Original Article

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Experiences of Female Community Health Volunteers Regarding Maternal and Newborn Care in Kaski District

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ABSTRACT

Introduction: Female Community Health Volunteer plays vital role in maternal and newborn health of community. Despite being a backbone of health care system of Nepal to reduce maternal and neonatal mortality they are facing different challenges from family, and community while performing their role. Limited studies are being done in this area, so the researcher aimed to explore the experiences of female community health volunteer while performing their role.

Method: A Hermeneutic Phenomenology design was used to collect data from purposively selected twelve Female Community Health Volunteers of Pokhara-11, Kaski district. Data was collected by in-depth interview method using semi-structured interview guidelines. Ethical approval for the study was obtained from the Institutional Review Committee. Data was transcribed and analyzed using the seven-step Collaizi method.

Findings: After analysis of the experiences of study participants emerged eight themes and twenty-nine sub themes. The themes were providing antenatal care, postnatal and newborn care, under-five children care, cross-cutting maternal and newborn health activities, motivating factors, challenges, expectation of female community health volunteers and communication system. People praise and accept their health advice and visit health centers for care.

Conclusion: It is concluded that the participants have experienced both motivation and barriers from family, community and health institutions while providing care to the community. Some people listen and praise their effort and follow their health advice while some ignore them. Good health of mother and child bring dedication to continue to serve the people. The study provided comprehensive information on members working in grassroot level of health and will help local leaders to use these findings for enhancing their performance by addressing their problems.

Keywords: Challenges, community, female community health volunteers, maternal and newborn health

INTRODUCTION

Female community health volunteer is the nationwide community health care program of Nepal. Female community health volunteer (FCHVs) are considered backbone of health care of Nepal that plays a vital role in maternal and newborn health of the community. FCHV program is supported by the National Health Policy, Safe Motherhood Road Map and Sustainable Development Goals, with the aim of reducing maternal and neonatal mortality in Nepal. They provide health education and basic health services to the community in areas of safe motherhood, family planning, immunization, nutrition, communicable and epidemic diseases, acute respiratory tract diseases, diarrhea and non-communicable diseases to promote health and prevent diseases.[1] They received total 18

days training in two phases (9+9) days based on module on safe motherhood which included number of antenatal visit, necessary of antenatal visit, birth preparedness, danger signs of mother and newborns, family planning, immunization, etc.

A cross-sectional study on Nigeria found that the use of modern contraceptives increased among young married women when they were visited by community health care workers ($p<0.03$).[2] A qualitative study conducted on Community Health Worker (CHW) in Uganda revealed that lack of transport which causes delays reaching their clients, lack of health services or commodities in their locality to use for community members.[3]

A study conducted in India to assess the effect of Accredited Social Health Activist (ASHA) program on the utilization of maternity services found that exposure to ASHA services was associated with an increased number of antenatal visits by 17%, skilled birth attendant delivery by 25%, and institutional delivery by 25%.[4]

A qualitative study conducted in Nepal found that FCHVs are praised by health workers for maternal health improvement where they increased attendance of women for antenatal care, delivery and postnatal care in the health institutions. Similarly, they relied on the recording of FCHVs. However, the geography of Nepal made people difficult to reach the health centre on time, and FCHV had to conduct deliveries, though they were not authorized and not recognized as skilled health personnel. FCHVs loved to go outside of the houses, meet new people, get respect from health workers for the work they did and were happy with the recognition they got from the public. They also felt good while attending the training which motivated them at work.[5] A national FCHVs survey revealed that they are motivated by community appreciation, recognition and respect from the community, and support from their family members.[6]

Limited studies have been conducted to explore the experiences of female community health volunteers. This study aims to explore the experiences of female community health volunteers regarding maternal and newborn care. The findings of this study could be advantageous to healthcare providers and local leaders in developing work plans that can enhance their performance by addressing their problems so that the community could benefit even more from their services.

METHODS

Qualitative research design specifically hermeneutic phenomenological design was used to capture the details accounts relating to subjective experiences of activities of female community health volunteers regarding maternal and newborn care.

The study was conducted in Kaski district of Nepal. The study participants were Female Community Health Volunteers having more than 2 years of experience and who were willing to participate in the study. Twelve participants were selected using non-probability purposive sampling techniques as these participants meet the criteria of having 2 years of experiences. No one of them refused to participate. The study has received ethical approval from the Institutional Review Committee of Institute of Medicine (IRC No. 43(6-11) E2 080/081). A preliminary study was done among two participants. The researcher (primary author) conducted the interview herself.

The time and the place for in-depth interview (IDI) with each participant was set before data collection as per the convenience of the participants. A reminder call was given by taking permission from the participants in advance, a day before and on the day of the interview. One to two participants were interviewed in their convenient place and time in a day.

The researcher explained the purpose of research to participants, informed their participation was voluntary and interviews would be recorded. Privacy was maintained by collecting information in a separate place as per participants convenience where most interviews were conducted in participants' home. Confidentiality was maintained by storing all information in separate files on a password protected computer.

Data was collected via in-depth interview method using semi-structured interview guidelines from September 19 to October 13, 2023. The guideline consists of socio-demographic information in part 1 and general questions related to experiences in maternal and child health in part 2. Date, time and place for data collection set before data collection as per participant's convenience was followed. Field notes and audio-recordings were maintained. Code was given to each participant and the recordings by Arabic number. Interviews lasted for 45 to 60 minutes in a place where participants feel comfortable. Repeat interviews were conducted. Data saturation was maintained using "Boot Strapping Technique".[7] Data was transcribed, translated and analyzed by moving back and forth between transcripts, field notes on the basis of seven-step Collaizi method. Prolonged engagement with transcripts, audio recordings, with peer review was done throughout study. The author was fully involved in analysis. The developed theme was finalized after verification with two research participants and discussion with the research advisor. Detail track record of the data collection was maintained to ensure stability and consistency.

RESULTS

The age range of the participants is 30 to 57 years (mean 42.25 years). The number of FCHV who have completed secondary level were five, higher secondary was four and those who have completed bachelor level was one. Their work experience ranged from 2 and half years to 33 years. The number of families they covered ranged from 25 to 300.

Exploration of experience of FCHV regarding motivation and challenges emerged eight themes namely: (1) Providing antenatal care, (2) Providing postnatal and newborn care, (3) Providing under-five children care, (4) Cross-cutting MNH activities of FCHVs, (5) Challenges faced by FCHVs, (6) Motivating factors, (7) Communication system and (8) Expectations of FCHVs.

Theme 1: Providing antenatal care

Participants mentioned that they faced emergency situation of providing care in road related to pregnancy. They provided health message primarily on various topics which includes medicines, vaccines and self-care. They met people with financial difficulties and had to handle those situations. The family members along with pregnant woman listened and followed her advice.

> *".........In our locality, one woman delivered at home in the seventh month she was prepared to send to hospital without cutting umbilical cord. Later, mother and child were good when we went there to look." (FCHV 4)*

> *"...... A five months pregnant woman had vaginal bleeding. She was also a patient of hypertension and heart disease. So, she had to be kept in ICU. At that time, she had no money, so we all collected money for her and gave it for her treatment: Amount of Rs. 5000 from mother's group and Rs. 100 from each house. This helped to provide care for her." (FCHV 5)*

Theme 2: Providing postnatal and newborn care

One participant expressed sadness by mentioning that she had to cover more houses in compared to friends. They experienced critical health conditions of child while monitoring mother's and child conditions in home visit and faced difficulties coordinating with such parents to convince them for hospital visit. The postnatal woman went to hospital for check-up or to health post. They emphasized the care of mother and newborn.

> *"..... There was a malnourished child. I advised child's parents to take him to a hospital many times and also advised them to do this and that when I went to their home several times. Later I took them myself to the health post and ward office and kept them in the health education program, they still ignored me. That situation was difficulty. That situation was difficult. In case of a child, it's difficult as a father consumes alcohol and it is difficult to give health advice. But later, I succeeded, and they followed ne and got the treatment. This*

is the situation. Besides that, it's not difficult for me to work." (FCHV 4) This participant ended her saying through feeling of despair where she said, "*uff, tetibela ta sarhai garo bho".*

"........We don't look after newborns, so I sent newborn baby to health post, saying that they can get every health service there from health post. I have knowledge and experience on newborn examination, so I referred them to the health post to get newborn care immediately after giving birth and during health check-up of postnatal mother." (FCHV 3)

"...... *I had extra houses to cover compared to my friends, however one friends has supported me while collecting data and making our region a completely immunized region and she had shown me which houses needed to be covered by me." (FCHV1)*

Theme 3: Providing under five children care

According to participants, they used to look after the immunization status of under-five children. Participants felt the problem of immunization clinic being far for people to reach within 30 minutes distance. If they find situation of not following the schedule, then they request parents to get their child being vaccinated. Similarly, some people did not listen and followed their health messages.

"...We also taught them what and how to feed children, and what way, nutrition can be managed for child. We asked them how they fed, and we showed them how to feed, checked whether they were feeding properly or not. Some people did not listen and followed what we said. They felt like they knew better than that. Similarly, there were people coming from outside were listening to our topic so nicely and response us like telling, "oh", "ok". Whereas some people behaved as if they were not paying attention to what we were saying. Despite that, I made sure to convey my message fully." (FCHV 5)

"...... There are no immunization facilities in the outreach clinic, we had to send to a basic school for this service. But it's difficult for them to go to an immunization clinic, so I told them to go where it is convenient for them. We are planning to conduct an immunization clinic close to us. I had complaints on immunization, but other things are going well." (FCHV 4)

Theme 4: Cross-cutting MNH activities of FCHVs

Participants said that they provided services in fields of family planning, senior citizens, and adolescents. They faced difficulties on getting health information from other family members except mother about vaccination. Similarly, difficulty arose on gathering information on hypertension, diabetes, etc.

"......I carried condoms which I distributed to people. People had not asked for pills till now. I gave advise or health messages on devices such as, when to use, what are the side effects like I told them pills should be consumed daily, depo should be used in every 3 months in hand and implant can work 5 years which is inserted in upper arm and IUCD works for 12 years. ICUD is placed inside women's uterus. I told them these types of things, and I also said them to go health posts for additional information and services." (FCHV 10)

"......... I collected information on the number of pregnant women, under five children, adolescents, number of senior citizens. I prepared a report and provided the report once a year to health post staff. We also take information of what services we gave to them by making tally marks and we gave full information to them." (FCHV 2)

Theme 5: Challenges faced by FCHVs

The participants said they faced challenge in their work in their beginning days and at present too. They expressed sadness telling working with people from different backgrounds such as higher-class families was stressful. They got blamed, scolded and ignored by the community

people. Participants said they cannot complete the assigned task within 2 days. Similarly, it was difficult for participants to reach the health post. The challenges are different in the past and the present based on the national policy and their exposure.

> *"... During my entering phase, it became hard for me during home visit and to gather records as people come and spoke back-to-back us like "who are you?", "why are you coming in my house?". Some of them even thought that I was a repair person repairing home appliances in their house like gas. Now, they ask me about the health program. So, there is no problem at present." (FCHV 7)*

Theme 6: Motivating factors

Participants were self-motivated to volunteer. All of the participants said they were motivated because of supportive family members. Community people positive responses on them and their praises motivated the participants to work. Health care staff supportive supervision and timely provision of sufficient medicines were motivating factors in their services. The community members participate in health activities followed by improvement in people's health status add to their motive of serving the community.

> *"...... I am happy. I will continue, I want to do and don't want to leave. There are no barriers in working. If any problem arises in work or I won't be able to continue at that time, I will think and make my decision." (FCHV 12)*

> *"........ My family members are so good and supportive. My husband is also supportive. Children have grown up. Father and mother-in-law are supportive. If I talk about it to you, you will not believe. I am here due to my father in law's support, he respected my activities and encouraged to continue the activities what I am doing." (FCHV 11)*

Theme 7: Communication system

Participants felt easy to communicate. Similarly, they experienced that people easily understand and listened to them while communicating. They used their mother's group, social media and sang song and poetry to convey their health messages to community members.

> *"...we conveyed them from phone call too. Nowadays, we have messenger too, so it is easier for us to communicate. They received our messenger group call too. If anyone was busy and was unable to answer our call, we informed them individually, or to their family members or nearby relatives or neighbours. So, it's not difficult for me. For new members of the society, it may be difficult once, but it gets easier gradually." (FCHV 7)*

Theme 8: Expectations of FCHVs

Talking about the factors that could improve the performance of participants, they mentioned that the improved knowledge and skills facilitate better performance.

> *"...... When a new vaccine gets introduced, we do not know enough and so for this we need training to know more about them such as which vaccine to give, and when. The thing is that I am confused on newly introduced vaccine. So, I think we need training for that." (FCHV 7)*

DISCUSSION

The participants said that they worked for five years without receiving basic training and they had received refresher training. Similarly, they commented on need of further trainings to improve their knowledge which is similar to the study conducted in Hill and Mountain regions of Nepal in 2019 where it was found that new FCHV had not been given proper training by the government. FCHVs addressed the need for refresher training to update their knowledge.[8]

In this study, participants said that they were blamed and ignored by community people. Community people said that FCHVs were

providing volunteer services for their own benefit but not to serve the community. FCHVs also got scolded from people during home visits which is consistent to the study conducted in Terai region of Nepal where FCHVs were scolded saying FCHVs earned money from the government side. [9]

Participants did not ignore any families but faced difficulties in dealing with people of different socio-economic background such as higher-class families. They did not open door and did not listen to them which is inconsistent with the study conducted in Uganda where CHW purposively avoided providing services to people of high community status, like politicians, rich households, etc. [3]

In this study participants mentioned that receiving awards from people and ward were motivating factors. Community people also recognized their contribution as their services helped in the improvement of their health. Such praise and rewards were considered as moral support for FCHVs in this study which is in line with the study conducted in Tanzania to explore the source of motivation of CHW where the participants said that the encouragement of community people and moral support help in their work performance as a motivating factor. [10]

The findings of study might be useful for health post staff and ward members of ward no. 11 of Pokhara to develop workplan for FCHVs in collaboration with different health care team members to enhance their performance so that the community people could be benefitted even more by their services. The findings of the study might be helpful for further researchers.

The nature and amount of information given by participants depends upon their interaction with the interviewers, the circumstances surrounding the interview and their motivation for participating in the study so that the information might be different is the limitations of the study.

CONCLUSION

It is concluded that participants have both support and challenges from family, community and health institutions while providing maternal and newborn care. There were mixed perceptions by the community people about their services. Participants have expectations for increased incentives and training from concerned authorities as a motivation to work. Hence, the findings should be considered by concerned authorities to facilitate their work and overcome their challenges. But lastly, integration of skilled health personnel and their mobilization in different level of health services brings quality services to the mothers and newborns, because all women deserve quality care by skilled professionals a human right approach.

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REFERENCES

1. Agarwal S, Curtis SL, Angeles G, et al. The impact of India's accredited social health activist (ASHA) program on the utilization of maternity services: a nationally representative longitudinal modelling study. *Hum Resour Health*. 2019;17:1–3. https://doi.org/10.1186/s12960-019-0402-4

2. Brooks MI, Johns NE, Quinn AK, et al. Can community health workers increase modern contraceptive use among young married women? A cross-sectional study in rural Niger. *Reprod Health*. 2019;16:1–0. https://doi.org/10.1186/s12978-019-0701-1

3. Greenspan JA, McMahon SA, Chebet JJ et al. Sources of community health worker motivation: a qualitative study in Morogoro Region, Tanzania. *Hum Resour Health*. 2013;11:1–2. https://doi.org/10.1186/1478-4491-11-52

4. Guest G, Namey E, Chen M. A simple method to assess and report thematic saturation in qualitative research. *PLoS One*. 2020;15(5):e0232076. https://doi.org/10.1371/journal.pone.0232076

5. Lee M. Engaging female community health volunteers in maternal health services and its satisfaction among village mothers in Hill and Mountain Regions, Nepal. *AIMS Public Health*. 2020;7(4):778. Available from http://www.aimspress.com/article/10.3934/publichealth.2020060

6. UNFPA, UNICEF. Ministry of Health and Population Department of Health Services Family Health Division. The qualitative study on assessing supply side constraints affecting the quality of adolescent friendly health services and the barriers for service utilization in Nepal [Internet]. 2015 [cited 2025 May 18]. Available from: https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/fchv_2014_national_survey_report_executive_summary_508.pdf

7. Tuladhar S, Delius M, Siebeck M et al. Standards of care and determinants of women's satisfaction with delivery services in Nepal: a multi-perspective analysis using data from a health facility-based survey. *BMC Pregnancy Childbirth*. 2024;24(1):132. Available from https://fwd.gov.np/wp-content/uploads/2022/10/NMS-Vol-III.pdf

8. Okuga M, Kemigisa M, Namutamba S et al. Engaging community health workers in maternal and newborn care in eastern Uganda. *Glob Health Action*. 2015;8(1):23968. https://doi.org/10.3402/gha.v8.23968

9. Panday S, Bissell P, Van Teijlingen E et al. The contribution of female community health volunteers (FCHVs) to maternity care in Nepal: a qualitative study. *BMC Health Serv Res*. 2017;17:1–1. https://doi.org/10.1186/s12913-017-2567-7

10. Swechhya B, Kamaraj R. Female community health volunteers program in Nepal: perceptions, attitudes and experiences on volunteerism among female community health volunteers [Internet]. [cited 2025 May 18]. Available from: http://www.ijims.com