

ASHA and ANM : Torch bearers in promoting maternal health care services in the Hingoli district, Maharashtra state India.

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Abstract:

Background; the aim of this study was to assess role of ASHA and ANM in creating awareness and promote pregnant mother to utilize government health services for safe motherhood. Method:-A cross sectional study was conducted among 120 mother selected by simple random sampling from Dist hospital of hingoli dist.of Maharashtra to capture service and provision at grass root level and its utilization. Result:-During antenatal period any pregnancy concern issue, 65.86% reached to nearby Government Health Facility with ANM, ASHA workers' assistance.44.20% mother sought the ASHA workers' support after active labour pain gets started. Source information about government scheme like PMSMA, PMMVY,etc. preferably ASHA and ANM. Conclusion:- ANM and ASHA play a key role during all the essential phases of pregnancy. both are torch bearers in promote social awareness, improving knowledge and primary care during critical time of pregnancy play as first contact person, but routine checkup, proper testing, and transportation to facility level need improvement.

Keywords:- ASHA & ANM, government health services, safe motherhood, promoting maternal health.

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I. Introduction

Community Health workers play a vital role in implementing different health care program to the interior communities and then spread awareness about various schemes and services. The active role is play by Auxiliary nurse midwife (ANM) and Accredited Social Health Activist (ASHA). They are the play a key role in implementation any government program at community level and as the grass-roots workers in the health organization pyramid. In 2005, the National Rural Health Mission (NRHM) was launched, which focused on improvising primary health care in villages and further increased the importance of the ANM and ASHA as a link between health services and the community. In same year 2005, India launched the accredited social health activist (ASHA) program as a key component of their National Rural Health Mission to strengthen delivery of health services in rural area. ASHA program process to selection of one woman per village which caters a 1000 population(1).

ANMs and ASHA workers are expected to be multi-purpose health workers. The work includes maternal and child health along with family planning services, health and nutrition education, efforts for maintaining environmental sanitation, immunization for the control of communicable diseases, treatment of minor injuries, and first aid in emergencies and disasters. Information on existing health services and the need for timely utilization of health & family welfare services. Maternal and child health care is one of high priority task for health dept of Maharashtra. Government implemented national health mission with biggest objective in concern of continuous improvement in quality of health care services for mother and baby also to reduce maternal mortality and neonatal mortality rate. Maharashtra state where most of population living in rural area, remote location, and distance location from centre point of any district. District where all kind of health facility available for family.

National Health Mission providing quality of infrastructure, human resources, volunteers, and other required resources supply. Women during antenatal period approach to health facility and proper seeking care for better of her and her baby. Government.trying to serve mother till door step with service's like medical check-up, investigation, counseling, different program and its benefit during antenatal period (2). Still we are facing Maternal and child health is biggest challenge in Maharashtra by means of service acceptance, her power of choice, service provision by provider, social acceptance of service, etc (3)(4).

Instead of availability all kind of service for mother and family still facing issue like lack of awareness about service available, program available like JSY, JSSK etc, delayed approach for medical check-up, testing,

time of approach to health facility etc (5).Single maternal death result future fertility loss and this single loss a big loss for integrity of family.

According to NFHS-4 Maharashtra state report 2015-16, basic requirement is ANC registration for case tracking, as per report 93.1% were registered pregnancy out of this only 85.8% were register in 1st trimester remaining are register later on. Percentage with ANC visit in the first trimester of pregnancy is only 67.6%. Percentage who had four or more ANC visits is 72.2%.(6) District hingoli concern Percentage with ANC visit and check up in the first trimester of pregnancy is only 64.6% and Percentage who had four or more ANC visits is 63.7%(7).

As per above communication between grass root health care worker and pregnant mother will effective from early registration to time delivery. Effectively of all this events enhance by means of knowledge and utilization of health services during ANC period. Improvement of mother's knowledge, its importance and utilization of same service in given time to mitigate complication and further delay. This study will find out knowledge about health services and source of information and their utilization for better outcome and needs. Study was conducted specially in Government health facility where delivered women admitted in post-natal care unit with live newborn.

II. Material And Method

Government district hospital having special obstetric unit equipped with all kind of obstetric requirements was selected for study. District hospital is tertiary care unit where many more patients from periphery are referral for further care. Written permission was sought from chief medical officer-designation civil surgeon of district hospital permission includes for data collection, confidentiality of information and data analysis other requirement for study. Meanwhile a structured questionnaire was designed based on the different literature review, Government. Scheme and program, Indian Public Health Standard guidelines. After receiving permission from chief medical officer of district hospital the questionnaire was pre tested in post natal care ward of another sub district hospital of other block in same district.

Sampling Method: - 120 sample size intimated according to average population size of PNC ward per month. Non response and error additional 10% added. Every month 40 sample interview and data collection was done. Simple random sampling method used for this study. This study conducted in Government tertiary health care hospital having two different postnatal care units with 30 beds capacity. Normal delivery mother admit for three to four day in PNC ward. One ward selected by using simple random method. Data collection was done on every successive 4th day, maximum 6 mothers selected as sample. interview for data collection done with prior verbal consent in presence of 1st degree relative of mother. Paper based questionnaire are administered throughout the data collection. Collected data was entered to MS Excel and saved in a safe location to ensure confidentiality of patient information. All the cross tabulation analysis part was done in SPSS.

III. Result

Study total respondent's 120 mothers, within this majority are under age group of below 25 year (58.30%) year youngest mother is 19 year of age. Mothers between 26-30 age groups are 30% and remaining 11.7% belongs to more than 31 years of age. Study states that educational status of mother's majority having secondary education, and only 17.50% of mother have are primary educated and 15.83% are illiterate mothers. In concern to the parity in study 39.17% mothers had first time experience of pregnancy called primigravida and delivered a baby and 34.17% of mother had second time parity experience and remaining 26.66% are multigravida mothers. Parity rises according to age of mother and her experience regarding needs during pregnancy. 39.17% primigravid mothers in which majority are less than 25 year of age are special focus group mother needs special attention from health worker in which ANM provided clinical testing or risk finding whereas social health activist called ASHA supported by providing Respectful maternity care.

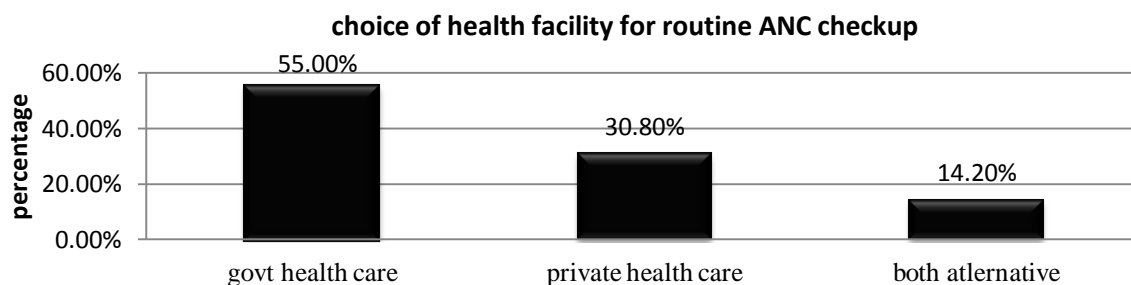
Table -1demographic and parity of pregnant women under study

Age Group (In Year)		Education		Parity	
Variable	Frequency	Variable	Frequency	Variable	Frequency
18-21	29(24.2)	Primary Education	21(17.50%)	Primigravida	47(39.17%)
22-25	41(34.2)	Secondary	57(47.50%)	Second parity	41(34.17%)
26-30	36(30.0)	Higher Sec	23(19.20%)	Multi Para	32(26.66%)
>31	14(11.7)	Illiterate	19(15.80%)	Total	120(100%)

Preference for contact person during ANC

Choice of health facility for routine checkup 55% of mother choose government health facility where ASHA, ANM and medical officer providing services. Whereas 30.8% prefer for private health facility during her pregnancy. But delivery conducted in Govt. health facility About 14.20% of mother in pregnancy prefer government or private later on shifted to any one on her or family member choice either private or government health facility.

Figure no.1: choice of health facility for routine ANC checkup



At least one or more testing done during ANC period

Study shows 90.8% respondents done at least one or more times sonography testing during antenatal care period, but remaining 9.2% are missed for testing. Sonography in pregnancy period for rule out congenital anomaly and malfunction for take appropriate early medical intervention to save mother as well as baby in womb. 92.5% of women did their routine blood test at any of health facility and a 7.5% woman’s not done her routine blood test to rule out anemia or any other. 75.8% respondents done her urine examination and 24.2% fail to identify or rule out high risk pregnancy like Eclampsia and Pre-Eclampsia, etc during her antenatal care period.

Table -2 test perform during antenatal period

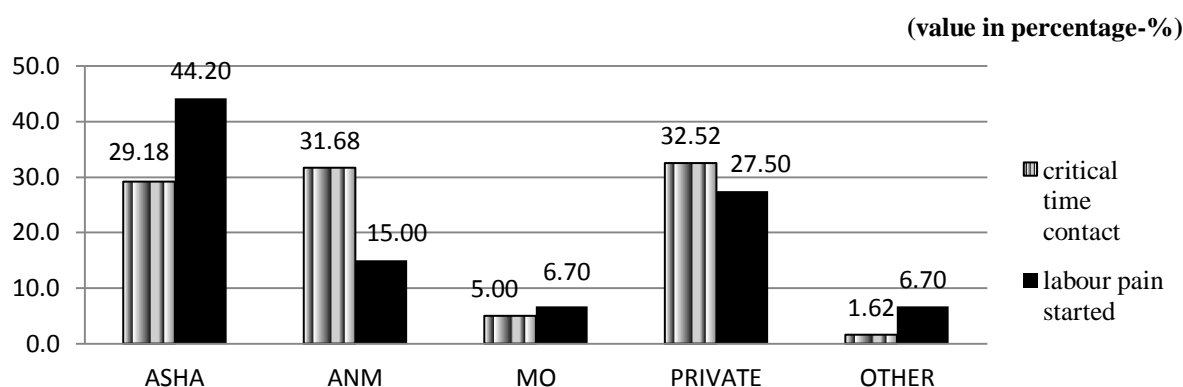
Response	Blood Test	Urine Test	Sonography
	Frequency	Frequency	Frequency
Yes	111(92.50%)	91(75.80%)	109(90.80%)
No	9(7.50%)	29(24.20%)	11(9.20%)
Total	120(100%)	120(100%)	120(100%)

Preference for contact person during any issue concern of pregnancy and labour pain started

According to choice of first contact person during any issue in concern of pregnancy like per vaginal discharges, abdominal pain, chest discomfort, vertigo etc during antenatal period majority prefer to contact nearest government health care provider like ASHA, ANM, than that of private facility. Collectively government health care provider having contact during pregnancy related issue by respondent is 65.86%. Majority of them 60.86% contact to ASHA and ANM. Whereas for same concern only 32.52% pregnant women visited to private health facility.

Majority of pregnant women and her family members contacted ASHA and ANM during active labour pain get started which contributes around 59.20%. ASHA first contact with pregnant mother is 44.2% during active labour pain. During pregnancy period any concern issue contacted to ASHA as a first contact person and during intrapartum period ANM role is also well credited. ANM and ASHA workers share equal credit in providing the services during antenatal period as well as during labor pain get started.

Figure no.2: choice of Contact person during need of care



Program for pregnant women & source of information according to parity

Pradhan Mantri Matru Vandana Yojna is incentive support program only for Primi mother aim to improve number of ANC visits and fully immunization of child during PNC care. Majority of respondent about 53.19% got information about this program from ASHA. ANM Also play important role next to ASHA about 17.02% respondent got information from ANM. Collectively health care worker or health activist at grass root level play an important role about 70.21% of respondents got information about PMMVY from ANM & ASHA only 14.89% of Primi mother unaware about program. Pradhan Mantri Surakshit Matritva Abhiyan program serve service like early registration, testing, treatment, counseling and all needful during ANC to all gravid mothers. Here also basic source of information is ASHA & ANM about 59.17% as per response. Out of this 44.17% mother got information from ASHA but 37.50% respondents are unaware about this program. In case of free referral transportation services like pick up and drop back for pregnant mother before and after delivery, this study shows only 37.50% of respondents know about this service from ASHA worker. Next is 34.17% of respondent got information about this from other which include mass media, television, radio, newspaper, mahila mandal, self-help group, community member, local governing body, etc this group also play an important role in this concern.

Table no3:-program wise source of information to pregnant women

Name of Program	Source of information				
	ASHA	ANM	MO	OTHER	Unaware
PMMVY (n=47)	53.19%	17.02%	4.26%	10.64%	14.89%
PMSMA (n=120)	44.17%	15.00%	0.83%	2.50%	37.50%
Free referral (n=120)	37.50%	5.00%	0.83%	34.17%	22.50%

IV. Discussion

Quality service provision in maternal health has been one of most important components of the health and family welfare program of India. Maternal care starts from conception to post natal care. Initially most of time women after missing regular menstrual period visited any nearest health facility or service providers like ANM, ASHA etc or self detection of pregnancy by using rapid detection kit. Later on approach to health care provider and early registration of pregnancy, linkage with local health care provider for regular counseling, information, advice and proper treatment for mother. During antenatal care period proper knowledge, service utilization and bonding with health care provider resulted safe delivery and healthy baby.

This study show 55% mother's were register and choose government health facility and 30.80% choose private health facility for further care. The same study carried out by *Bhimani NR et al.* found Out of total women who had registered, 63.27% were registered at the government health facility and 36.73% at the private health facility for further care during pregnancy(8).

This study shows 60.82% pregnant mother during any pregnancy related issue approach to service providers like ANM, ASHA, related finding also found in study carried out by Nomita chandhiok et al. found that nearly 73.9% pregnant women who had gestation of more than 4 month had at least one antenatal contact with the ANM or had visited any govt health facility during pregnancy or problem's during pregnancy(9).

This study shows that 44.20% of mother contact to ASHA during active labour pain get started, related finding done by Mane Abhay B and Khandekar Sanjay V on strengthening PHC through ASHA worker observed that 70% if institutional deliveries were motivated and facilitated by ASHA. (10)According to study conducted by Pooja L. Paul and Shanta Pandey on factor influencing institutional delivery and role of ASHA observed that community health worker like ASHA are key to bridging the gap between health service and utilization by pregnant women(11).

Financial supportive different kind of scheme implementation by state or national for promotion healthy antenatal period and safe institutional delivery. This study shows that under Pradhan Mantra Matru Vandana Yojana providing financial support to pregnant women, this study reveal about 70.20% of mother know about this program from community health activist like ANM, ASHA. Financial support improves in utilization of health facility for quality of antenatal and post natal care for mother. As per study conducted by *Kranti Suresh Vora et al* on predictor of maternal health service utilization observed that effort need to make to increase the use of demand side maternal health financial scheme in the target oriented(12).

This study shows that community health activist called ASHA and ANM are torch bearer for mother and her family during her pregnancy till completion of post natal period.

V. Conclusion

Health care to all, although it is very broad concept but health structure and services provision from central to grass root level with all require resources still biggest challenges. NHM strengthening all health facility to serve all kind of health services to all, but most of marginal, low income, remote location resident people, facing difficulty for access, these services. Government try to serving all this services to the difficult location people though ASHA and ANM as they play important role in maternal care, child health, national program, etc. but strengthening to this care provider in term of incentive, require resources, social support etc. This study show ASHA and ANM they play important in maternal care in term of counselor, care provider, mental support like birth companion, etc they play important role like torch bearers.

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