.in/resources/the-uttar-pradesh-technical-support-unit-community-behaviour-tracking-survey-results-of-the-first-round/. Accessed on 13.2.2020.
11. International Institute for Population Sciences (IIPS) and ICF. (2017). National Family Health Survey (NFHS-4), India, 2015-16, Mumbai, IIPS, MOHFW, GOI.
12. Government of Uttar Pradesh. Economic Regions of UP. (2009). Available at: https://shodhganga.inflibnet.ac.in/bitstream/10603/169157/9/09_chapter%204.pdf. Accessed on February 2011.