

# **Impact of Need Specific, Inter Personal Communication in Creating Demand for Maternal and Newborn Health Services among the Urban Poor**

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# Research Objective

To study if **“Need Specific, Inter-Personal Communication” (IPC)** during household visits is effective in creating demand for **Maternal & Newborn Health (MNH)** services

## Research Questions

**Did need specific BCC improve**

1. Knowledge about MNH?
2. Demand for MNH service?
3. Inter-spousal, communication related to MNH?
4. Perceived social norm
5. Service Utilization behaviors related to MNH?
6. Household behaviors related to MNH?



# Description of Intervention – Need Specific BCC

## What is Need Specific BCC?

**Paradigm shift** in Behavior Change Communication. Focus shifted from disseminating general messages to “providing need specific information & counseling based on **behavioral diagnosis**”

- During household visits, Link Workers use standard protocol to **assess information needs** of households & make behavioral diagnoses
- Give **need specific information & counseling** to pregnant women and their families to create demand for MNH services



# Study Design & Methodology

## Quantitative:

- Retrospective study of 200 randomly selected mothers that had delivered between March to July 2010.
- Interviewed mothers were categorized on basis of exposure to the BCC intervention and differential impact on MNH behaviors and their predictors was analyzed.

## Qualitative:

- Focus Group Discussions (FGDs) with link workers, supervisors & team leaders
- In-depth Interview of the project director



# Sampling the respondents:

## Interview of recently delivered mothers

- **30 out of 60 Link Workers (Arogya Sakhis), each covering a population of 2500, were randomly selected**
- **From the area of 30 Link Workers, 200 mothers who had delivered recently, were randomly selected to detect a 10 percent difference in utilization of minimum, standard antenatal care with an alpha of 0.05 to achieve 80 percent power (Fleiss et al, 2003)**

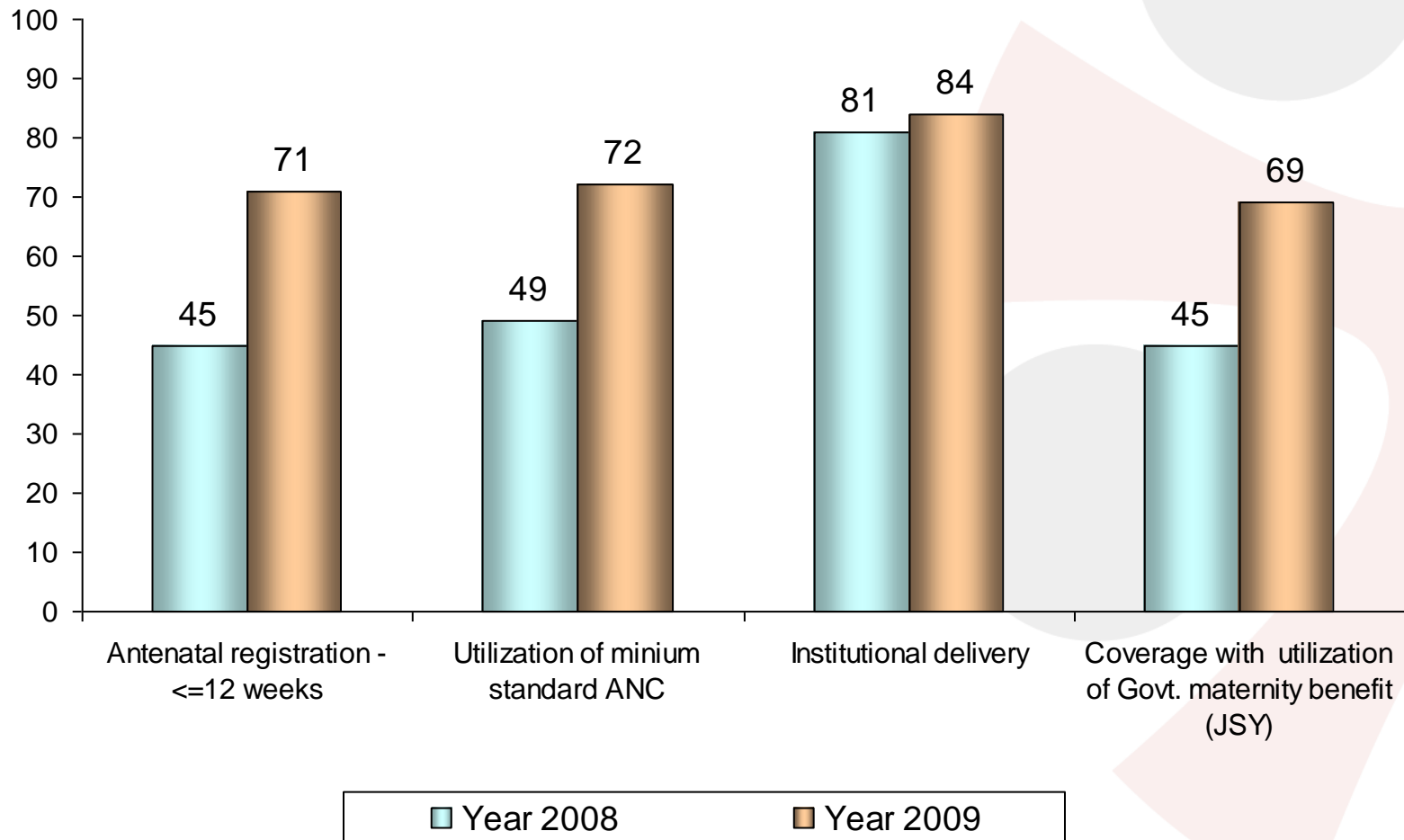


# Study Findings

## A. Findings based on secondary data from the Routine Project MIS



# Utilization of Maternal Health Services by Project Year (MIS)



# Study Findings

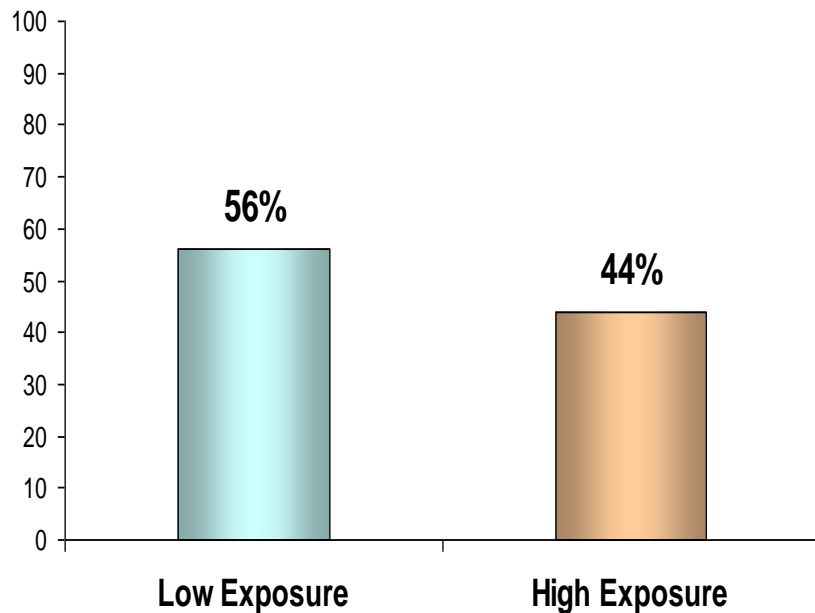
## B. Findings based on interviews of recently delivered mothers



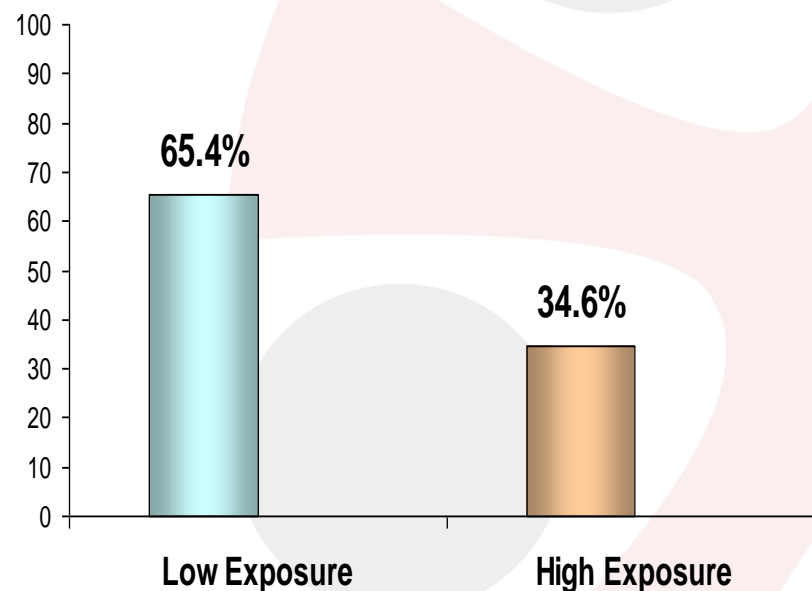


# Need specific BCC visits by LW for Maternal and Neonatal Health

Exposure to need specific BCC during pregnancy



Exposure to need specific BCC during postnatal period



**Low Exposure** – First visit after 3 months of pregnancy by LW &  $\leq 5$  visits

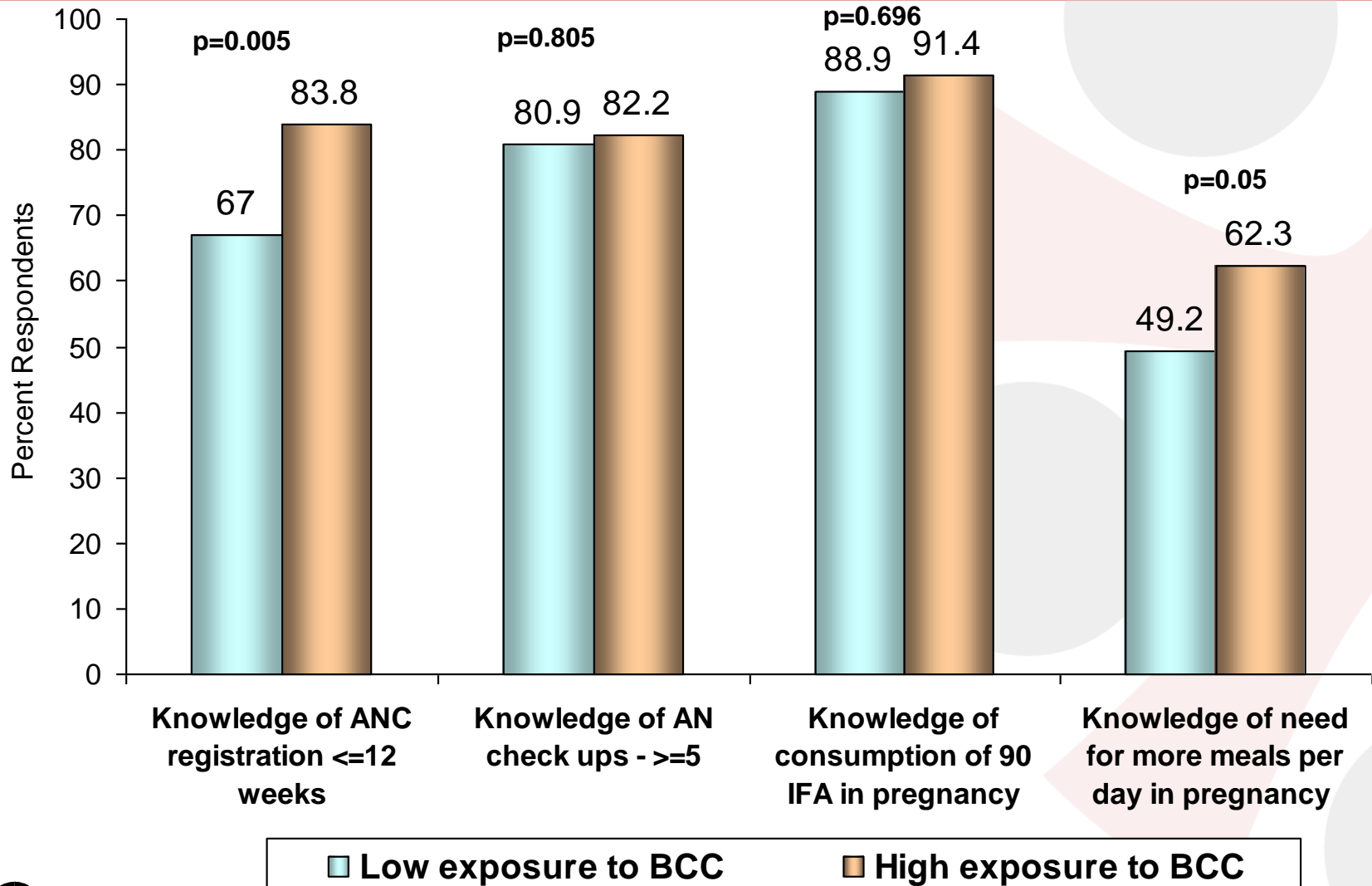
**High Exposure** – First visit within 3 months of pregnancy &  $\geq 6$  visits by LW

**Low Exposure** –  $\leq 1$  visit and first visit after 7 days

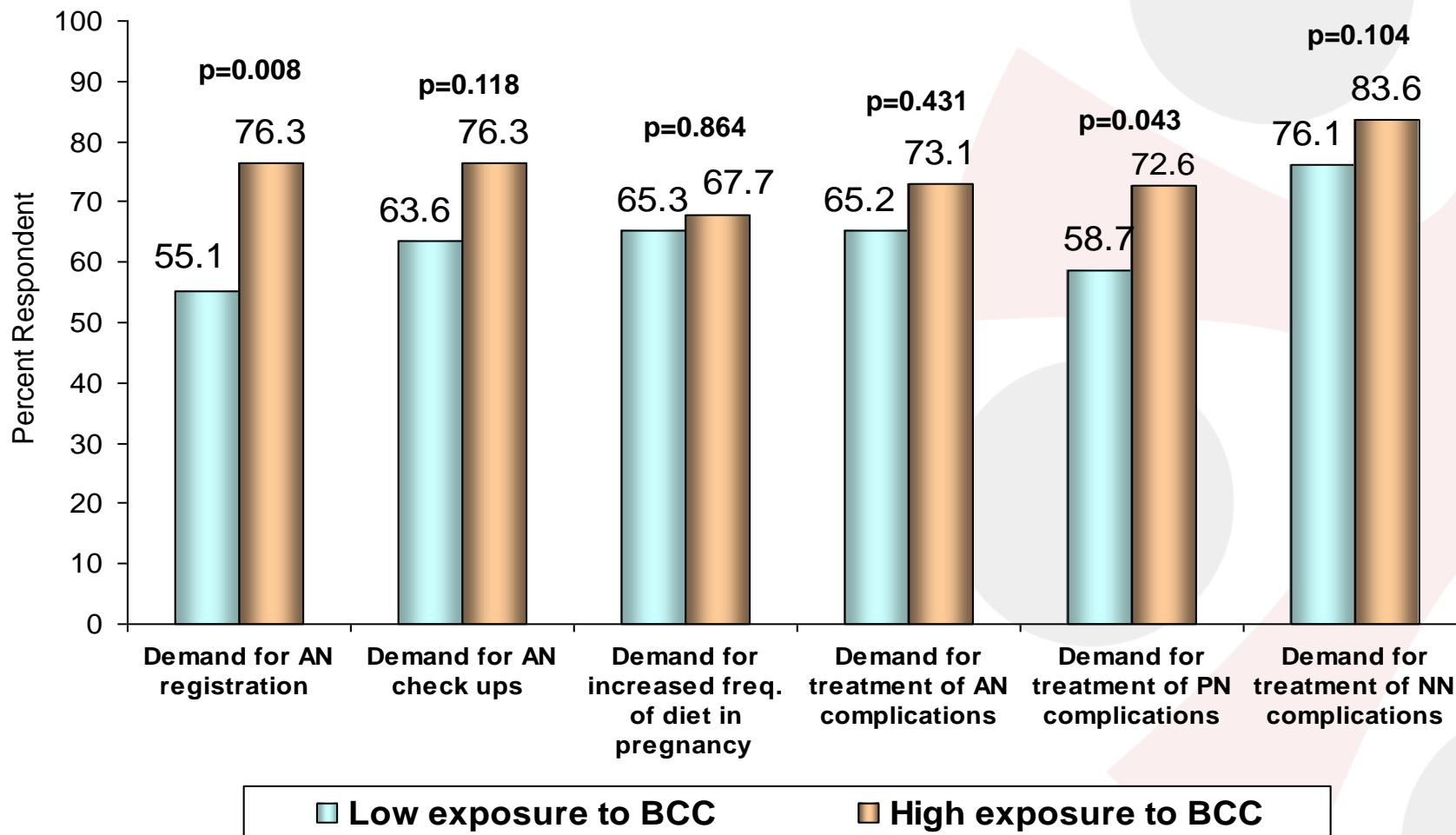
**High Exposure** –  $\geq 2$  visits and first visit within 7 days after delivery by LW



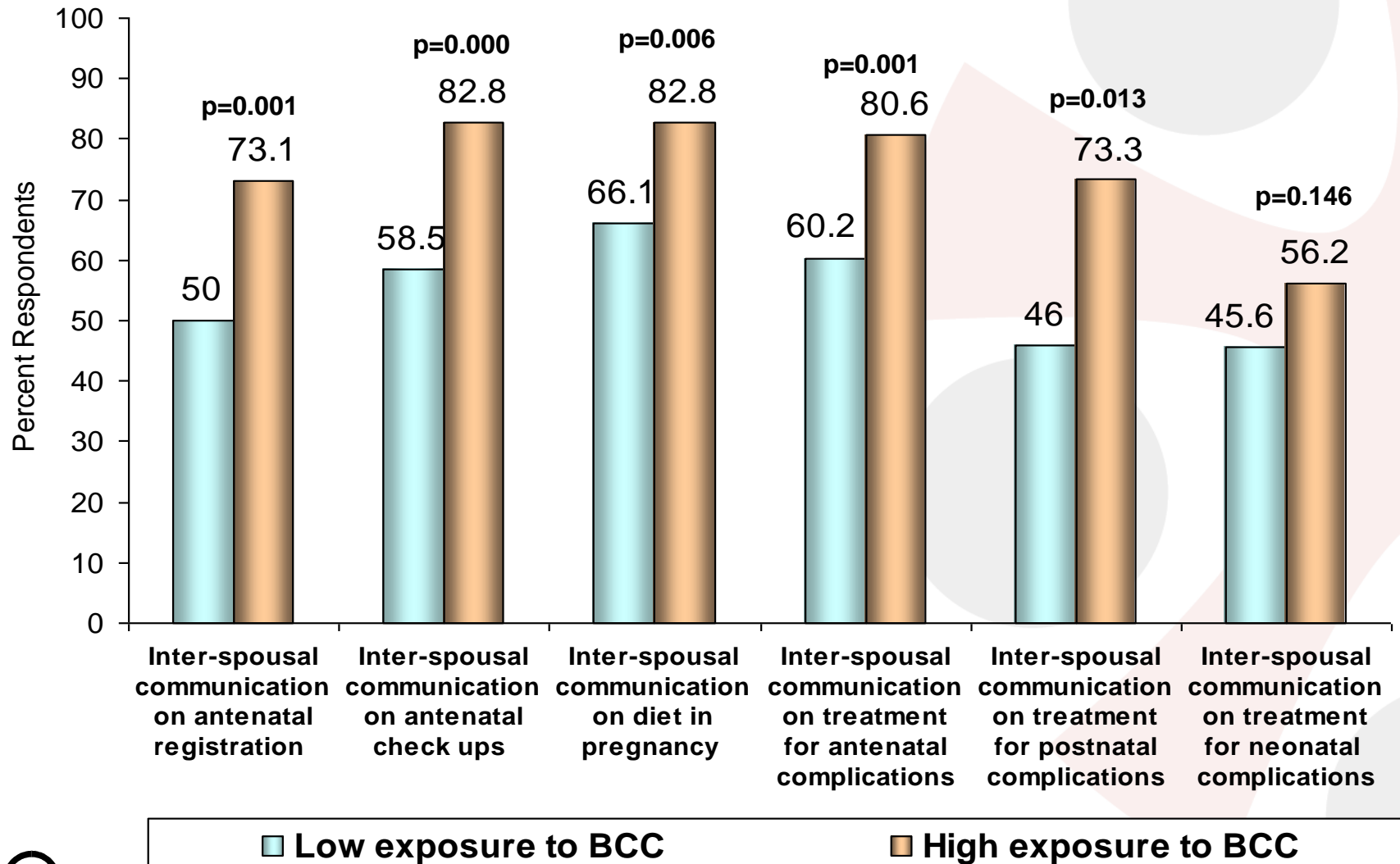
# Association Between Need Specific BCC & Knowledge of MNH



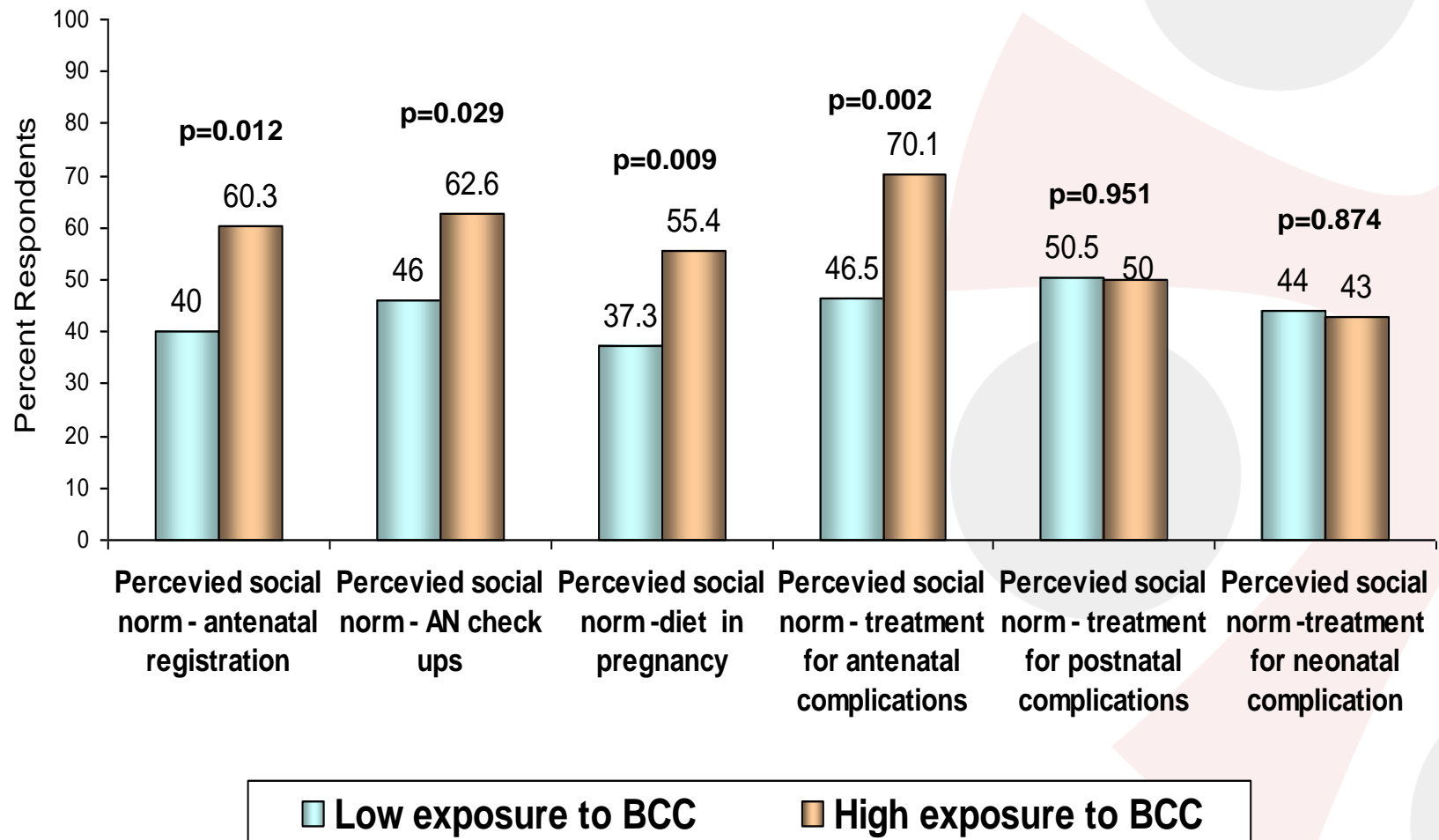
# Association Between 'Need Specific BCC' and Demand for MNH Services



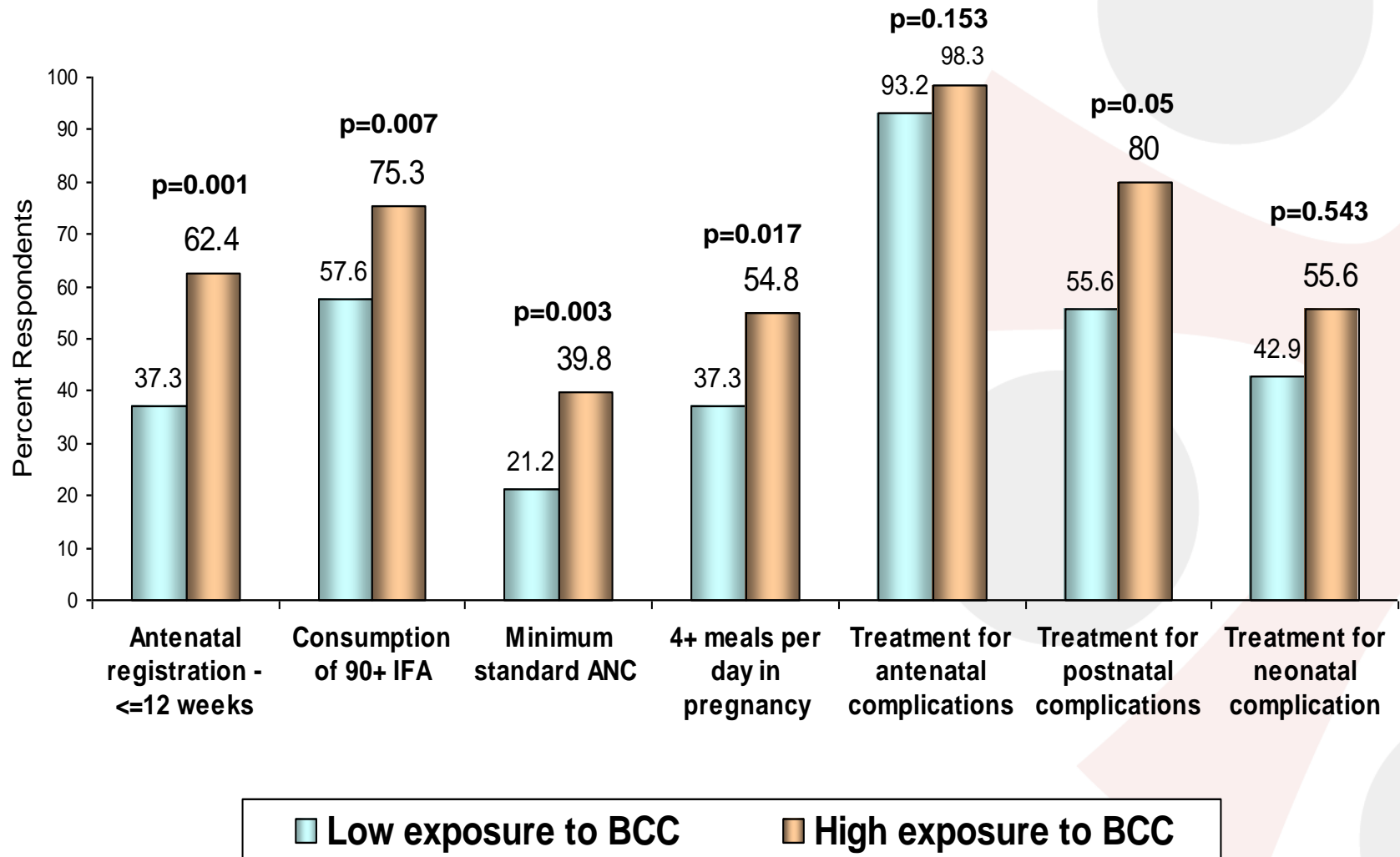
# Association Between Need Specific BCC and Inter-spousal communication on Key MNH Issues



# Association Between 'Need Specific BCC' & Perceived Social Norms towards key MNH Services



# Association Between Need Specific BCC & Maternal & Neonatal Health Behaviors



# Adjusted odds of Predictors of Maternal Health Behaviours

Variable	Category	Minimum standard ANC	4+ meals during pregnancy
Exposure to BCC	Low +	1.0	1.0
	High	2.4*	2.0*
Inter spousal communication	No +	1.0	1.0
	Yes	3.2*	1.41
Demand for MNH services	Negative +	1.0	1.0
	Positive	3.3*	1.1
Perceived social norms	Weak +	1.0	1.0
	Strong	2.3*	1.2

\* -  $p < 0.05$  + Reference category  
 Logistic regression analysis - adjusted for age, education of respondent, education of husband, family type, presence of mothers in law, no of rooms in the household

# Study Findings

## C. Findings based on Qualitative data





# Qualitative Research – Findings

## Behaviors – relatively difficult to change:

- Initiating breastfeeding within 1 hour
- Giving pre-lacteal feeds
- Applying oil on cord stump
- Branding abdomen of newborn
- Bathing newborn immediately after birth
- Diet of post-natal mother

## Behaviors – relatively easy to change :

- Getting pregnancy confirmed
- Registration before 12 weeks of pregnancy for ANC
- Standard 4 antenatal check ups
- Hospital delivery
- Frequency of diet during pregnancy

Source: FGDs with Link Workers, Supervisors & Team Leaders



# Qualitative Research – Findings

- **Earlier we used to give all BCC messages to pregnant women regarding care during pregnancy. Mostly they never used to pay attention.**
- **Now we find out what information they need and give them BCC according to their needs. Since we focus on their needs they listen and even ask questions. With Need Specific BCC we feel they are more likely to adopt behaviors suggested by us.**

**(Source: FGDs with Link Workers & Supervisors)**

# Conclusions

**Need Specific BCC is associated with significant increase in :**

- Knowledge about MNH
- Demand for MNH services
- Inter-spousal communication
- Positive perceived social norms
- Household behaviors e.g. Consumption of IFA tablets, Diet
- Utilization of MNH services – e.g. Early AN registration, Minimum standard ANC, treatment of Maternal Morbidity



# Acknowledgements

## Authors

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- 2. Sure Start Project, PATH**
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# Thank you

