ORIGINAL RESEARCH PAPER

Medical Science

Maternal Health Services Received by Tribal Women from ASHAs (Accredited Social Health Activists) in Wayanad District, Kerala

KEY WORDS: ASHA, tribal women, maternal health services, perception

Julee Joseph* PhD scholar Dept.of Political Science and Development Administration Gandhigram Rural Institute-Deemed University Dindigal district, Tamil Nadu-624302 *Corresponding Author

Dr.A.Celine Rani Professor Dept.of Political Science and Development Administration Gandhigram Rural Institute-Deemed University Dindigal district, Tamil Nadu-624302

ABSTRACT

Government of India launched National Rural Health Mission (NRHM) in 2005 to address the primary health needs of rural population, especially the vulnerable sections in the community. The new band of health volunteers namely Accredited Social Health Activists (ASHAs) under NRHM form a link between the community and the health system. Among the various responsibilities, ASHAs are expected to provide certain basic services to women during pregnancy, delivery and post delivery period. This descriptive study was undertaken with the objective of identifying the services received by tribal women from ASHAs during their last pregnancy and child birth and the perceptions of these women about ASHAs' services. Data were collected by interviewing a sample of 200 tribal mothers from a selected health block in Wayanad district. The results depicts that all these women were visited by their ASHA at their house during their last pregnancy. The services received by the tribal women during their last pregnancy were somewhat adequate to meet the maternal health needs during pregnancy. But the services received at the time of delivery and post natal period was not adequate. 69 percent of tribal mothers have positive perception about the services given by ASHAs. More concerted efforts are required to improve the provision of maternal health services to tribal women through ASHAs.

Introduction

Health status of the under privileged and marginalized population in many parts of India is very poor. Health care facilities are mainly concentrated in urban areas depriving the majority of rural people of even minimum basic health services (Park, 2015).

In order to cater to the vast majority of rural population with basic primary health services, Government of India launched the National Rural Health Mission (NRHM) in 2005.

The fulcrum of NRHM is Accredited Social Health Activist (ASHA) at the village level, who will work with the village level resource team in providing preventive and promotive health care services. ASHAs are local women trained to act as a link between their own community and the health system. ASHA will be the first person to contact for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. ASHA will counsel women on various aspects of mother and child care, mobilize mothers and facilitate them in accessing various services available at Anganwadies, subcentres and primary health centers (Ministry of H & F W,GoI, 2006) .

In Kerala NRHM was launched in 2006 with the goal of improving availability and access to quality health care to people especially in rural and under privileged areas. Even though Kerala has achieved first place in human development index among the Indian states, certain marginal groups like dalits, fisher folk and tribal people lagged behind in the development process (Kerala Economic Review, 2008). The rate of institutional deliveries is high in Kerala as compared to other Indian states. Wayanad district is having the lowest rate of institutional deliveries (95.4%) among the fourteen districts in the state (DLHS 2007-8).This may be attributed to the high concentration of tribal population in this district who are generally reluctant to come out of their hamlets and avail health services from hospitals. More than 60% of the scheduled tribes of the state are concentrated in three districts namely Wayanad (35.8%), Idukki (15.6%) and Palakad (11.05%) (Census, 2011). Tribal population is vulnerable to various health problems that scale up maternal mortality, infant mortality and communicable diseases.

The NRHM programme is covering the tribal areas as well. ASHA are recruited in these areas also for serving the tribal population. The present study aimed at making an analysis of the maternal health services received by tribal women from ASHAs in Wayanad District.

The objectives of the study were

1. To identify the maternal health services received by the tribal women from ASHA
2. To find out the perceptions of tribal women regarding the services of ASHA in the area of maternal health.

Methodology

***Study design*:**

The present study is descriptive in nature which seeks to identify the maternal health services received by the tribal women from ASHAs and the perceptions of these women about ASHAs' services.

Population: The study population consists of tribal women who have children below one year age.

Sample and Sampling Technique:

Based on the density of tribal population, one health block from Wayanad district was purposively selected for collecting the primary data for the study. The sample consists of 200 tribal mothers in this block who have children below one year age.

Data collection methods & tools:

The data were collected from the tribal women by in depth interview using an interview schedule.

The data collected in this respect from two hundred tribal women were analysed using descriptive statistical methods such as frequency and percentage.

Results and Discussion

Socio personal Information about the Respondents

Table –1 Distribution of Respondents by Age

Sl. No.	Age group (in years)	No. of respondents	Percentage
1	17-21	35	17.5
2	22-26	99	49.5
3	27-31	54	27
4	32-36	12	6
	Total	200	100%

It is clear from table -1 that nearly half of the tribal mothers (49.5%) who are respondents are aged between 22 to 26 years. Another 27 percent of them fall in the age group of 27-31 years. Thirty five respondents are young mothers aged between 18- 21

years. Age of the mother is one of the significant factors that determine the amount of risk that she faces at the time of pregnancy and child birth. Pregnancy and child birth at very young age pose some risk for the mother and the baby.

Table –2 Distribution of Respondents by Education

Sl. No.	Education	No. of respondents	Percentage
1	Nil	3	1.5
2	Primary	94	47
3	High school	72	36
4	Plus two/Pre degree	25	12.5
5	Degree	4	2
6	TTC	2	1
	Total	200	100

Data from table –2 depicts that nearly half of mothers (47 %) have primary education and thirty six per cent of them are educated up to high school. Four of them are graduates, but three of the respondent mothers have not been exposed to any formal schooling. It is a known fact that education has a positive influence on a person's capacity to demand for the needed services from the providers. The tribal population of Wayanad are less literate when compared to other caste groups (Go I, Ministry of Minority Affairs and ICSSR, 2008).This can possibly affect their ability to demand and avail health services.

Table – 3 Distribution of Respondents by Caste

Sl. No.	Caste	No. of respondents	Percentage
1	Paniya	93	46.5
2	Kuruma	65	32.5
3	Kattunayka	27	13.5
4	Adiya	13	6.5
5	Uraali	2	1
	Total	200	100%

Data from table -3 reveals that almost half of the mothers belong to Paniya caste group. Next major caste of the selected mothers is Kuruma (32.5 per cent).Other caste groups of the mothers include Kattunayka(13.5 per cent),Adiya(6.5 per cent) and Uraali (1 per cent).

Table - 4 Distribution of Respondents by Their Main Source of the Family Income

Sl.No.	Main source of income	No. of respondents	Percentage
1	Coolie	192	96
2	Agriculture	6	3
3	Business	1	0.5
4	Government job	1	0.5
	Total	200	100

It is clear from table – 4 that working as coolie is the main source of family income for majority (96 per cent) of tribal mothers. This data indicate the poor economic status of the respondents.

Services Received by Tribal Women from ASHAs

ASHAs are expected to identify pregnant women at the earliest through home visits and motivate them to register their pregnancy at the health centre.

ASHA's Visit to Tribal Families for Providing Maternal Care

The tribal mothers who have participated in the study reported that all of them were visited by their ASHA at their home at some or other time during the period their last pregnancy, delivery and the period following delivery.

Table – 5 Distribution of Respondents based on the number of Visits made by ASHAs for Providing Maternal Care

Sl.No	Number of visits by ASHA	No. of respondents	Percentage
1	Three visits	17	8.5
2	Four visits	30	15
3	Five visits	35	17.5
4	Six visits	61	30.5
5	Seven visits	50	25
6	Eight visits	7	3.5
	Total	200	100%

t is inferred from table – 5 that the total number of visits made by ASHAs range from three visits to eight visits during the entire period of pregnancy, childbirth and post natal period. Almost one third of tribal women (30.5%) reported that they were visited six times by ASHAs.

Table – 6 Services Received by Respondents from ASHAs during Their Last Pregnancy

n=200

Sl. No	Services	No. of respondents	Percentage
1	Helped in registration of pregnancy	155	77.5
2	Informed the expected date of delivery	147	73.5
3	Helped in receiving at least four ANC check up	117	58.5
4	Helped in getting TT injections	198	99
5	Provided /helped in getting IFA tablets	190	95
6	Explained the importance of balanced diet	166	83
7	Helped in getting nutrition supplement from Anganwadi	173	86.5
8	Motivated to attend monthly health and nutrition day	87	43.5
9	Informed about the warning signs during pregnancy	141	70.5
10	Counselled for hospital delivery	168	84
11	Identified a hospital for referral and delivery and informed	87	43.5
12	Helped to register for JSY scheme	196	98

Table –6 illustrates the various types of services received by the tribal mothers from ASHA during their last pregnancy. From these data it is clear that 99 per cent of mothers were helped by ASHAs in getting TT injections and 98 per cent of them received help to get registered for JSY scheme. ASHAs helped to get IFA tablets to 95 per cent of mothers. Only 43.5 per cent of mothers were motivated to attend the monthly health and nutrition day at Anganwadi. Similarly a hospital was identified for delivery and informed to the mothers in 43.5 per cent of cases only.

Table – 7 Distribution of Respondents based on Places of their Last Delivery

Sl. No.	Place of delivery	No. of respondents	Percentage
1	Health centre/hospital	190	95
2	Home	9	4.5
3	Vehicle (on the way to hospital)	1	0.5
	Total	200	100%

Table – 7 depicts that majority of tribal women (95 per cent) had their last delivery in a health care institution (hospital or health centre). Nine mothers delivered at home and one mother delivered in the vehicle during their journey to the hospital. The rate of institutional delivery (95 per cent) among the study participants is much higher than the national average rate of 78.9 per cent (NFHS-4).

Table – 8 Services Received by Respondents from ASHAs during Delivery

n=200

Sl. No	Services	No. of respondents	Percentage
1	Arranged vehicle to reach the health institution	41	20.5
2	Accompanied the mother to the health institution	5	2.5
3	Arranged blood	2	1
4	Visited the mother at hospital and helped	10	5
5	Bought bucket and dress for the mother	3	1.5
6	Enquired by phone	5	2.5

Table – 8 contains information about the services received by tribal mothers from ASHAs at the time of their last delivery. ASHAs arranged vehicle to reach health institution for 20.5 per cent of mothers. Ten mothers reported that they were visited by ASHAs in the hospital and helped them. Two of them received help in arranging blood, and three mothers got help in the form of bucket and dress. Five mothers reported that ASHAs enquired about their health over phone. Nine mothers who delivered at home reported that their ASHAs provided first aid and helped them to go to the hospital immediately.

JSY Benefit

Janani Suraksha Yojana (JSY) is a safe motherhood intervention implemented under NRHM with the objective of reducing maternal and neonatal mortality by promoting institutional delivery for poor pregnant women. Under this centrally sponsored scheme cash assistance is given to poor pregnant women to promote institutional delivery and post delivery care (JSY. GoI, 2006).

Table – 9 Services Received by Respondents from ASHAs in Getting JSY Benefit

Sl. No	Services	No. of respondents	Percentage
1	Given the application form for JSY	155	77.5
2	Helped to fill up the form	31	15.5
3	Helped to get needed documents	10	5
4	No help received	4	2
	Total	200	100%

Table – 9 depicts that majority of respondents (77.5 %) got application form from ASHAs for getting JSY benefit. Thirty one mothers got help to fill up the form and ASHAs helped ten mothers to get the needed documents for the application. Four mothers reported that they did not get any help from ASHAs for getting JSY benefit. It is inferred that 98 percent of mothers in total got some help from their ASHA for getting the JSY benefit. Here it may be noted that ASHAs are eligible to get their incentive for maternal care only when the mothers get the JSY benefit.

Table -10
Services Received by Respondents from ASHAs during the Post natal period (after delivery)

n=200

Sl. No	Services	No. of respondents	Percentage
1	Visited the mother and baby at home	127	63.5
2	Counselled for early initiation of breast feeding	129	64.5
3	Explained the importance of balanced diet	141	70.5
4	Explained the importance of personal hygiene	78	39
5	Motivated to adopt suitable family planning method	173	86.5

Table – 10 illustrates the services received by tribal mothers from ASHAs during the post natal period. Majority of mothers (86.5 per cent) were motivated by ASHAs for adopting suitable family planning method. Counselling on importance of balanced diet was received by 70.5 per cent of mothers and 64.5 per cent of mothers received counselling on early initiation of breast feeding while 63.5 percent of mothers were visited by ASHA at their house in the post natal period. Only 39 per cent of mothers received advice on personal hygiene.

Perceptions of Tribal Women about the Services Provided by ASHAs in Maternal Health

The study participants were asked about the usefulness of ASHAs service and any further service that they expect from ASHA.

Table-11
Distribution of Respondents based on Their Opinions on Usefulness of ASHAs' Services

Sl.No	Level of usefulness of ASHAs' service	No. of respondents	Percentage
1	Very useful	57	28.5
2	Somewhat useful	141	70.5
3	Not useful	2	1
	Total	200	100

It is clear from table-11 that majority of respondents (70.5%) opined that the services provided to them by ASHA during their last pregnancy and child birth was somewhat useful and for 28.5 percent of them it was very useful. Similar finding was reported by Roy S and Sahu B (2013) in their study which explored the services provided by ASHA in maternal and child health dimension of NRHM in Odisha. Two mothers mentioned that ASHA services were not useful for them.

More than half of the respondent mothers (54.5 percent) reported that they do not expect any additional services from ASHAs in relation to maternal health. Among others majority expect ASHAs to arrange vehicle for them to go to the hospital for delivery..

When tribal mothers were asked to report their opinions about ASHAs' services, 69 percent of mothers said that ASHAs are doing a good work. 30.5 percent of mothers opined that ASHA s' service need to be improved and one mother said that she has nothing to say about ASHA s' service.

Conclusion

From the above results it can be concluded that the services received by the tribal mothers from ASHAs during their last pregnancy is somewhat adequate to fulfil their maternal health needs during pregnancy. But the coverage of services given by ASHAs at the time of delivery and during the post natal period was inadequate as compared to the services received by the mothers during pregnancy. Sixty nine percent of tribal mothers have positive perception about ASHAs' services in relation to maternal health.

Recommendations

ASHAs are really the 'hope' for the impoverished tribal women, as they provide counseling and motivation in maternal and child health care at their door steps. More efforts are required to maintain adequate coverage of maternal health services given by ASHAs to the tribal women to fulfil their maternal health needs. Time to time training and taking appropriate steps in solving ASHAs' grievances is needed to strengthen the delivery of maternal and child health care services through them at the grassroots.

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