

Reproductive and Child Health Program Implementation in India. Focus Group Discussion with Auxiliary Nurse Midwives in Andhra Pradesh.

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India launched in 1997 the Reproductive and Child Health (RCH) program. The main objective of the program was to meet the total needs of both mother and child, starting from care of the young married girls, ante natal care, child birth and care of new born as well as children under 5 years. It includes components relating to sexually transmitted disease (STD) and reproductive tract infections (RTI). The Andhra Pradesh state in addition drew up a Vision 2020 document setting ambitious health status and population program goals. Female multipurpose health workers popularly referred to as Auxiliary Nurse Midwives (ANMs) are at the cutting edge of RCH service delivery. To understand various aspects of the program implementation and gain insights for future action, we conducted six Focus Group Discussions (FGD) with 53 ANMs. The specific objectives of the FGD were (a) to seek creative ideas to improve the women and child health status in the state (b) to elicit opinions, perceptions, and understandings about implementation of programs in their respective districts and (c) to discuss about new and potential programs, so as to improve reproductive and child health in the state. We report here results of these ANM focus group discussions².

Methods:

The authors discussed among themselves various aspects of the focus group methodology (Stewart and Shamdasani, 1990; Scrimshaw and Hurtado, 1987) to fine tune and align their common understanding. These reviews emphasised the role to be played by the moderator and the recorder, preparation of the discussion guide and how to manage the group dynamics. A discussion guide was prepared to provide direction and set the agenda for the FGD. Briefly, the discussion guide asked the moderators; (a) to exhort the participants to place themselves in the role of the Governor, the Chief Minister, and / or the Health Minister of the state, (b) assume that the participants have full authority but have to operate within the overall socioeconomic environment of the state, (c) collect their life time experience and insights from the field, then (d) ponder how to improve maternal and child health in the state, and (e) how to improve the reproductive and child health services in the state. The moderators and recorders were advised not to suggest potential answers, steer the discussion to start from general issues and then proceed to specific problems, while maintaining a low profile. Pre testing of the discussion guide and a pilot FGD would have been ideal. Due to time constraints these were not carried out, instead a mock FGD was conducted with IHS research personnel as participants. Based on the mock FGD necessary changes were carried out to the final discussion guide.

¹ All the Authors were at the Institute of Health Systems at the time of the study. The current positions of the Authors, as on December 2003 are as follows. Prasanta Mahapatra: Prl.Secretary, Women and Child Welfare, Government of AP; Panati Samatha Reddy: MCH Candidate, Boston University School of Public Health; N.Mary Nancy, Research Assistant, IHS.

² Detailed report of the Focus Group Discussions have been published as Report Series- RP 18/2002. This paper summarises the key discussions and conclusions arising from them.