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EVALUATION OF ACCREDITED SOCIAL HEALTH ACTIVIST'S ACTIVITIES IN JANANI SURAKSHA YOJNA IN A RURAL AREA OF GWALIOR DISTRICT, MADHYA PRADESH

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ABSTRACT

Background: ASHA is a health activist of Janani Suraksha Yojna under NRHM formulated to promote maternal and child health. This study was conducted with the purpose of evaluating knowledge, attitudes and practices of ASHA workers in relation to maternal & child health.

Methodology: The study was conducted in a rural field practice area of G. R. Medical College, Gwalior using purposive sampling technique in 6 months duration. Active ASHAs working since at least 6 months and mothers delivered within last 6 months & giving breastfeeding to her child were included. Total 88 ASHAs were included. A pre-tested semi-structured questionnaire was designed for ASHA workers from their training module 2.

Results: Antenatal registrations by ASHAs were 43%. ASHAs helped all the beneficiaries for JSY scheme registration. Eighty eight percent ASHAs were present with them at the time of delivery and ASHAs helped to 93 percent beneficiaries for getting JSY benefits to them. However in case of postnatal checkups only 33.33% ASHAs were found active. Level of knowledge and work performance was found in ASHAs respectively 50.85(±20.97) and 57.58(±18.90), that was statistically significant (<0.01)

Conclusion: Observation of our study point towards better maternal and child health care in the area, which can be attributed to institutional delivery of pregnant mother related with significant monetary incentives.

Keywords: ASHA, Maternal care, JSY, Postnatal, Breastfeeding

INTRODUCTION

Despite considerable gain in health status in the past few decades in terms of increase in life expectancy, reduction in mortality and morbidity, some improvement still remained especially in maternal & child health. In developing countries, approximately 515,000 women die from complications related to pregnancy or childbirth every year. The current MMR in India is 178/per lakh live birth[1] and in developed world 9/per lakh live birth[2]. Such a discrepancy and inequity in distribution, access, and outcomes of maternal

care services poses a huge challenge to meeting the fifth Millennium Development Goal (MDG-5) to reduce maternal mortality by 75% up to 2015.[3] the tragedy is that these deaths are largely preventable. Global reviews and studies reveal that maternal deaths are clustered around labour, delivery, and the immediate postpartum period with obstetric hemorrhage.[4]

In order to decrease MMR & IMR in India introduced JSY which is an integral component of NRHM as a safe motherhood interventions aims to promote institutional deliveries especially among the poor pregnant women and also to provide better antenatal care and post natal care through facilitatory role of Accredited Social Health Worker (ASHA). ASHA is a health activist who would get performance-based compensation for promoting and motivating pregnant women for institutional deliveries with post natal care and newborn immunization[5].

As the ASHA is the first link between health care facility and community, the success of JSY in rural areas is highly dependent on ASHAs. Hence time to time assessment of their functioning is essential to give feedback for up-gradation of their efficiency and to promote rural maternal & child health. Thus this study was conducted to assess functioning of ASHAs in the Block Barai, District Gwalior.

METHODOLOGY

This cross sectional study was conducted in the Barai block rural area of Gwalior district. Eligible ASHAs included who had been active in the field for more than six month since the date of survey started. They were interviewed face-to-face using a pre-structured, pretested questionnaire and also cross checked with beneficiary who has given a live birth within last 6 months & whose child is still alive & on breastfeeding. Verbal consent was obtained both from ASHAs and beneficiaries.

The questionnaire had 31 knowledge and 20 performance related questions. Knowledge and performance were separately scored. [25% or less = poor (score 0); 26 to 50%=average (score 1); 51-75%.=good(score 2) and >75% very good(score 3) .Maximum score was 93 for knowledge related questions while 60 for performance related questions and minimum score was 0 for both in knowledge and performance.

Analysis was done in the form of percentage and contingency tables. Socio-economic status was determined as per Agarwal AK Social Classification (Modified BG Prasad classification).[6]

RESULTS

In our study 88 ASHAs were evaluated in which 45 ASHAs (54.5%) completed 5 years of working followed by 4 years (28.4%). Most of ASHAs (43.2%) had attended 5 training module and attended 6 block PHC meeting while 32.9% attended 4 training module and only 23.9% attended 1-3 module and attended less than 4 meetings.

In our study majority 70 ((79.5%) ASHAs were in the age group of 25-44 years. Majority of were Hindus (94.33%) and 49(55.7%) belonged to joint family and 79(89.7) were them married (table 1). Most of ASHAs 80(90.91%) possessed 8th to secondary level education and were belonged to lower socio-economic status. Most of the ASHAs 82(93.1%) knew about HIV transmission of pregnant mother to newborn.

In present study it is found that all the beneficiaries were helped in registration for JSY scheme. They were explained about transport assistance benefits & helped them to reach hospital by ASHAs. Most of the ASHAs (88%) were present with them at the time of delivery and 93 percent beneficiaries had taken ASHA's help to getting JSY benefits. Nearly 53 percent beneficiaries were helped by ASHAs in early registration and were provided IFA tablets followed by in receiving at least three ANC checkups and in getting TT injections (43%). Few of them (23%) beneficiaries were explained about danger sign by ASHAs which may develop during pregnancy. In our study only twenty nine percent beneficiaries were found help in getting nutrition supplement from Anganwadi during pregnancy (Table I). After pregnancy ASHAs were helped 77.2% newborn immunization following postnatal check-up advice to 43%, beneficiaries. Newborn care were provided by ASHAs only 28% while advice for exclusive breasting and early breastfeeding were given to 28.4% & 31.8% beneficiaries respectively(table II)

In our study 95% of literate mothers were registered for JSY in comparison to 84% illiterate women. However this difference was statistically insignificant.

Table I. Status of ASHAs (n=88) functioning regarding antenatal care

Activities	Yes (%)	No (%)
Helped in early registration of pregnancy	47 (53.4)	41 (46.6)
Helped in registration for JSY scheme	88 (100.0)	0 (0.0)
Provided and/or helped you in receiving at least three ANC checkups	38 (43.1)	50 (56.9)
Provided or helped in getting TT injections	33 (37.5)	45 (62.5)
Provided or helped in getting IFA tablets	47 (53.4)	41 (46.6)
Explained danger sign which may develop during pregnancy	21 (23.8)	67 (76.2)
Helped in getting nutrition supplement from Anganwadi	26 (29.5)	62 (71.5)
Explained benefits of institutional delivery	72 (81.8)	16 (18.2)
Explained transport assistance benefits for institutional delivery	88 (100.0)	0 (0.0)
Helped to reach hospital	88 (100.0)	0 (0.0)
Present with the beneficiary at the time of delivery	78 (88.6)	10 (11.4)
Helped in getting benefit of JSY	82 (93.1)	6 (6.9)

Table II. Status o f ASHAs (n=88) functioning regarding postnatal & Newborn care

Activities	Yes (%)	No (%)
Advised / Helped for postnatal check-up	38(43.1)	50(56.9)
Advised / Helped in getting nutritional supplement from Anganwadi	12(13.6)	76(86.4)
Advised / Helped in care of Newborn	25(28.4)	63(71.6)
Advised / Helped in Immunization of Your child	68(77.2)	20(22.8)
Advised / Helped in starting of Breastfeeding early	28(31.8)	60(68.2)
Advised / Helped in correct method of breastfeeding	23(26.1)	65(73.9)
Informed about exclusive breastfeeding	25(28.4)	63(71.6)
Counselled about Family Planning	45(51.1)	43(48.9)

About one third (32.79%) of mothers were self motivated and 30.60% were motivated by ASHA, and rest by family members or other sources for registration in JSY. Half of the mothers (51.1%) were counselled for family planning by ASHA but this Observed difference was statistically insignificant.

In present study it was found that 55.7% of ASHAs performed good, 23.8% performed average, 14.8% performed very good and 5.7% performed poor and in total they performed just above average (57.58±18.90) and which was shown association with ASHAs level of knowledge (50.85±20.97) and found significant statistically (<0.01).

DISCUSSION

For a NRHM programme to broaden its reach and have maximal impact, the involvement of ASHAs assumes great importance. It is one of the big challenges policy makers face in India, to ensure the participation of these beneficiaries, which is intimately linked with the success of the program. All antenatal and post natal care can be provided through the ASHAs after imparting the necessary continuous training to them. Although the study revealed gaps and weakness in the ASHAs with regard to knowledge and performance regarding maternal and child health care. It was observed that a majority of the mothers wanted to be a part of ASHAs health care.

Majority of the ASHAs (43.2%) had attended 5 training module while 32.9% attended 4 training module and only 23.9% attended 1-3 module, which is higher than the NFHS-3.[7]

In our study about half of the women (48.2%) took proper antenatal care which is much higher than NFHS-3 (2005-6) and Singh et al.[7, 8] Mothers seeking three or more antenatal checkups (43.1%) were higher than other studies.[8, 9]

The number of institutional deliveries (88.6%) conducted was much higher than other previous studies [8, 9, 10]. It may be due to increased awareness of JSY, in addition to presence of PHC and medical college in the vicinity.

Most of the mothers (93.1%) were taking the benefit of JSY, but majority of them (61.36%) registered only at the time of delivery. Comparison of our data to DLHS-3 shows that awareness about JSY has increased.[7]

However in case of postnatal checkups unregistered mothers (64.77%) had taken lead and it may be taken as an indication towards more

complications during or after delivery in unregistered mothers.

Monetary benefits under JSY can be the reason for the higher registration and more institutional delivery.

CONCLUSION

The present study was concluded that most of the ASHAs in study sample were Hindu, married, educated up to 8th class and were in the age group of 25-44 years. Thirty eight percent of them had good knowledge, 12.5% ASHAs had very good knowledge and while10.3% had poor knowledge. Knowledge of ASHAs regarding roles and responsibility, immunization, breastfeeding, antenatal care & intranetal care was found better than their knowledge about postnatal and newborn care.

On analyzing data for different activities it was found that ASHAs are more active in accompanying delivery cases, providing JSY benefits, helping in immunization and motivating couples for family planning while they were less active in providing post natal assistance, giving newborn care advice because foremost services are directly related with monetary incentives provided to ASHAs under JSY.

Education status of ASHAs, no. of training modules attended had significant impact on their knowledge and performance. Thus for improvement in their knowledge and performance re-orientation training programme should be organized.

Our study indicates towards a better mother and child health care by the ASHAs in the surveyed area. More stress should be given on registration at beginning in order to ensure safe motherhood. For most a monetary incentive was the sole reasons for registering in JSY, which, in turn, indicates a scope for further improvement by making the ASHA more active. However we feel that, safe motherhood practices though can be achieved through financial incentives; nevertheless, it should be a felt need of the community.

RECOMMENDATIONS

There should be more provision of incentives in monitory terms and capacity buildings in the weal areas can act as driving force in delivering better health services by ASHAs for those ASHAs whose overall performance will be good, to develop interest in themselves as well as other ASHAs. There is also need to develop community awareness regarding to avail the services of ASHAs.

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