



## **To develop and field test a package of audio recordings for pregnant women as per WHO (2016) guidelines**

Pregnancy is a period when a woman requires antenatal care by a skilled healthcare provider in order to ensure the optimum health status for both mother and baby. WHO revised the recommendations on antenatal care in 2016. The overarching aim of the 2016 WHO ANC model is to provide a positive pregnancy experience (PPE) to the pregnant women with the intention of reducing perinatal mortality.

Swach did a situational analysis on positive pregnancy experience (PPE) during the antenatal period in two districts of Haryana, India. The findings of the study showed that less than 50% of the families had smart phone. Antenatal visits were made by the pregnant women and more than 50% of the beneficiaries met WHO standard of minimum 8 antenatal visits. The coverage of ultrasound was good. The clients were not satisfied with the short interaction done by the provider. More than 21% of the pregnant women were depressed as per EDPS scale. In addition, nearly 35% of the woman had varying degree of anxiety. when asked 90% 'of the women were willing to become a member of a participatory learning group.

### **Implementation Question**

Is it feasible to develop and test a learning package to promote positive pregnancy experience (PPE) through participatory learning for action (PLA) groups.

### **Objectives**

- To develop a package of audio recordings for pregnant women to improve their knowledge in care seeking and enhance self-care during pregnancy as per WHO recommendations.
- To assess the acceptability, simplicity, cultural relevance, and content of the package.
- To use the package through PLA groups by phone and on-site.

### **Methodology**

WHO guidelines (2016) on positive pregnancy experience were reviewed and relevant information was extracted that would promote self-care and early appropriate care seeking. Ten titles were short listed. The topics were written in English and after that they were translated into Hindi language. While writing it was ensured that the content should be compatible with WHO guidelines. After translating the content it was recorded in Hindi language for use in the project. The minimum duration of audio was 7.5 minutes and maximum was 18.6 minutes.

### **Field PLAs**

25 Ashas were selected and they were oriented and audio recordings were uploaded on their phones. They were asked to conduct group meetings with pregnant women twice a week. A reporting format was provided to ASHAs to report each session. ASHAs faced problems in conducting sessions with same pregnant women. As a result, the attendance got reduced in second session. After having discussion with the principal investigator a decision was made to revise the methodology. More ASHAs were involved and oriented so that more sessions could be held. Every session was evaluated at the end by field staff. A total of 25 sessions were held in 70 villages, each audio was played 25 times with different respondents by 77 ASHAs. A total of 2161 pregnant women were evaluated.

### **Mobile PLA's**

Families having smart phone with internet facility were selected by swach supervisors with the help of ASHAs. Two participatory learning for action (PLAs) groups of 50-60 pregnant women were formed. It was ensured that these women were not members of field PLA groups. Audio recordings were sent twice a week and regular chats were done with these pregnant women. Women were told to send a sign of thumb when



they have listened to the audio. Then these women were interviewed. This process was completed in 2 months. During the period 20 women left the group and 13 delivered. A total of 567 pregnant women were evaluated.

### **Survey Monkey**

A survey monkey was conducted with the PLAs group members with the objective to evaluate the acceptability, simplicity, cultural relevance, and their suggestions to improve Positive pregnancy experience (PPE). This survey could not be done with field PLA members due to non-availability of smart phone with every member and time restriction.

### **Results**

In both the PLAs groups (field and mobile) no pregnant women was less than 18 years of age. There was a big difference in the education status of the field and mobile PLAs. In field PLAs more than fifty Percent of women were educated up to matric where whereas in mobile PLAs majority i.e. 64% of the women had education of more than matric.

In both PLAs there was high acceptance of the audios about the language used, audibility, selection of topics and their duration. In mobile PLAs 14.5% of the participants suggested that their sessions should be organized on a daily basis as compared to only 3% members of field PLAs. The knowledge of participants in face-to-face PLA groups was poor about danger signs(14.4%) and family planning(65.3%) as compared to 20.3% about danger signs and 98% about family planning in the mobile PLA groups.

The results of Survey Monkey showed that 85% of pregnant women have a personal smart phone. Five audios were heard by more than 70% of the respondents. The most liked audios were diet and nutrition, happiness during pregnancy, and antenatal care. The least liked audio was social endowments family planning and birth plan.

### **Strengths of PLAs experience**

- Face-to-face PLA addresses the problem of inequity since women who do not have a smart phone can get the benefit of the information shared.
- All the members of phone PLAs group had all the 10 audios on their phones, thus they can listen to the content whenever they feel.
- Phone PLA group members were able to get guidance regarding diet, ultrasound report and Iron & calcium supplements through phones as they participated in chats and were able to make phone calls also.
- The members of phone PLA group were able to participate in survey monkey.
- Mobile PLA participants from different locations were able to communicate with each other and share each other experiences.

### **Challenges of PLAs experience**

- 1) Face to face PLA involves logistic issues relating to the mobilization of pregnant women and gathering at one common place.
- 2) Face-to-face PLA group's respondents varied from session to session whereas mobile PLA group participants remained the same throughout the study.
- 3) The mobile approach excludes women who are poor and do not have a smart phone with internet connectivity.



- 4) There was a three-day interruption in internet services in a few locations. This affected phone connectivity. Thus audio had to be resent.
- 5) Participants of mobile PLA groups didn't know each other as there was no face-to-face exposure. Whereas face-to-face PLA group members were well familiar with each other.