



EVALUATION OF KNOWLEDGE OF ASHA WORKERS REGARDING VARIOUS HEALTH SERVICES UNDER NRHM IN SAURASHTRA REGION OF GUJARAT

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ABSTRACT

Background: Accredited Social Health Activist (ASHA) is the first port of call for any health related demands of deprived sections of the population, who find difficult to access health services. The knowledge about health services of ASHA is crucial for the success of NRHM. Objective of the study was to assess eligibility criteria for recruitment of ASHA workers and to assess knowledge regarding the activities of ASHAs on the various health services under NRHM.

Methods: Study was conducted in 9 PHC of 3 blocks in the Jamnagar district from March 2012 to February 2013 and all ASHA workers under these PHCs were visited on "Mamta Day" making a total sample size of 194.

Results: Nearly 80% of ASHAs were below 35 years and none is above 45 years. 83.51% of ASHAs were having education up to Secondary level and two-third of ASHAs (67%) belonged to lower socio-economical status, i.e. class IV and V. **Conclusions:** According to the findings of our study various selection criteria for recruiting ASHA workers were maintained in the district. Majority of ASHA correctly knew about various elements of the RCH programme but knowledge about other element were found deficient in notable percentage. So there is an urgent need for key actions at the District and Facility levels to improve ASHAs' knowledge.

Key words: ASHA worker, Health services, Knowledge, NRHM

INTRODUCTION

In the light of past experiences, Millennium Development Goals, National Population Policy, National Health Policy and feedback of National Maternity Benefit Scheme, the Union Government, Ministry Of Health and Family Welfare had decided to launch a new initiative. The initi-

ative was named as National Rural Health Mission (NRHM) (1).

The objective of the National Rural Health Mission is to strengthen the healthcare delivery system with a focus on the needs of the poor and vulnerable sections among the rural population. One of the main tenets of the mission is to identi-

fy one ASHA (Accredited Social Health Activist) per 1000 population in the rural areas with the purpose of supporting the community to access public health services (2).

There are certain criteria to be fulfilled by a woman to be an ASHA. She must be primarily a woman resident of the village- married /widow/divorcee preferably in the age group of 25-45 years with effective communication skills, Leadership qualities and be reach out to in the community. She should be a literate woman with formal education up to class 8th class. This may be relaxed only if no suitable person with this qualification is available. Adequate representation from the various disadvantaged population groups should be ensured to improve such groups better.

ASHA is the first port of call for any health related demands of deprived sections of the population, who find it difficult to access health services. She is creating awareness on health and its social determinants and mobilizes the community towards local health planning and increased utilization and accountability of the existing health services along with promoter of good health practices (3).

To a large extent, the actualization of the goal of NRHM depends on the functional efficacy of the ASHA as the grassroots health activist and the efficiency of ASHA depends on their awareness & perception about their roles & responsibilities in health care provision. Hence, present study is an attempt to assess the knowledge of ASHA workers in providing the health care services with following objectives;

To study eligibility criteria for recruitment of ASHA workers in study area and to study about knowledge of ASHA workers regarding various field activities on health services under NRHM.

METHODS

The study participants were ASHA worker in selected block and PHCs of the Jamnagar district. The study period was conducted from March 2012 to Feb 2013. Three blocks out of 9 blocks of the district were selected for the said study based on their performance/health indicators.

These performances/health indicators were taken from the district Panchayat office of Jamnagar district. These are MCH and UIP indicators which were collected by district Panchayat as a routine monthly reporting system from each

PHC. Further, these are compile by district Panchayat and express as a percentage performance of concern PHC then according to these percentage performance each PHCs and subsequently Blocks were categorized in to good average and poor performing PHCs and blocks by district panchayat personals. List of all 9 blocks including all PHCs under them with their category were collected from district panchayat and one block from each category was selected.

These three blocks were; Block 1(the good performing), Block 2 (the average performing) and Block 3 (the poor performing) were selected for the said study. Also 3 PHCs were selected in the same manner from each of block based on their performance/health indicators. All the ASHA workers of selected PHCs were enrolled in the study. Of the total 900 ASHA workers in the district, 205 ASHA workers working in selected block and PHCs of the district, 194 ASHAs were included in the study. 9 ASHAs could not be included in the study because of various reasons (viz. Absenteeism, not given consent, etc.)

Data were obtained with the help of pretested & semi structured Performa. ASHAs were visited on Mamta Day of respected PHCs and Sub-centers and knowledge testing was done through oral questionnaire method.

The data were entered in the computer, using the Microsoft excel 2007. Analysis was also done using the same software and results were presented as percentage of number of ASHA with correct responses.

Ethical Clearance: Present study was part of a dissertation submitted to Saurashtra University for the degree of MD (preventive and social medicine) and the study protocol was approved by institute ethical committee of Shree M P SHAH govt. medical college, Jamnagar.

RESULTS

Out of the total 194 ASHAs, 63 ASHAs (32.47%) were in the age group of 31-35 years, followed by 31.44% in the age group of 26-30 years. Also 30.14% were belonged to other backward class and 26.80% were of general category, proportion of schedule caste were 26.29% and schedule tribe were 16.49 %. Majority (89.69%) was married and having primary (49.49%) and secondary (34.02%) level of education and (67%) belonged to lower socio-economical status i.e. class IV and V.

Regarding knowledge of ASHA worker on maternal health component of RCH programme, Majority of ASHA (92.26%) correctly knew about minimum antenatal visit required for pregnant women and time for 1st TT injection (77%) but only two third of ASHA (65.98%) knew about correct dose & duration of iron folic acid tablets.

While checking for knowledge about the child health component, four fifth of ASHA (80.93%) knew about exclusive breast feeding concept correctly and around three fifth (60.31%) of ASHA knew about the method of prevention of neonatal tetanus. As far as ASHA's knowledge about vaccines was concerned, in present study majority of ASHAs were correctly knew about the age of immunization for BCG, Measles and Oral Polio Vaccine and the diseases covered by DPT vaccination, whereas only half of ASHAs knew correctly doses of Vitamin A given to children.

Knowledge about NVBDCP component is poor among the study participant as nearly half of them (53.61%) were knew about which diseases were transmitted by mosquito and around one third of them were aware about breeding places of mosquitoes (38.66%) and flies (32.47%).

Table: 1 Distribution of ASHA Workers

| Demographic variables | Frequency (n=194) (%) |
|--------------------------------|-----------------------|
| Age group (In years) | |
| 20 -25 | 35 (18.04) |
| 26 -30 | 61 (31.44) |
| 31 -35 | 63 (32.47) |
| 36 -40 | 29 (14.95) |
| 41-45 | 6 (3.10) |
| Caste | |
| General | 52 (26.80) |
| OBC | 59 (30.41) |
| SC | 51 (26.29) |
| ST | 32 (16.49) |
| Marital status | |
| Unmarried | 12 (6.19) |
| Widow/separated | 8 (4.12) |
| Married | 174 (89.69) |
| Educational status | |
| Primary | 96 (49.49) |
| Secondary | 66 (34.02) |
| Higher secondary | 22 (11.34) |
| Graduate | 10 (5.15) |
| Socio economical class* | |
| I | 4 (2.06) |
| II | 13 (6.70) |
| III | 47 (24.23) |
| IV | 80 (41.24) |
| V | 50 (25.77) |

*As per Modified Prasad SEC 1960 with CPI 969 (average 2012)

Table 2: Knowledge about Maternal and child health component under RCH-II programme

| Having knowledge about | Knowledge n=194 (%) | | |
|------------------------------------|---------------------|---------------|----------------|
| | Correct (%) | Incorrect (%) | Don't know (%) |
| Minimum Ante Natal Visit | 179(92.26) | 4(2.06) | 11(5.67) |
| Time For 1st TT Injection | 151(77.84) | 13(6.70) | 30(15.46) |
| Iron Folic Acid Tablets | 128(65.98) | 30(15.46) | 36(18.56) |
| Prevention Of Neonatal Tetanus | 117(60.31) | 63(32.47) | 14(7.22) |
| Exclusive Breast Feeding | 157(80.93) | 26(13.40) | 11(5.67) |
| Age Of BCG Vaccination | 163(84.02) | 18(9.28) | 13(6.70) |
| Disease covered by DPT vaccination | 142(73.20) | 34(17.52) | 18(9.28) |
| Age at which OPV vaccine is given | 157(80.93) | 22(11.34) | 15(7.73) |
| Age of measles vaccine | 169(87.12) | 20(10.30) | 5(2.58) |
| Doses of vitamin A in children | 97(50.00) | 80(41.24) | 17(8.76) |

*Figures in parenthesis shows percentages

Table 3: Knowledge of ASHA on various other activities AND on village health and sanitation committee

| Having knowledge about | Knowledge n=194 (%) | | |
|---|---------------------|---------------|----------------|
| | Correct (%) | Incorrect (%) | Don't know (%) |
| Diseases transmitted by Mosquito | 104(53.61) | 85(43.81) | 5(2.58) |
| Breeding Place Of Mosquito | 75(38.66) | 106(54.64) | 13(6.7) |
| Removal Of Breeding Place Of Mosquito | 49(25.26) | 140(72.16) | 5(2.58) |
| Breeding Places Of Flies | 63(32.47) | 125(64.43) | 6(3.09) |
| Member of Village health and sanitation committee | 141 (72.68) | 40 (20.61) | 13 (6.7) |
| Frequency of meeting of VHSC | 140 (72.16) | 41 (21.13) | 13 (6.7) |
| Uses Of Paracetamol | 176(90.72) | 12(6.19) | 6(3.09) |
| Primary treatment of snake bite /scorpion bite | 154(79.38) | 27(13.92) | 13(6.7) |
| Uses of ORS powder | 145(74.74) | 44(22.68) | 5(2.58) |

*Figures in parenthesis shows percentages

Almost three-fourth of ASHAs (74.74%) either did not know or gave incorrect answer for the method of removal of breeding places of mosquitoes which is a matter of great concern.

Majority of ASHA workers (90.72%) knew about correct use of Paracetamol as first aid in minor ailments. 75 – 80 % of ASHAs knew regarding the correct usage of ORS powder in case of diarrhoea and primary treatment of snake bite or scorpion bite. Around three fourth (72.68%) ASHA knew that they were the member of village health and sanitation committee and same number of ASHA (72.16%) knew that meeting held at the interval of 3 months.

DISCUSSION

The age structure of the ASHAs can be considered to be young as nearly 80% were below 35 years and none is above 45 years. This may be strength for programme as they are energetic and enthusiastic and may deliver better service with proper motivation and capacity building. Similar finding were also noted by Dr. Sarawati Swain et al in Cuttack (4) and by P K Garg et al in Haryana (5).

In the present study Almost all the ASHAs belonged to local community and acted as effective link persons in the delivery of health services and in providing health awareness. Which is supported by a study conducted by SIHFW, Lucknow in which they found that as much as 35% ASHAs came from general category, while 40% of ASHAs were belonged to OBC, 25% were SC (23%), and (2%) were ST (6). Contrary to it in the study conducted by Dr. Sarawati Swain et al in Cuttack, the caste composition reveals that the SC's (22.5%) and ST's (30%) together constitute more than half of the total sample, while OBC and General Castes are 21.3% and 26.3% respectively (4).

Regarding marital status according to guideline majority of ASHA workers were married and similar findings were also noted in study conducted by SIHFW Lucknow that 91.7% ASHA were married (6) and in Dr. Sarawati Swain et al in Cuttack in their study that majority of ASHAs (72.5%) were married, very few were separated (8.8%) and some were widows (18.8%) (4)

Regarding education level Similar finding as our study were noted in study conducted by SIHFW, Lucknow that 53.3% of the ASHAs had schooling up to Junior Higher Secondary And In the study

done by Dr. Sarawati Swain in Cuttack found that approximately half of the ASHAs have high school level education or more (42.5%) (4). Dr. Umrao Singh Rao also found in their study that majority (80%) of ASHAs were 8th class pass (7). This can be explained by the fact that selection criteria are 8th Class and at some places it has been reduced to 5th Class.

When taken into consideration regarding socio-economical background majority of ASHA in present study were from lower socio-economic class and similar finding noted by Swapam Mazumdar in Bihar that about 58% of the ASHA had poor economic background and rest were from middle and higher economic background (8) also In the study conducted by Dr. Darshan et al at Surendranagar, Gujarat found that 94.62% ASHA were belonged to socio-economical class IV and only 5.38% were belong to class III (9).

According to the study findings the knowledge level regarding various elements of maternal and child health were not very satisfactory and similar findings were noted by Bella Patel Uttekar et al In their study found that ASHA knew about BCG and DPT, however, their knowledge about OPV and Measles was 71 and 62 percent respectively (10) And Study conducted by Dr. P K Garg et al in Haryana found that 80% of ASHA knew satisfactory about polio vaccine and 75% about measles. 60% of ASHA having satisfactory knowledge about BCG vaccine and 62.8% about DPT vaccine (5) contrary to our study Aashutosh Sharma revealed that when asked about dosages of Vitamin A 81.66% ASHA from rural block gave correct answer (1).

Knowledge about Village Health & Sanitation Committee was found poor in ASHA workers. This issue is also supported by Swapam Mazumdar in Bihar in which they found that about 80% of the ASHA were ignorant of the existence of Village Health Committees (8) Also In the study Alok Lodh in Bihar (12) found that cent percent Sahiyya had no knowledge and information about Village Health & Sanitation Committee. In the study by Manmath K. Mahanty et al at Orissa found that only 50% of interviewed ASHA were members of VHSC (13).

CONCLUSION

According to the findings of our study various selection criteria for recruiting ASHA workers like age, education level and marital status were maintained in the district but still many ASHA

were not fulfilling the required eligibility So strict selection criteria should be followed in the recruitment of ASHA worker. According to the study findings the knowledge level regarding various key elements is satisfactory while on the other hand knowledge of ASHA workers in various areas of their functioning was lacking in a notable percentage. So there is an urgent need for key actions at the District and Facility levels to improve ASHAs' knowledge. Hence repeated capacity building workshops should be organized, especially function other than MCH services to enhance their capabilities for improving their efficiency in delivering the health care services.

REFERENCES

1. Aashutosh Sharma. Assessment Of Knowledge And Performance Of Asha In Udaipur District. Unpublished article, 2011, Dissertation Submitted To Rajasthan University Of Health Science, Jaipur, Rajasthan.
2. Nirupam Bajpai, Ravindra H. Dholakia. Improving The Performance Of Accredited Social Health Activists In India: Working Papers Series Columbia Global Centers | South Asia, Columbia University. Working Paper No. 1, May 2011.
3. S. C. Gulati, Raghubansh M Singh, Arundhati Kumari, Rajesh Raushan, Gagandeep Kaur. Rapid Appraisal Of NRHM Implementation: Population Research Centre, Institute Of Economic Growth, University Of Delhi Enclave, 2009; p167-70.
4. Dr. Sarawati Swain, Dr. Pushpanjali Swain, Dr. K. S. Nair, Dr. Neera Dhar, Dr. Sanjay Gupta, Prof. Deoki Nandan. A Rapid Appraisal Of Functioning Of Asha Under NRHM In Orissa. Health and population : perspectives and issues [incorporating nihae bulletin (estd. 1968) and the journal of population research (estd. 1974)] 2008;31(2):73-9.
5. P K Garg, Anu Bhardwaj, Abhishek Singh, S. K. Ahluwalia. An Evaluation Of Asha Worker's Awareness And Practice Of Their Responsibilities In Rural Haryana. National Journal of Community Medicine 2013;4(1):76-80
6. Dr Neera Jain, Dr N K Srivastava, Prof. Deoki Nandan. Assessment Of The Functioning Of Ashas Under NRHM In Uttar Pradesh. Lucknow, U.P. State Institute of Health & Family Welfare, 2007-2008. . Health and population : perspectives and issues [incorporating nihae bulletin (estd. 1968) and the journal of population research (estd. 1974)] 2008;31(2):132-40.
7. Dr. Umrao Singh Rao, Role of ASHA In Promoting Safe Delivery In Rajasthan. Population Research Centre, Mohan Lal Sukhadia University, Udaipur, 2007-2008.
8. Swapan Mazumdar. NRHM in Bihar: A Social Audit. PAGE NO28-30. available at: http://www.chsj.org/uploads/1/0/2/1/10215849/takin_gstock.pdf. Accessed on may 9th 2015.
9. Darshan K. Mahyavanshi, Mitali G. Patl, Girija Kartha, Shyamal K. Purani, Sunita S. Nagar. A Cross Sectional Study Of The Knowledge, Attitude And Practice Of ASHA Workers Regarding Child Health (Under Five Years Of Age) In Surendranagar District. Health Line 2011;2(2):50-3.
10. Bella Patel Uttekar et al. Assessment of ASHA and Janani Suraksha Yojana in Rajasthan. Center For Operations Research And Training (CORT), Vadodara, 2007. available at: <http://www.cortindia.in/RP%5CRP-2007-0302.pdf> .assessed on 8th may 2015.
11. Prof. D.K. Srivastava, Dr. Shiv Prakash, Dr. Vivek Adhish, Dr. K.S. Nair, Prof. Deoki Nandan. A Study of Interface of ASHA With The Community And The Service Providers In Eastern Uttar Pradesh. Department of Community Medicine (SPM), BRD Medical College, Gorakhpur, Uttar Pradesh, 2008-09. available at: <http://www.nihfw.org/doc/RAHI-II%20Reports/GORAKHPUR.pdf> assessed on 8th may 2015.
12. Alok Lodh, M Haque, Pranita Singh, Dinesh Singh Dipu, Sushil Kumar and Gitanjali Priti Bhatia. To What Extent Are ASHAs Able to Perform Their Assigned Roles? A Study of Muzaffarpur District in Bihar. Centre for Health and Social Justice 2008. p189-210.
13. Manmath K. Mahanty, Sudarshan Das, M. M. Misro, Pardeep Kumar, J. P. Shivdasani and Deoki Nandan. Functioning of Village Health and Sanitation Committees (VHSCs) In Orissa state. Health and Population: Perspectives and Issues 2008;31(2),113-119.