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DELIVERIES AS REPORTED BY ASHA AND RDW IN UTTAR PRADESH, INDIA

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INTRODUCTION

Worldwide there is growing significance in the community health workers (CHW) programme; however, is a paucity of evidence with respect to CHWs' role in community participation and facilitating home deliveries. 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 and Dholakia, 2011). They are the frontline workers who provide outreach services at the point of care, often in the patient's home. In case of any further need for additional diagnostic and clinical interventions, the patients are referred to the Primary Health Centers for the evaluation and treatment of a Medical Officer. The current study sees their role in deliveries that they reported and the role is seen especially for the home deliveries they reported.

Background of ASHAs

The ASHAs emerged in India's public health system during the launch of NRHM in 2005; the same pioneering impetus was witnessed in the state of Uttar Pradesh. Their induction training included the GOI-prescribed introductory module which includes a total of 8 training modules over a 23day training schedule.

In the initial phase, the emphasis was given on Janani Surakya Yojana, the program that aims to increase institutional deliveries and ASHAs were to escort the pregnant women to institutions like PHCs, CHCs, FRUs and District Hospitals for ensuring a safe delivery. Although ASHAs are appointed by Panchayati Raj Institutions (PRI), the ASHAs perceive themselves as incentive-based workers of the public health system; they do not link themselves with the PRI (Joshi, Mathew, 2012). The current study done in 2016 examines the status of the ASHAs in dealing with all the deliveries and explores how the ASHAs have dealt with the home deliveries as an application of the learning from the capacity building initiatives through the roll out of the training modules in their work.

The role of the ASHAs in deliveries can be gauged through NFHS and CES surveys. The proportion of institutional deliveries in India was around 40% in 2006 and it rose to 72% in 2009 (NFHS 3, CES, 2009). Further, UNFPA report says that in UP, 52.5% deliveries were home deliveries and ASHA spread awareness on JSY to 90.2% women in UP (UNFPA, 2009). A report of GOI on JSY mentions that the annual number of beneficiaries of JSY grew rapidly from 739,000 to more than 11 million during 2006 to 2011 period (GOI, 2011).

However, despite all these efforts to increase institutional deliveries, there were about 40% home deliveries with a range from 7.7% to 63% in all the EAG states that includes UP. Reasons opted for home deliveries included limited access to transport, poor service quality, high costs in institutions and cultural preferences (Ved R, et.al, 2012). It was also seen that JSY efforts did not have a significant association between institutional birth proportion and MMR (Randive B, et.al, 2013). The current Maternal Mortality Ratio in UP is 201 where as in India it is 130 (SRS, 2019).

Hence the study assumes significance as it triangulates the information given by the ASHAs on deliveries with that of the mothers.

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. Similarly, 2 mothers having a child in the age group of 3 to 6 months of age during the time of survey were selected from each of the ASHAs thus covering 500 Recently Delivered Women (RDW). The data was analyzed using SPSS software to calculate the percentage of ASHAs for each of the categories. Descriptive statistics like mean and standard deviation were also calculated based on the variables. The quantitative data 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 and RDWs were interviewed using an in-depth, open-ended interview schedule separately which included various sections on variables on socio-demographic, activities by ASHAs and services and messages availed by RDWs. The flow of the interview schedules had the identification particulars of the ASHAs and RDWs in the first section. The next sections revolved around the knowledge of ASHAs and RDWs on newborn care followed by the application of these learning in their lives.

RESULTS AND DISCUSSIONS

This section has five tables out of which table 1.1.0 is a descriptive statistical table based on table 1. Table 4 is a summary table based on table 1,2 and 3. The discussions related to each table is given below the tables.

Table 1: Total number of deliveries and those accompanied by ASHAs in last 3 months preceding the survey in the coverage area of ASHAs.

Names of the districts (Total number of ASHAs=250)	Banda (Number of ASHAs= 62)	Barabanki (Number of ASHAs=62)	Gonda (Number of ASHAs=64)	Saharanpur (Number of ASHAs=62)
Total number of deliveries	512	431	438	391
Number of institutional deliveries	466	390	347	358
Number of institutional deliveries accompanied by ASHAs	456	390	347	358
Number of home deliveries	46	41	91	33

Out of the total number of deliveries in last 3 months in each district, as reported by the ASHAs, the percentage of home deliveries were 9% in Banda, 9.5% in Barabanki, 20.7% in Gonda and 8.4% in Saharanpur. This showed that the ASHAs of Gonda had the maximum work load as all the modalities of a safe home delivery was to be addressed by ASHAs. The rest were the institutional deliveries which meant that out of the four districts, Gonda had the least number of institutional deliveries.

However, all these institutional deliveries were accompanied by ASHAs in all three districts except Banda where 2% of these institutional deliveries in the district were not accompanied by ASHAs. Banda district had the maximum number of deliveries followed by Gonda, Barabanki and Saharanpur respectively. The table below gave the descriptive statistics like mean and standard deviation related to the indicators mentioned in the table above.

Table 1.1.0.

Names of districts	Institutional deliveries	Home deliveries	Institutional deliveries accompanied by ASHAs in last 3 months
Banda Mean	7.52	1.53	7.52
N	62	30	62
SD	4.152	0.507	4.152
Barabanki Mean	6.39	1.41	6.39
N	61	29	61
SD	3.480	0.733	3.480
Gonda Mean	5.51	2.60	5.51
N	63	35	63
SD	2.681	1.769	2.681
Shpur Mean	5.77	1.43	5.77
N	62	23	62
SD	2.639	0.728	2.639
Total Mean	6.29	1.80	6.29
N	248	117	248
SD	3.365	1.219	3.365

Table 2: Natal Care of RDWs.

Number of RDWs surveyed (n= 500)	Banda (n= 124)	Barabanki (n=124)	Gonda (n= 128)	Saharanpur (n= 124)
Percentage of RDWs replying about who conducted their last delivery				
Doctor	2.4	1.6	5.5	4
ANM/Nurse	95.2	96.8	89.1	96
Untrained TBA	2.4	0.8	3.1	0.0
Adult family member	0.0	0.8	2.3	0.0

The above table was on the natal care of RDWs where the activities surrounding the delivery were discussed. The first part was on the person who conducted the delivery. In all the 4 districts, more than 89% of the deliveries were conducted by the ANM/nurse. Following nurse was the doctor who conducted about 5% of deliveries in Gonda and 4% in Saharanpur. For Banda it was 2.4% and in Barabanki it was 1.6%. The next category was the untrained TBA who had conducted 3% deliveries in Gonda, 2.4% in Banda and about 1% in Barabanki. About 1% deliveries in Barabanki were conducted by adult family member and as expected in the most developed district of Saharanpur no deliveries were conducted by adult family members where as it was 2.3 in Gonda. This showed that Gonda had 5.4% high risk deliveries. In Banda it was 2.4% and Barabanki followed with 1.6%. In the discussions above, ANM had been the preferred worker and the average contact of ANM with RDWs was 3 during pregnancy which was just next to ASHA. That's why most of the deliveries were also conducted by the ANMs.

Table 3: Percentage of RDWs Replying About the Place of Delivery.

Names of the districts (Number of RDWs surveyed=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
Own home	2.4	4	4.7	0.0
Government hospital	0.0	3.3	0.8	0.0
Government dispensary	4.	2.4	4.7	4.8
PHC/UHP/UFWC	12.1	35.5	36.7	4.1
CHC/ rural hospital/clinic	81.5	54	50	91.1
Private hospital/clinic/maternity home	0.0	0.8	3.1	0.0

The data on the place of delivery showed that most of the deliveries were conducted in the CHCs. 91% deliveries were in CHC in Saharanpur, 81% in Banda, 54% in Gonda and 50% in Banda. The second place was the PHC which had 37% in Gonda, 35% in Barabanki, 12% in Banda and 4% in Saharanpur. Government dispensary was the place for 5% deliveries each in Saharanpur and Gonda, 4% in Banda and 2% in Barabanki. Government hospital was the place for 3% deliveries in Barabanki and 1% in Gonda. Similarly 3% deliveries in Gonda were conducted in private hospital and 1% in Barabanki was also conducted in private hospital. 5% RDWs in Gonda and 4% in Barabanki had home deliveries. 2% RDWs had home deliveries in Banda and Saharanpur did not have any home deliveries. This showed that most of the RDWs across the 4 districts were conducting their deliveries in public health facilities. Except Banda and Saharanpur districts, the data for home deliveries did not match with the data regarding deliveries conducted by untrained personnel. The deliveries conducted by untrained personnel should have matched with the data on home deliveries as deliveries conducted by untrained personnel are also treated as home deliveries.

Table 4: Summary table using data from the above tables.

Names of districts	Banda	Barabanki	Gonda	Saharanpur
Percentage of home deliveries as told by ASHAs	9	9.5	20.7	8.4
Percentage of home deliveries as told by RDWs	2.4	4.03	4.6	0
Percentage of home deliveries conducted by untrained personnel as told by RDWs	2.4	1.6	5.4	0

From table 1, the number of home deliveries as reported by ASHAs have been converted into percentages in the first row of this table. This shows that these were the deliveries that the ASHAs have missed. As they missed out, the ASHAs did not follow up on those deliveries there by missing in the planning of these deliveries where trained personnel should have conducted the delivery. The planning should have been done with the family members.

The second row of this table is as per the first row of the table 3. The third row of this table is from the last two rows of table 2. Both the variables have been added up under the category of untrained personnel. Further, this shows that the home deliveries in three districts except

Saharanpur were the high risk ones where the ASHAs of Gonda district had the maximum percentage of high risk deliveries.

CONCLUSIONS

The above results showed that the JSY scheme is yet to reach its full potential. The incentive based JSY motivates ASHAs to escort the pregnant women to facilities for institutional deliveries. This is the reason why they leave out the home deliveries further risking those deliveries. To add to that, the ASHAs are yet to escort all the deliveries in their catchment area to a facility. It is appropriate that the health system elicits the reason for increasing number of home deliveries in spite of the cash driven JSY scheme.

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