

Descriptive study to assess the awareness and existing practices related to Behaviour Change Communication (BCC) among In-service Auxiliary Nurses and Midwives (ANMs) for Reproductive and child health care (RCH) care

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How to cite this article: Laxmi, . Descriptive study to assess the awareness and existing practices related to Behaviour Change Communication (BCC) among In-service Auxiliary Nurses and Midwives (ANMs) for Reproductive and child health care (RCH) care. 2023;15(4):42-48

ABSTRACT

Introduction: As per WHO thousands of women died during and following pregnancy and childbirth however most could have been prevented. Operational Guidelines on Maternal and Newborn Health by Government of India revealed that Behaviour Change Communication (BCC) is needed to promote positive health practices for maternal and newborn health, and to discourage harmful practices. **Objective** of present study was to assess awareness of BCC and existing practices related to BCC among In-service ANMs and to assess the opinion of learning BCC by Self Learning Material (SLM) and to identify the content to be covered in SLM as teaching module.

Material and Method: Exploratory & descriptive survey design was used to Collect the baseline data in terms of their awareness and existing practices for BCC among in-service Auxiliary Nurse and Midwives (ANMs). Data collected from 20 ANMs, 10 PHNs, and 10 Medical officers working in different health units of Delhi using developed and validated questionnaire. Informed consent was taken from all the study subjects. **Results:** Findings revealed that ANMs were not aware of BCC and related practices for Reproductive and Child health care (RCH) care but conducting health education sessions and using various methods of communication like individual IPC, demonstration, home visit and use of IEC material for creating awareness in the community. ANMs were aware of dropout cases and the way to identify them but not planning and conducting BCC sessions for drop out cases. It is interpreted that in-service ANMs were in need to have awareness regarding BCC to practice in community. The data in relation to opinion on selected topics for information to creating awareness for BCC on RCH care components shows that for topics related to Antenatal care, post-natal care and child care component, there was 100% agreement from all the study samples. Majority of samples (80%) expressed disagreement for anemia and nutrition and identification of RTI and STI topics under adolescent health care component and expressed that these can be covered under maternal care component. It was suggested by majority of doctors (25%) that ANMs should have awareness on types of delay under maternal care component and major causes of maternal, neonatal and child mortality and delayed PPH as awareness on suggested topics will make them sensitize to prevent the causes of mortality. There was 100% agreement for learning BCC for RCH issues by self-learning material in booklet form and for the language preference it was expressed by all the study subject (100%) that SLM for In-service ANMs should be in Hindi. **Conclusion:** There is lack of awareness regarding, Behaviour change communication and related practices among in-service ANMs which supported the need to develop a self-learning material on BCC

Keywords: Behaviour change communication, Self-Learning Material, Reproductive and Child health care.

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INTRODUCTION

As per WHO (2012)¹ about 295 000 women died during and following pregnancy and childbirth, however most could have been prevented. Operational Guidelines on Maternal and Newborn Health by Government of India (MOH&FW statistics report 2015)² revealed that Behaviour Change Communication (BCC) is needed to promote positive health practices for maternal and newborn health, and to discourage harmful practices. (Government of India,2010.)³

Present research study aimed towards need assessment to support the development of a self-learning material on BCC for selected RCH issues for In-service ANMs.

METHODOLOGY

Exploratory & descriptive survey design was used in present study. To assess the existing status of BCC in-service Auxiliary Nurse and Midwives (ANMs) and for finalizing the content of SLM it was planned to Collect the

baseline data in terms of their awareness and existing practices for BCC among in-service Auxiliary Nurse and Midwives (ANMs).

After obtaining informed consent from 20 ANMs, 10 PHNs, and 10 Medical officers working in different health units of Delhi, data collected through developed and validated questionnaire. Analysis and interpretation of analyzed data of study presented in Table 1 to 4

Table 1: Description of demographic characteristics for study sample (ANMs, PHNs and Medical officers)

The data presented in table -1, shows that majority of sample 20(50%) belongs to the age group of 50 years and above which includes In-service ANMs 4(10%), and Medical Officers 8(20%) and PHNs 8(20%). Majority of study sample 36(90%) were female. Among study sample of In-service ANMs, only two ANMs 2 (5%) was having GNM diploma as educational qualification whereas the other 18 were having ANM diploma as professional

Table - 1: Frequency and percentage of demographic characteristics among study sample (In-service ANMs, PHNs and M.Os) for base line data. (N=40)

	Sample Characteristics	ANMs Group (20)		Medical officer In charge (10)		PHN (10)		Total=40	
		f	%	f	%	f	%	f	%
Age:	55yrs& above	Nil		4	10	6	15	10	25
	40-55 years	8	20	6	15	4	10	18	45
	25-40 years	6	15					6	15
	Below 25 years	6	15					6	15
Sex:	Male			4	10			4	10
	Female	20	50	6	15	10	25	36	90
Prof. Qualification	a. ANM	18	45					18	45
	b. GNM	2	5					2	2
	c. B.Sc. (N)					10	25	10	25
	d. MBBS			8	20			8	20
	e. MD			2	5			2	5
Experience	0-5 years	6	15					6	15
	5-10 years	2	5					2	5
	10-15 years	2	5					2	5
	15-20 years	2	5	4	10	10	25	16	40
	20 years and above	8	20	6	15			14	35

qualification. In relation to experience majority 16(40%) were having experience between 15-20 years whereas 14(35%) were having experience of more than 20 years.

Hence, it is interpreted that 30(75%) sample had experience of more than 15 years, 28(70%) were above 40 years of age which indicates that their experience helped the researcher in getting the opinion to identify the content for developing the tools and intervention for the study.

Table- 2: Description of awareness of BCC among in service ANMs .Percentage of responses of sample on related to awareness BCC among in service ANMs presented in table-2

The data presented in table -2shows that 100% ANMs expressed that they were not aware of Behavior Change Communication (BCC) and its stages. Hence, it is interpreted that there is a need to make In-service ANMs aware regarding BCC.

Description of existing practices for BCC among in-service ANMs Percentage of responses of sample on items related to existing practices for BCC among In-service ANMs presented in table 3

Existing practices related to BCC and its awareness among in-service.

Data shows that 40(100%) of study samples expressed that ANMs did not follow the practice to identify the target client for behavior change.

Study findings revealed that ANMs were not aware of BCC and related practices for RCH care but conducting health education sessions and using various methods of communication like individual IPC, demonstration, home

visit and use of IEC material for creating awareness in the community. ANMs were aware of dropout cases and the way to identify them but not planning and conducting BCC sessions for drop out cases. It is interpreted that in-service ANMs were in need to have awareness regarding BCC to practice in community.

Table-3 : Description of opinion of study samples on the selected topics for information to create awareness for BCC on RCH care components

Percentage of responses of study sample on questionnaire for opinion on the selected topics for information to create awareness for BCC on RCH care is presented in table-3

The data presented in table -3presents the opinion of study samples on the selected topics for information to create awareness for BCC on RCH care components:

The data collected shows that there was 100% agreement by all the study sample that if ANM give relevant information related to RCH care to community it will help in reducing the related complications.

The data in relation to opinion on selected topics for information to creating awareness for BCC on RCH care components shows that for topics related to Antenatal care, postnatal care and childcare component there was 40(100%) agreement from all the study samples.

There was disagreement by majority 32(80%) of study samples for topics "family planning methods". Majority of samples 32(80%) expressed disagreement for anemia and nutrition and identification of RTI and STI topics under adolescent health care

Table 2: Awareness of BCC among In-service ANMs (N-20)

	Statement	Yes%	No%
1	Are you aware of behavior change process? If yes, please tick the correct process.		100
2	Are you aware of behavior change communication .		100
3	Are you aware of stages person go through when changes any behavior		100

Table 3: Percentage of responses of sample for opinion on the selected topics for information to create awareness for BCC on RCH care components (N=40)

	Statement	ANMs (n-20)		MO(n-10)		PHN(n-10)	
		Agree%	Dis A%	Agree%	Dis A%	Agree%	Dis A%
1	Opinion on importance of providing updated relevant information related to RCH care in community * It will help in reducing the related complications	50		25		25	
2	Opinion on the selected topics for information to creating awareness for BCC on RCH care components:						
2.1	ANTENATAL CARE COMPONENT OF RCH	Agree%	Dis A%	Agree%	Dis A%	Agree%	Dis A%
	Identification and treatment of Anemia	50		25		25	
	Identification and treatment of RTI/STI	50		25		25	
	Bleeding during pregnancy / Abortions	50		25		25	
	Importance of Registration during pregnancy	50		25		25	
	Importance of regular ANC Visits during pregnancy	50		25		25	
	Importance of TT immunization during pregnancy	50		25		25	
	Importance of Diet & Iron Folic Acid supplements during pregnancy	50		25		25	
	Identification Recognition of Warning Sign during pregnancy.	50		25		25	
	Identification of Hi-Risk Pregnancy	50		25		25	
2.2	POSTNATAL CARE COMPONENT OF RCH	50		25		25	
	Importance of Institutional Delivery	50		25		25	
	Planning for Confinement	50		25		25	
	Immediate Essential Newborn Care:	50		25		25	
	Recognition of Danger Sign in newborn baby	50		25		25	
	Fever/ Sepsis within one week after delivery	50		25		25	
	Post-Partum Hemorrhage	50		25		25	
	Breast Engorgement	50		25		25	

	Statement	ANMs (n-20)		MO(n-10)		PHN(n-10)	
		Agree%	Dis A%	Agree%	Dis A%	Agree%	Dis A%
	Poor Lactation/Breast Feeding Practices	50		25		25	
2.3	FOR CHILD CARE COMPONENT OF RCH	50		25		25	
	Identification and treatment of Pneumonia/ARI	50		25		25	
	Identification and treatment of Diarrhea	50		25		25	
	Importance of Exclusive Breast Feeding	50		25		25	
	Infant and Young Child Feeding practices	50		25		25	
	Importance of Immunization	50		25		25	
2.4	ELIGIBLE COUPLE CARE						
	Identification and treatment of RTI/STI*	50*		25*		25*	
	Family planning methods	10	40	10	15		
2.5	ADOLESCENT HEALTH CARE COMPONENT OF RCH						
	Anemia and Nutrition*	50*		25*		25*	
	Sexuality	10	40	10	15		
	STI and HIV *	10	40	10	15		
	Life skills	10	40		25		
	Any other *Can be covered under maternal care. ** Delay in seeking care and major causes of Maternal, neonatal and Child mortality and delayed PPH						

component and expressed that these can be covered under maternal care component.

There was 32(80%) disagreement in relation to topic like sexuality and life skills under adolescent care component and it was expressed that these topics has been covered in various training program recently .

It was suggested by majority of doctors 10 (25%) that ANMs needs to have awareness on knowledge related to types of delay under maternal care component and major causes

of maternal, neonatal and child mortality and delayed PPH as awareness on suggested topics will make them sensitize to prevent the causes of mortality.

For topics related to Antenatal care, postnatal care and childcare component there was 40(100%) agreement from all the study samples.

There was disagreement by majority 32(80%) of study samples for topics "family planning methods". Majority of samples

32(80%) expressed disagreement for anemia and nutrition and identification of RTI and STI topics under adolescent health care component and however experts expressed that these topics may be covered under maternal care component.

Table-4: Description of Opinion of study sample on review/refresh information related to RCH care among in-service ANMs. Percentage of responses of Opinion of study sample on review of information related to RCH care among in-service ANMs is presented in table 4

The data presented in table -4 shows that the data shows that there was 40(100%) disagreement expressed by all the study subjects regarding review of information by ANMs on the suggested topics as they do not have any source for review whenever required. There was 40(100%) disagreement from all the study samples regarding opportunity

in participation of ANMs in "In service training on BCC for RCH care". Further the data presented in Table-4 shows that all the sample 40 (100%) agreed for the opinion that if ANMs get self-learning material in booklet form on BCC for RCH issues, they will read it and use it for creating self-awareness. Audio & Video CD and softcopy material was not the part of study. For the language preference it was expressed by all the sample 40(100%) that SLM for In-service ANMs should be in Hindi.

Hence, it is interpreted that SLM can be an effective tool for creating awareness among In-service ANMs regarding BCC for selected RCH issue and may be used for Self-awareness.

RESULTS

In relation to awareness of behavior change process, Behavior change communication

Table 4: Opinion of study sample on review of information related to RCH care by In-service ANMs

	Statement	ANMs (n=20)		MO (n=10)		PHN (n=20)	
		Agree%	Dis A%	Agree%	Dis A%	Agree%	Dis A%
1	Opinion on review information by ANMs on the suggested topics. If yes, how: If No, why: They do not have any source provided with to review.		100		100		100
2	Practices related to participation in any training on BCC for RCH care.		100		100		100
3	Opinion on acceptability if self-learning material on BCC for RCH issues.	100		100		100	
4	Opinion on which type of self learning material will be acceptable for ANMs: Booklet Audio CD Video CD Soft copy material	100		100		100	
5	Opinion on language in which your ANMs/you want self-learning material should be: Hindi English	100		50		50	

and stages of Behaviour change among ANMs it was expressed that ANMs were not aware, neither they knew how to identify the target client for behavior change. In terms of planning a BCC session for drop out cases it was expressed by study subjects that they coordinate with ASHA or when ANMs go to field and if meet with drop out cases then try to motivate them by health talk . It was expressed that ANMs have not attended any training on BCC and neither they review themselves the relevant information on selected topics.

There was 100% agreement for the opinion that if ANMs get self-learning material in booklet form on BCC for selected RCH issues, they will read it and use it for creating awareness.

DISCUSSION

In present study there was lack of knowledge regarding BCC for ANC care components among In-service ANMs.

Like present study findings Haruna et al. (2010)⁴ reported that midwives in Tokyo expressed their lack of expertise in behaviour change communication (BCC).

In congruence to the findings of present study it was revealed by Novick (2009)⁵ that target people for MCH care desired comprehensive and relevant information to clear their doubts, and enable them take informed decisions similarly, the women in study of Bridgit Omowunmi et al (2013)⁶ mentioned issues about which they wanted more information.

The overall findings of Kaushik LK (2012)⁷ were similar to present study that counseling skills were lacking in a substantial proportion of HW-F which indicates a need to train them in these aspect, for improving ANC services in peripheral and rural set-up where these HW-F are the main functionaries to deliver care.

CONCLUSION

There is lack of awareness regarding, Behaviour change communication and ANMS

supported the need to develop self-learning material on BCC for selected RCH.

Acknowledgment

I wish to thank Prf. (Dr.) Bimla Kapoor who has guided me to perform study as research scholar

Ethical clearance-

The study was approved by the research Unit of Indira Gandhi National Open University (IGNOU), Delhi. Research problem and objectives were approved by the Doctoral committee of School of health sciences IGNOU. Prior permission was obtained from management of all the selected health units covered in the study.

Source of funding- Self

Conflict of Interest: - nil

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