



Full Length Research Article

**IMPACT ON NEWBORN SURVIVAL PRACTICES THROUGH ASHAs' INTERVENTION IN
COMMUNITY: A MICRO STUDY OF KHAIR BLOCK, ALIGARH DISTRICT**

¹Mohd Naseem Khan and ²*Mohd Arif Khan

¹District Community Process Manager (DCPM), DPMU-NHM, Bijnore, Uttar Pradesh, India

²Department of Social Work, Aligarh Muslim University, Aligarh, India

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ABSTRACT

The role of frontline health functionaries in the community is important in achieving the goal of reduction in infant mortality. This study focuses on the significant work of the front line health workers-ASHAs (Accredited Social Health Activists). It is reflected that how an ASHA works as a link worker in disseminating health awareness with special focus on healthy new born practices. The study has been conducted in the Khair block of Aligarh district keeping in view the impact of support and capacity building of ASHAs in order to improve their skills and competency. It was found that with constant support and follow up ASHAs became competent, skilful and motivated for taking up the task of spreading health awareness in their communities. They have created awareness among the public of different government programmes, health facilities and services under various schemes. The community itself approaches ASHAs for health issues and availing the benefits of government health initiatives. The major areas focussed in this study where ASHAs are contributing for new born survival are awareness of Kangaroo Mother Care (KMC), initiation of breastfeeding, exclusive breast feeding, ASHAs' advice etc.

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INTRODUCTION

The Government of India launched the National Rural Health Mission (NRHM) in 2005. The aim was to provide accessible, accountable, affordable, effective and reliable Primary health care, especially to the poor and vulnerable sections of the population. The Mission envisages equitable, and quality health care services to rural women and children in the country with greater emphasis on 18 highly focused states. It adopts a synergistic approach by encompassing non-health determinants that have a bearing on health such as nutrition, sanitation, and safe drinking water. The mission aims to achieve greater convergence amongst related social development sectors (MoHFW, 2006). One of the core strategies proposed, to accomplish the goals, was to have a female Accredited Social Health Activist (ASHA) for every village with a 1,000 population. It was suggested that ASHA would be chosen by and would be accountable to the Panchayat. She would act as an interface between the community and the public health system. As an honorary volunteer, ASHA would receive performance-based

compensation for promoting variety of primary health care services in general and reproductive and child health services in particular such as universal immunization, referral and escort services for institutional deliveries, and construction of household toilets, and other healthcare interventions (CORT, 2007).

ASHA - A Ray of Hope

The Accredited Social Health Activist is called by the acronym ASHA, which in Hindi means 'hope'. She must be a primary resident of the village with formal education up to the eighth class, and preferably in the age group of 25-45 years. She would be selected by the Gram Sabha through an intense community mobilization process, and provided with training. She would also be equipped with a drugs kit. After selection, ASHA will be given induction training for 23 days spread over a period of 12 months. Training manuals have been prepared. ASHA will be given periodic training, re-training and on-the-job training. She will act as a mobilizer, facilitator and a link between ANM at sub-centre, anganwadi worker (under the Integrated Child Development Services programme) and the community, and play a major role in forging ownership of the community for the health programme. ASHA will be the first

***Corresponding author: Mohd Arif Khan**

Department of Social Work, Aligarh Muslim University, Aligarh,
India

port of call for any health-related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. She will ensure better access to universal immunization, safe delivery, newborn care, and prevention of water-borne and other communicable diseases, nutrition and sanitation. She will be accountable to the Panchayat, and will be entitled to receive performance-based compensation for providing health services (WHO, 2006). In order to enable the states for proper implementation, ASHA guidelines were Formulated by the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) wherein institutional arrangements, roles and responsibilities, integration with ANM and Anganwadi, working arrangements, training, compensation, fund-flow etc were discussed. The training modules and facilitators guide were prepared and shared with the states for rolling out the trainings. The guidelines accorded flexibility to the states in designing the operationalization of the intervention. Many states modified the guidelines depending on the local context to suit their requirements, in the true spirit of the NRHM guidelines of decentralized programme management (EPFL, 2012). The trainings helped ASHAs to become competent in providing counselling to their community members about health facilities and services at government hospitals. ASHAs focused on taking care of health of the weaker and vulnerable sections i.e. women and children. ASHAs played a pivotal role in disseminating health information for better care of mother and child i.e. anti natal and post natal care of mother and regular breast feeding and helping mothers for KMC to their babies.

Kangaroo Mother Care (KMC)

Kangaroo mother care is a method of preterm infants. The method involves infants being carried usually by mother, with skin to skin contact. This is intended for health professionals, responsible for the care of low birth-weight, and preterm infants (http://www.who.int/maternal_child_adolescent/documents/9241590351/en/). We used to think that the newborn brain was "switched off", and would start its development after some weeks of life. Actually, the brain is bursting with potential to develop from the moment of birth ... and it is Kangaroo Mother Care that makes this best development possible. It is emphasised that skin-to-skin contact should start from birth. The word "kangaroo" is used as such animals have very immature offspring, like premature babies. But in reality, this kangaroo like skin-to-skin contact is actually essential for human newborns, as all primates are cared for in this way also. So KMC should be for all newborns ...not just premature. Then, premature babies need it all the more, because this is the basic biological necessity for survival of newborns. The brain, the body and the whole way the baby works depends on mother's presence, and for premature, this is more essential, not less. Technology cannot replace mother. KMC is one of the significant method in this regard. (<http://www.kangaroomothercare.com/about-kmc.aspx>).

Breast Feeding

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e., via lactation) rather than from a baby bottle or other container (<http://www.australianscience.com.au/psychology/breastfeeding-and-cognitive-development>

/#2). It is recommended that mothers breastfeed for six months or more, without the addition of infant formula or solid food. After the addition of solid food, mothers are advised to continue breastfeeding for at least a year, and can continue for two years or more. Human breast milk is the healthiest form of milk for babies. There are few exceptions, such as when the mother is taking certain drugs or is infected with human T-lymph tropic virus, or has active untreated tuberculosis. Maternal HIV infection is always an absolute contraindication to breastfeeding in developed countries with access to infant formula and cleans drinking water (regardless of maternal HIV viral load or antiretroviral treatment) due to the risk for mother to child HIV transmission (<http://www.indiadiets.com/pregnancy/childbirth.htm>). Breastfeeding promotes health and helps to prevent disease. Artificial feeding is associated with more deaths from diarrhoea in infants in both developing and developed countries. Experts agree that breastfeeding is beneficial, and have concerns about artificial formulas but there are conflicting views about how long exclusive breastfeeding remains beneficial (<http://allafrica.com/stories/201108160107.html>).

Exclusive Breastfeeding (EBF)

The World Health Organization (WHO) and the American Academy of Paediatrics (AAP) emphasize the value of breastfeeding for mothers as well as children. Both recommend exclusive breastfeeding for the first six months of life. The AAP recommends that this be followed by supplemented breastfeeding for at least one year, while WHO recommends that supplemented breastfeeding continue up to two years or more (<http://en.inforapid.org/index.php?search=World%20Breastfeeding%20Week>).

MATERIALS AND METHODS

Data and Sources

The data have been collected using schedule from households having mother and her child less than one year of age. Sample was taken from the Khair block of Aligarh district. The total size of the sample was 50. Two households were selected from each village, one near and the other distant from the house of ASHA, of randomly selected sub-centres. The data was collected through random sampling from 50 families targeting mothers having babies between the age group of 0-2 months. The source of data was primary collected through a set questionnaire regarding the practices of Kangaroo Mother Care and Breast Feeding. Analysis of data entailed use of percentage and averages were collected.

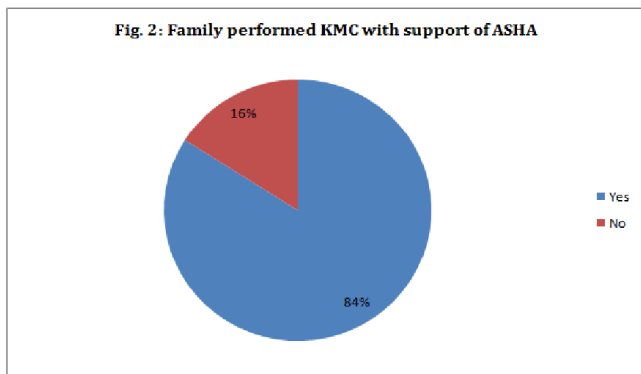
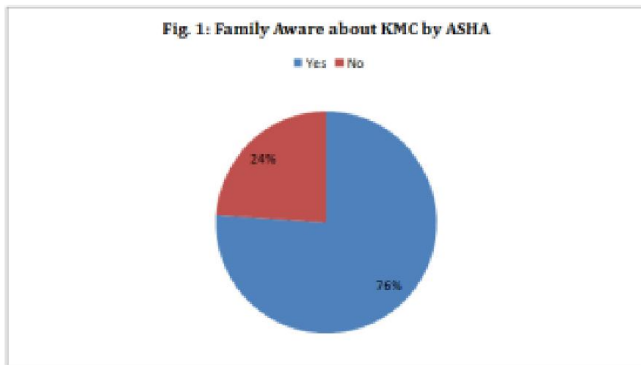
RESULTS AND DISCUSSION

The training and facilitation of ASHAs enhanced their counselling skills and helped them to build rapport with the community. ASHAs got actively engaged with the families and spread awareness regarding healthy new born practices ensuring child survival.

Role of ASHAs in providing KMC

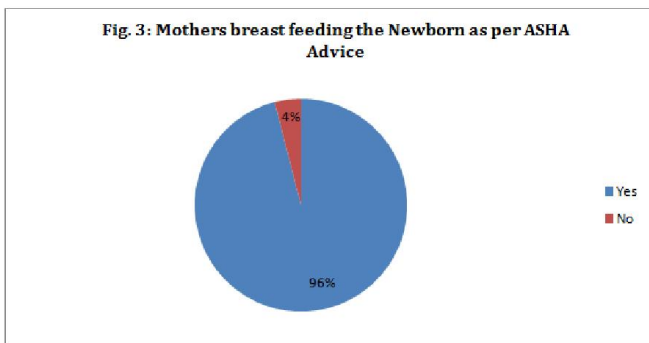
Fig. 1 depicts that 76% families were aware about Kangaroo Mother Care. ASHAs helped them how to perform KMC in a right way through proper demonstration with new born babies in families. The family members witnessed that it was helpful for the babies to improve health, gain weight and achieving

overall growth. Out of the 76% families aware about KMC, 84% mothers had performed KMC with the support of ASHAs as shown in Fig. 2.



Role in giving advice for breastfeeding

As indicated in Fig. 3, it was found that 96% were performing regular breast feeding to their new born babies as per the advice of ASHA.

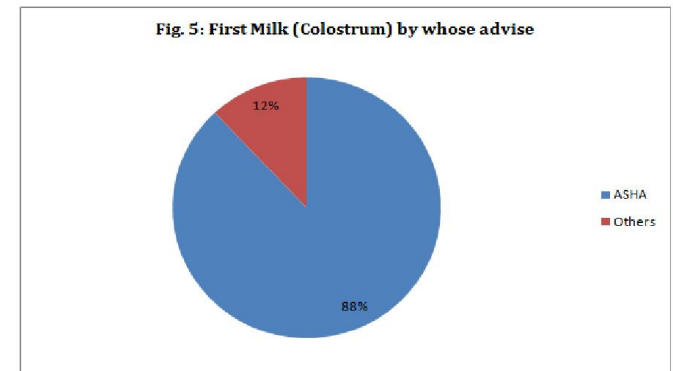
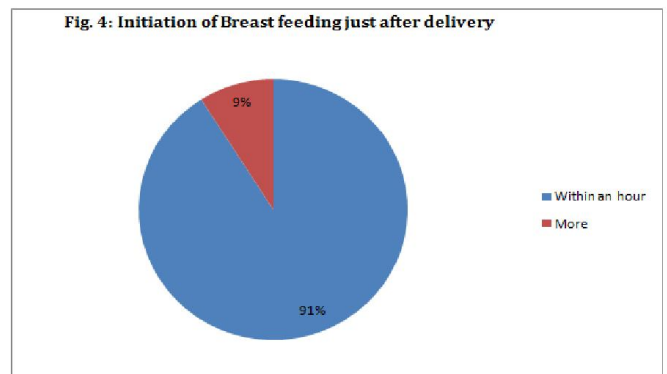


Role in initiation of breastfeeding within the first hour

Fig. 4 indicates that out of 96% mothers, who were giving their breast milk to babies, 91% initiated breastfeeding just after delivery due to ASHAs' efforts.

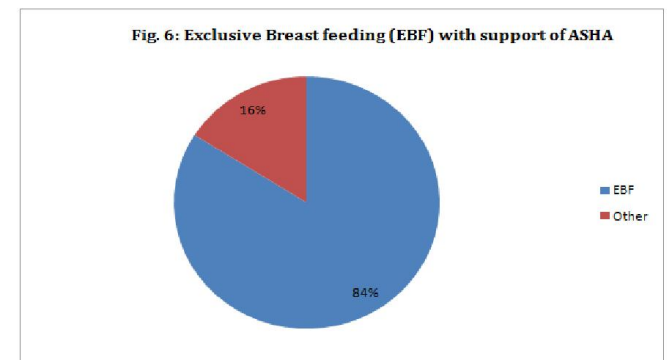
First Milk (Colostrum) within an hour

First milk or *Colostrum* was earlier used to be squeezed out and thrown away as there were some misconceptions associated with it. Traditionally, it was considered to be unfit and harmful for child. ASHAs counselled the mothers and families and Fig. 5 shows that 88% mothers provided *Colostrum* to their babies with the motivation and help of ASHA.



Exclusive Breast feeding (EBF) with support of ASHA

Fig. 6 explicitly reflects that out of 96% mothers, breastfeeding their babies, 84% were giving breast milk exclusively without any pre lacteal feed or even water to their babies.



Conclusion

To sum up, it can be said that ASHAs have been successfully spreading awareness about new born health and care practices. This has inevitably contributed to efforts for reducing morbidity and mortality of infants. Every mother and child has right to access the health facilities provided by the government. ASHAs have been working as a linkage between community and health care service delivery systems. ASHAs are making people aware about harmful practices and motivating them to adopt healthy practices. The study revealed the ground realities in field, and up to what level the people have been aware about the issue of new born survival. ASHAs work hard in promoting health issues and reaching out to the vulnerable sections including mothers and children. They help and counsel in providing effective care of babies by healthy practices crucial for physical growth and cognitive development.

REFERENCE

- CORT (Centre for Operations Research and Training). 2007. "Assessment of ASHA and Janani Suraksha Yojana in Rajasthan". Vadodara. p.2
- EPFL (Management of Development Projects). 2012. "A Rapid Appraisal of Functioning of ASHA under NRHM in Uttarakhand, India". p.8. (http://cooperation.epfl.ch/files/content/sites/cooperation/files/MaDePro%202013/MaDePro%202011-2012_Individual%20Project_Bhatt,%20Hema.pdf)
- MoHFW (Ministry of Health and Family Welfare). 2006. New Delhi p.2 (<http://mohfw.nic.in/WriteReadData/1892s/INTRODUCTIONfinal-73706341.pdf>)
- WHO (World Health Organization). 2006. "Regional Health Forum – Volume 10, Number 1," New Delhi: Regional Office for South-East Asia, WHO.
- WHO (World Health Organization). 2003. "Kangaroo mother care: a practical guide", Geneva: WHO. (http://www.who.int/maternal_child_adolescent/documents/9241590351/en/)
- <http://www.kangaroomothercare.com/about-kmc.aspx>
- <http://www.australianscience.com.au/psychology/breastfeeding-and-cognitive-development/#2>
- <http://www.indiadiets.com/pregnancy/childbirth.htm>
- <http://allafrica.com/stories/201108160107.html>
- <http://en.inforapid.org/index.php?search=World%20Breastfeeding%20Week>
