

Use of IEC Materials by ASHAs During Home Visits to Disseminate Newborn Care Messages in Uttar Pradesh, India

Tridibesh Tripathy, DP Singh, Anjali Tripathy, Rakesh Dwivedi

Anjali Tripathy, Program Co-ordinator, WaterAid, Lucknow office, UP, India.

D.P. Singh, Professor, School of Research Methodology, Tata Institute of Social Sciences, Mumbai, India

Rakesh Dwivedi, Asst. Professor, Dept. of Social Work and Co-ordinator of Master of Public Health (Community Medicine) Course, Lucknow University, Lucknow, UP, India.

***Corresponding Author:** Tridibesh Tripathy, Tata Institute of Social Sciences, Mumbai, India.

email: tridibeshtripathy@gmail.com

ABSTRACT

The CHW engagement has a long history and is one key strategy to percolate health education to the masses. One such group of CHWs is the ASHAs instituted by the state as part of National Rural Health Mission of the Government of India for the grassroots health care delivery since 2005. The IEC related initiatives and empowerment of the local women to use the IEC materials effectively for education of large section of rural population on health issues. The current study explores some of the crucial variables of the health education issues related to newborn care which the ASHAs disseminate at household level during home visits. In order to do these home visits effectively, the ASHAs are provided with IEC materials as job aides. They use various IEC materials during these home visits in the state of UP to give need specific IEC to the household members.

The relevance of the study assumes significance as data on the use of IEC materials are not available even in large scale surveys like National Family Health Survey 4 done in 2015-16.

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 ASHAs and a total 250 respondents had participated in the study.

In order to give message on newborn care at home, ASHAs are supposed to use job-aides on newborn care. The common job-aide available in all the four districts was the medicine kit that was given to ASHAs. IEC materials across the four districts were not available with more than 90-95% of ASHAs.

Regarding the benefits of using job-aides, more than 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 across the 4 districts thought that the materials added to the credibility of the message and helped to explain to illiterate households.

The process of orientation of ASHAs for effective use of the IEC materials provided to them could be considered as a significant strategy in developing the need specific communication skills of ASHAs. The meetings and training platforms at the CHC or PHC are to be optimally utilized to improve the level of interpersonal communication skills during their home visits. The materials would be used properly if regular guidance, work related problem solving, record keeping and documentation of activities were discussed frequently.

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

INTRODUCTION

In spite of the current focus on the community health workers (CHW) program, there is a paucity of evidence with respect to CHWs' role in community participation through the communication skills. In India, the Accredited

Social Health Activists (ASHAs) are the community health workers instituted by the Ministry of Health and Family Welfare (MoHFW) as part of the National Rural Health Mission (NRHM) (Bajpai N, Dholakia R, 2011). Following induction training, the ASHAs were given IEC materials on key health

Use of IEC Materials by ASHAs During Home Visits to Disseminate Newborn Care Messages in Uttar Pradesh, India

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.

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). Provision of IEC materials has 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 (GOI, 2005). 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 (WHO, 2012 : GOUP, 2013). 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 (COP report, Vistaar, 2013). 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 the guidelines of CCSP which was on the lines of the HBNC program of GOI that is based on the WHO model (GOUP, 2013).

Subsequently, with the learning from HBNC roll out, the GOI developed the India Newborn Action Plan in 2014 (GOI, 2014). Studies show that the survival of newborns is dependent on the home visits of the newborns especially in the first week of life (Sankar, MJ, et. al, 2016). 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 (SRS, 2013).

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 (UP-TSU, 2015). 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 (Bajpai N, Dholakia R, 2011). 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 (GOUP, 2013). 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 Related to Newborn Care in NFHS 4, 2015-16

Table 1

Newborn care indicators in percentage	State level (UP)	Banda district	Barabanki district	Gonda district	Saharanpur district
Children born at home who were taken to a health facility within 24 hours of birth	0.8	1.8	2.2	0.0	1.4
Children under 3 years of age breastfed within an hour of birth	25.2	41.0	34.3	13.3	22.3
Children who received a health check after birth from a doctor/LHV/ANM/midwife/other health personnel within 2 days of birth	24.4	15.5	12.3	5.8	59.8

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 (NFHS 4, 2015-16, GOI). From this we can

Use of IEC Materials by ASHAs During Home Visits to Disseminate Newborn Care Messages in Uttar Pradesh, India

infer that ASHA being a CHW might have used IEC materials during these home visits during their pregnancy.

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

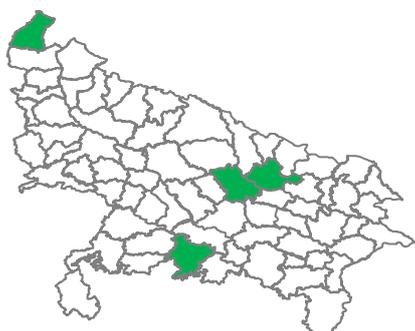


Table 2

Use of job-aides during home visits	Banda	Barabanki	Gonda	Saharanpur
% of ASHAs using these job-aides	3.2	1.6	16.1	4.8

In the following Table- 3, the status of the availability of types of IEC materials with the ASHAs regarding newborn care is detailed for the four districts.

Table3.

Percentage of ASHAs having the types of job-aides on newborn care				
Types of IEC material	Banda	Barabanki	Gonda	Saharanpur
Flip Book	4.8	9.6	6.2	0.0
Calendar	3.2	4.8	6.2	0.0
FAQ/Booklet	1.6	12.9	0.0	0.0

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.

Research Tools

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.

RESULTS AND DISCUSSIONS

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. Primarily, the ASHAs were asked about the type of IEC materials they had received from the public health system. This section was in tune with the type of IEC materials distributed to the ASHAs to disseminate newborn care messages. The ASHAs were also asked about the benefits of using these job-aides during home visits and whether the materials have helped improved the quality of home visits.

The following table shows the percentage of ASHAs using the job-aides during their home visits. The results clearly indicate the poor use across the four districts.

Use of IEC Materials by ASHAs During Home Visits to Disseminate Newborn Care Messages in Uttar Pradesh, India

Poster	16	6.4	9.3	3.2
Medicines	50	22.5	15.6	72.5
Any other	1.6	0.0	1.5	0.0

In order to give message on newborn care at home, ASHAs are supposed to use job-aides on newborn care. The common job-aide available in all the four districts is the medicine kit that is given to ASHAs. Only about 13% of ASHAs in Barabanki district have the FAQ/booklet on newborn care. All other IEC materials across the four districts are not available with more than 90-95% of ASHAs. This explained that curative

Table 4.

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

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. This meant very few ASHAs used the materials to reply to any health related query during home visits. 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. Although medicines is the job-aide that is significantly available with the ASHAs across 4 districts, only 3% of ASHAs in Saharanpur, about 2% in Gonda and none of the

care is the priority for ASHAs than 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 job-aides at the level of ASHAs. The following table details out the benefits of these materials as expressed by the ASHAs.

ASHAs in rest 2 districts thought that they were able to provide necessary treatment. 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.

CONCLUSIONS

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

Use of IEC Materials by ASHAs During Home Visits to Disseminate Newborn Care Messages in Uttar Pradesh, India

surveys like NFHS as huge costs are incurred in the development and use of these materials.

REFERENCES

- [1] Bajpai N, Dholakia R. (2011). Improving the performance of ASHAs in India, working paper No.1, working paper series, globalcentres.columbia.edu/southasia, 2011.
- [2] GOI (2015). Ministry of Health and Family Welfare; Update on the ASHA Programme, January 2015.
- [3] Government of Uttar Pradesh (2009). Planning Atlas of Uttar Pradesh; Area Planning Division, State Planning Institute, Planning Department.
- [4] Government of Uttar Pradesh (2013). Report on evaluation of Comprehensive Child Survival Program, NRHM, September, 2013.
- [5] UP-TSU (2015). Community Behaviour Tracking Survey: Results of the first round, September 2015.
- [6] Vistaar project (2013). Project close out report, Intra Health international, April, 2013, www.intrahealth.org
- [7] India New born Action Plan, Ministry of Health and Family Welfare, GOI, September, 2014
- [8] Sankar M.J. et. al., 2016; state of new born health in India, Journal of Perinatology, 2016; 36; S3-8.
- [9] WHO bulletin; 2012; on Home Based New born Care
- [10] National Family Health Survey, 2015-16, MOHFW, GOI.
- [11] Sample Registration System, 2013, RGI, GOI.

Citation: Tridibesh Tripathy, DP Singh, Anjali Tripathy, Rakesh Dwivedi "Use of IEC Materials by ASHAs During Home Visits to Disseminate Newborn Care Messages in Uttar Pradesh, India". *International Journal of Research in Humanities and Social Studies*, 5(5), pp.57-61

Copyright: © 2018 Tridibesh Tripathy, DP Singh, Anjali Tripathy, Rakesh Dwivedi,. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.