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Perception of recently delivered women about the performance of asha in Uttar Pradesh, India

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Abstract

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 (GOI, 2005, GOUP, 2013). 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 (GOUP, 2013). The current study explores some of the crucial variables on the performance of ASHAs & grading of their performance based upon the perception of the Recently Delivered Women in the state of UP. The mothers responded about the performance based upon their experience in Janani Surakya 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 in a position to recollect the health care events of their children. The relevance of the study assumes significance as data on the perception details followed by grading of the health personnel's performance is usually not collected. Such responses on perception & performance grading by community are not the focus in very large-scale health surveys. It is important to note that social audit is an integral part of the National Health Mission document but it is not prioritized. 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 talk about their perception on ASHAs & also grade them as per their performance. Here also it is seen that usually, the trained 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 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 both close-ended and open-ended questions. These in-depth interviews were conducted amongst the RDWs and a total 500 respondents participated in the study.

The results reflected that majority of the RDWs across the 4 districts believed that the ASHA did not know about her work totally. Further, the RDWs also responded that ASHA needed to communicate the messages with respect and dignity while visiting RDWs at their homes. Regarding grading, very few RDWs across the four districts graded the ASHA's performance as poor while only 1% of RDWs in Banda district graded the performance of the ASHAs as very poor.

Keywords: asha, RDW, perception, social audi

Introduction

The current study focused on the responses of RDWs who were selected from the catchment area of ASHAs (Accredited Social Health Activist). Perceptions of RDWs about the performance of ASHAs & subsequently grading of the

performance of ASHAs by the same RDWs are the central focus of the study. Hence, it is prudent to mention about studies that mention about perceptions of community members or mothers about the performance of health personnel.

About Social Audit

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 (GOI, MORD, Aug 2016) [6]. 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 (Puri, Lahariya, 2011) [8]. It is the aspect of social audit that the current study deals with the perceptions & gradation of RDWs about 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 (GOUP, 2012). 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 (Deoki N, 2010).

RDWs & their feedback in UP

The ASHAs emerged in India's public health system during the launch of NRHM in 2005 in the state of Uttar Pradesh (GOI, 2005) [2]. 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 (GOI, 2005) [2]. 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. As the study dealt with performance of ASHAs in UP through the perception of RDWs, the following paragraphs discuss some studies on ASHAs where their performances are socially audited by community members.

A study on evaluation of ASHAs in 2013 in UP has a section on acceptability of ASHAs in the village community. Under this section, through the response of the Eligible Women (EW) it mentions 6 indicators out of which perception of the EW on the performance of ASHAs is one of the indicators. The first indicator indicates that 98.97% of EWs responded that the ASHAs visit the houses of all religions & castes. Following that, 99.65% of EWs told that ASHAs understand their role in the communities. Similarly, 98.4% of EW reported that ASHAs meet them while 99.8% shared that ASHAs share cordial relationship with village community. To add to that, 97.6% EWs replied that ASHAs are co-operative & are easily approachable to the community. The sole indicator on perception reflects that 98.2% of EWs agree that the ASHAs perform a satisfactory role in the promotion of health among the community (GOUP, ASHA evaluation

Report, Vimarsh, 2013) [1, 4]. The evaluation report of Comprehensive Child Survival Program (CCSP) of UP mentions about the perceptions of ASHAs about the quality of the CCSP training & the ANM's perception on the level of the knowledge of ASHAs regarding counseling to mother & newborns as per the protocol of the CCSP program (GOUP, CCSP report, 2013) [1, 4]. It does not mention the perceptions from the angle of the user group i.e. the mothers in the 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 (Sanghita B et. al, 2018). The Rapid Survey on Children (RSOC) in UP mentions about only awareness among mothers on services but it does not mention perceptions (RSOC, UP, 2014). Similarly, NFHS 4 report also does not mention any aspect regarding perception of mothers about the health personnel or the availed services (NFHS 4, 2016). Here, it is noted that among the above-mentioned studies, only the CCSP evaluation study dealt in data that the current article focuses upon. It substantiates the importance of the current study further.

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. 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.

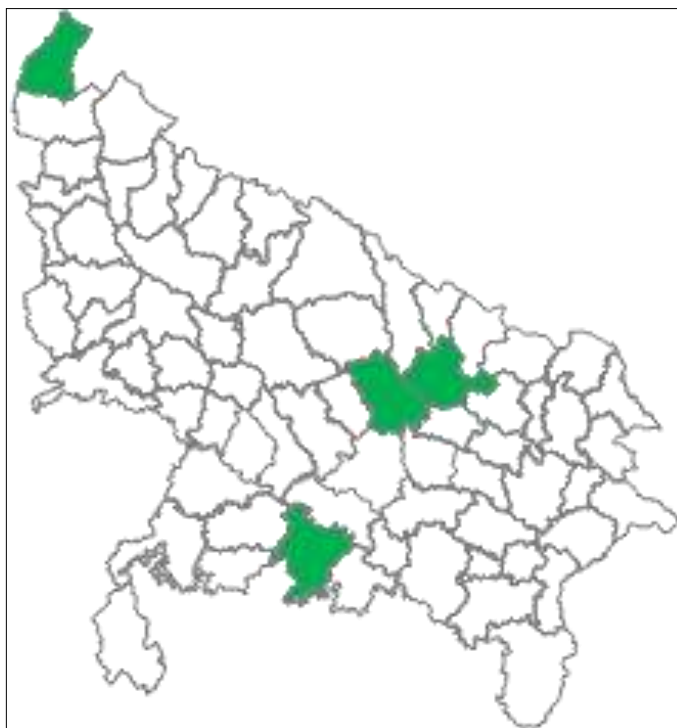


Fig 1

Data analysis

The data was analyzed using SPSS software to calculate the percentage of RDWs who gave feedback based up on their perception about the work of ASHAs. Further, the percentage of RDWs were also calculated who graded the performance of ASHAs based upon the performance of ASHAs. The quantitative data related to the details of both these type of responses forms the basis of the results & discussions section of this article. The reference period of these responses was their entire experience & contacts with the ASHAs & they were selected as respondents of the current study. Five hundred RDWs were the respondents for the study in 4 selected districts of UP.

Research tool

The ASHAs were interviewed using an in-depth, open-ended interview schedule which included a section on the natal & postnatal care. This is the fourth section of the RDW research

tool. The article deals with two questions of the tool. There are two aspects here where the first one is the response of RDWs about their perceptions on the work of ASHAs & the second response is about the grading of the performance of ASHAs. Both these aspects were seen in the context of the entire experience & contacts of the RDWs with the ASHAs. Five hundred research tools were used for the study 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

There are two tables in this section. The first table is regarding the perception & the second table is on the gradation. The perception & gradation are of the RDWs who responded on the performance of ASHAs using their experience with ASHAs.

Table 1

Percentage of RDWs replying about their perception regarding the role of ASHAs				
Names of districts & Number of RDWs surveyed (N=500)	Banda (N=124)	Barabanki (N=124)	Gonda (N=128)	Saharanpur (N=124)
Knows about her work	5.6	2.4	2.3	3.2
Friendly and approachable	94.4	97.6	96.2	96.8
Respectful and dignified	0.0	0.0	1.5	0.0

Across the 4 districts, RDWs were asked about their perception about the role of ASHAs. More than 94% of RDWs replied that ASHA was friendly and approachable in her role. Only 6% RDWs in Banda, 3% in Saharanpur and 2% each in Barabanki and Gonda districts replied that ASHA knew about her work. This showed that majority of the RDWs across the 4 districts

Believed that the ASHA did not know about her work totally. Only 2% in Gonda perceived that she was respectful and dignified in her work. This showed that while ASHA was friendly and approachable, the knowledge of ASHAs regarding their work needed improvement and she needed to communicate the messages with respect and dignity while visiting RDWs.

Table 2

Percentage of RDWs grading the performance of ASHAs as per their perception				
Names of districts & Number of RDWs surveyed (N=500)	Banda (N=124)	Barabanki (N=124)	Gonda (N=128)	Saharanpur (N=124)
Very good	12	6.4	14.8	32.3
Good	80	79.8	75.9	64.5
Fair	6.4	13	7	3.2
Poor	0.8	0.8	2.3	0.0
Very poor	0.8	0.0	0.0	0.0

The RDWs were also asked to grade the performance of ASHAs. 80% RDWs each in Banda and Barabanki, 76% in Gonda and 65% in Saharanpur told that the ASHAs had Good performance. 32% in Saharanpur, 15% in Gonda, 12% in Banda and 6% in Barabanki graded ASHA's performance as very good. 13% in Barabanki, 7% in Gonda, 6% in Banda and 3% in Saharanpur graded as fair. On the other side of the grading, 1% RDW each in Banda and Barabanki, 2% in Gonda graded the ASHA's performance as poor while only 1% in Banda graded as very poor for the performance of the ASHAs.

Conclusions

The above results showed that the feedback of the RDWs on the work of ASHAs through their perception is poor across the four districts. They also responded that the ASHAs need to deal with RDWs with more respect & dignity while visiting their homes. The RDWs also responded that the ASHAs need to upgrade themselves to learn about their work. The major problem is that large scale studies do not focus on the response of the user groups like the mothers or other community members.

The perception of RDWs 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. The process would make the referrals effective & timely there by improving the performance level & grading of ASHAs through the eyes of the mothers.

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