

## A STUDY ON AWARENESS AND PRACTICES OF ASHA WORKERS IN RURAL AREAS OF ALIGARH



### Medicine

#### KEYWORDS:

ASHAs,awareness,practices,rural areas

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### ABSTRACT

**INTRODUCTION**The Government of India launched the National Rural Health Mission on 12th April 2005,to provide primary health care to poor and vulnerable sections of the population.ASHA is Accredited Social Health Activist in each village,who acts as a bridge between the rural people and health services outlet.ASHA also provides a minimum of curative care package and makes timely referrals.The aim of this study was to assess the knowledge and practices of ASHA workers in rural areas of Aligarh.**MATERIAL AND METHODS**A descriptive cross-sectional study was carried out in rural areas of Aligarh.The six registered villages of Rural Health Training Centre,Department of Community Medicine,J.N.Medical College,A.M.U.,Aligarh,were chosen.Also the non-registered villages were also taken ,such that we took a total of 50 ASHAs for the study. The study period was of 4 months;January –April,2015.Data was collected using a pretested semi-structured questionnaire prepared in English and translated in local Hindi language.Informed consent was taken from the study subjects.The data was analysed by using SPSS software..**Results** Almost all of them were aware of anaemia, excessive vomiting, weak/no movement of fetus, swelling of feet and excessive bleeding as complications of pregnancy or delivery.98% of them knew about loss of fetal movements as an indication of referral of pregnant mothers,92% knew about labour pains starting before 8 months,90% knew about convulsions,88% knew about vaginal bleeding as indication. Almost every ASHA had awareness about her responsibility.e.g.immunization,attending deliveries,family planning,to provide antenatal care,education on exclusive breast feeding,86% were aware about basic curative services,72% about reproductive and sexual health problem,74% about registration of births and deaths and 40% about basic sanitation and hygiene. Major motivating factor for ASHAs were either to earn money(92%) or hope to get government job(88%).**Conclusion**ASHAs play very important role in providing primary health care but still they need to put into practice their knowledge about services.But many ASHAs are not aware about their role in assisting ANM in village health planning,creating awareness on basic sanitation and personal hygiene.

### INTRODUCTION

The Government of India launched the National Rural Health Mission on 12<sup>th</sup> April 2005,to provide primary health care to poor and vulnerable sections of the population(1,2).ASHA is Accredited Social Health Activist in each village,who acts as a bridge between the rural people and health services outlet(3,4).The importance of community health workers to improve health of individuals has been discussed worldwide(5,6).They guide on prevention,child care,healthy nutrition,immunization,etc(7).ASHA also provides a minimum of curative care package and makes timely referrals(8).The time to time assessment of knowledge of ASHA and evaluation of their functioning is essential to give feedback for up- gradation of their efficiency.

The aim of this study was to assess the knowledge and practices of ASHA workers in rural areas of Aligarh.

### MATERIAL AND METHODS

A descriptive cross-sectional study was carried out in rural areas of Aligarh.The six registered villages of Rural Health Training Centre,Department of Community Medicine,J.N.Medical College,A.M.U.,Aligarh,were chosen.Also the non-registered villages were also taken ,such that we took a total of 50 ASHAs for the study. The study period was of 4 months;January –April,2015.Data was collected using a pretested semi-structured questionnaire prepared in English and translated in local Hindi language.Informed consent was taken from the study subjects.The data was analysed by using SPSS software.It was kept confidential and was used for research purpose only.

### RESULTS

**TABLE-1** Knowledge of ASHA about symptoms of complications of pregnancy and delivery

COMPLICATIONS*	POSITIVE RESPONSE(n=50)	PERCENTAGE
Excessive vomiting	44	88
Swelling of feet	40	80
Anaemia	47	94

Excessive bleeding	40	80
Weak/no movement of fetus	48	96
Visual disturbances	37	74
Breathlessness	35	70

### Multiple responses\*

**TABLE-2** Knowledge of ASHAs about indications of referring a pregnant female to hospital

INDICATIONS*	POSITIVE RESPONSE(n=50)	PERCENTAGE
Vaginal bleeding	44	88
Severe headache	30	60
Convulsions	45	90
Labour pains before 8 months	46	92
Rupture of bag of water	38	76
Loss of fetal movements	49	98
Loss of consciousness	40	80
Anaemia	27	54
Swelling of feet	25	50
Fever	17	34

### Multiple responses\*

**TABLE-3** Awareness of ASHA about her responsibilities

Awareness*	n=50	%
1.Help in immunization	50	100
2.To attend delivery cases	50	100
3.Family planning	48	96
4.To provide Antenatal care	49	98
5.Education on exclusive breast feeding	47	94
6.Basic curative service	43	86
7.Reproductive and sexual health problem	36	72
8.Registration of births and deaths	37	74
9.Basic sanitation and hygiene	20	40

**TABLE-4 Distribution of ASHAs according to motivational factors to become ASHA**

Motivational factors *	n=50	%
1.To provide health services	18	36
2.To earn money	46	92
3.Hoping to get government job	44	88
4.Doing work gives satisfaction	26	52
5.To do something(passtime)	20	40

**Multiple responses\***

Table -1 showed knowledge of ASHA about symptoms of complications of pregnancy and delivery.94% of ASHA were aware of anaemia,88% were aware of excessive vomiting,96% were aware of weak/no movement of fetus.80% of ASHAs had knowledge of swelling of feet and 80% had knowledge of excessive bleeding,74% were aware about visual disturbances and 70% about breathlessness.

Table-2 showed knowledge of ASHAs about indications of referring a pregnant female to hospital.98% of them knew about loss of fetal movements as an indication,92% knew about labour pains starting before 8 months,90% knew about convulsions,88% knew about vaginal bleeding as indication.Anaemia was an indication for referral was reported by 54%,swelling of feet by 50%,fever by 34%.

76% of ASHAs reported rupture of bag of water as an indication,80% reported loss of consciousness as an indication.

Table -3 showed that almost every ASHA had awareness about her responsibility.e.g.immunization,attending deliveries,family planning,to provide antenatal care,education on exclusive breast feeding,86% were aware about basic curative services,72% about reproductive and sexual health problem,74% about registration of births and deaths and 40% about basic sanitation and hygiene.

Major motivating factor for ASHAs were either to earn money(92%) or hope to get government job(88%).Nearly half of them said they got satisfaction on doing some work(52%).Few said they wanted to provide health service(36%).40% of ASHAs said they wanted to do something for passing time.

**Discussion**

Almost every ASHA in our study was aware of her responsibilities regarding maternal and child health services as shown in table-3.Similar results were observed by other studies also(9).However another study in Gujarat reported only 47% of health workers being aware of iron and folic tablets schedule in pregnancy(10).In a study of Rashmi et al (11),only 81% of community health workers were aware of recommended minimum no.of ANC visits.A study of Allahabad (18) reported that majority of ASHAs (67.16%) had inadequate knowledge in motivating the community for constructing household toilets and 59.50% on prevention of reproductive tract infection and sexually transmitted diseases.

The present study revealed in table-4 that the most important motivational factor for the ASHAs was to earn money and hope to get government job.Other studies show the similar results(3,12,13,18,19).However a study showed hope of being absorbed in government job was least important motivational factor (20).

As shown in table -1 knowledge of ASHA about symptoms of complications of pregnancy and delivery was very good in our study.94% of ASHA were aware of anaemia,88% were aware of excessive vomiting,96% were aware of weak/no movement of fetus.80% of ASHAs had knowledge of swelling of feet and 80% had knowledge of excessive bleeding,74% were aware about visual disturbances and 70% about breathlessness.According to a study done in Madhya Pradesh(14),when asked about complications of pregnancy and their management,a large no.of ASHAs cited vomiting(73%),swelling of hands and feet(72%),followed by

paleness,abdominal pain,body pain/backache,convulsions,excessive bleeding.A study done in Rajasthan(15) found 83% ASHAs responded by mentioning accompanying delivery cases,creating awareness about health/HIV(56%) and counseling(47%).A study by Shahane Shweta et al (16) found that 53%-74% of the ASHAs mentioned swelling of hands and feet,vomiting,paleness and excessive bleeding as complications during pregnancy while 45% of the ASHAs mentioned about convulsions,while one-third mentioned about abdomen pain and high fever.A study in Bihar(17) revealed that a large proportion of the ASHAs explained about swelling of hands and feet(74%),vomiting(58%)and bodyache(50%),followed by abdominal pain,paleness.

**Conclusion**

ASHAs play very important role in providing primary health care but still they need to put into practice their knowledge about services.But many ASHAs are not aware about their role in assisting ANM in village health planning,creating awareness on basic sanitation and personal hygiene.On job trainings , the ASHAs should be in process to develop necessary knowledge and skills with recent updates.Provision of rewards for good performance,separate rooms at delivery centre for the ASHAs for night stay,increment in incentives etc.should be done.

**REFERENCES**

- Govt. of India,NRHM(2005-12),Mission Document.available at:[http://www.mohfw.nic.in/NRHM/Documents/Mission\\_document.pdf](http://www.mohfw.nic.in/NRHM/Documents/Mission_document.pdf)accessed on Nov 28th.2012.
- Assessment of ASHA and Janani Suraksha Yojna in Madhya Pradesh.available at :[www.cortindia.com/RP/RP-2007-0301.pdf](http://www.cortindia.com/RP/RP-2007-0301.pdf)accessed on Nov 7th,2011.
- Srivastava DK,Prakash S,Adish V,et al.A study of interface of ASHA with the community and the service providers in eastern U.P.Ind J Public Health 2009;53(3):133-6.
- Darshan K,Mahyavanshi,Mitali G,et al.A cross-sectional study of the knowledge,attitude and practice of ASHA workers regarding child health in Surendranagar district.healthline 2011;2(2):50-53.
- Beam N,Tessaro I.The lay health advisor model in theory and practice:an example of an agency-based program.Fam Comm Health 1994;17:70-79.
- Love MB,Gardner K,Legion V.Community health workers:who they are and what they do.Health Educ Behav 1997;24:510-22.
- Kishore J.A Dictionary of Public Health.3rd Ed.New Delhi:Century Publications,2013:180.
- National Family and Health Survey-3,Factsheet 2005-06;website <http://www.rchips.org/NFHS/pdf/India.pdf>.
- Gosavi SV,Raut AV,Deshmukh PR,et al.ASHAs awareness and perceptions about their roles and responsibilities.A study from Wardha.J Mahatma Gandhi Inst Med Sci 2011;16:1-8.
- Lodhiya KK,Pithadiya PR,Damodard RD,et al.A study on knowledge and skills of female health workers regarding maternal care under RCH programme.Natl J Comm Med 2012;3:35-9.
- Rashmi A,Udaya KR,Udaya KN.Knowledge regarding RCH services among health workers,pregnant mothers and adolescents in rural field practice area.Nitte Univer J Health Sci 2013;3:46-50.
- Bhatnagar R,Singh K,Bir T,et al.An assessment of performance based incentive system for ASHA sahyogini in Udaipur,Rajasthan.Ind J Public Health.2009;53(3):166-70.
- Assessment of ASHA and Janani Suraksha Yojna in Orissa.available at:[www.cortindia.com/RP/CRP-2007-0303.pdf](http://www.cortindia.com/RP/CRP-2007-0303.pdf)accessed on nov 8th,2011.
- Uttekar B et al.Assessment of ASHA and Janani Suraksha Yojna in MP.[www.cortindia.com/RP/RP-2007-0301](http://www.cortindia.com/RP/RP-2007-0301).
- Barge S et al.Assessment of ASHA and Janani Suraksha Yojna in Rajasthan .[www.cortindia.com/RP/RP-2007-0302](http://www.cortindia.com/RP/RP-2007-0302).
- Shahane S et al.assessment of JSY in Assam.[www.cortindia.com/RP/RP-2007-0501](http://www.cortindia.com/RP/RP-2007-0501).
- Kumar N et al.Assessment of Janani AVAM Bal Suraksha Yojna in Bihar [www.cortindia.com/RP/5CRP-2007-0701](http://www.cortindia.com/RP/5CRP-2007-0701).
- Gupta A,Gupta N.ASHA:Spark of knowledge for spreading awareness in the community.KAAV Intern J of Sci,Engineer and Technology,Apr-June 2016/vol 3/issue 2/A1.
- Jain N,Srivastava NK,Khan AM,Dhar N,et al.Assessment of functioning of ASHA under NRHM in U.P.Health and Population:Perspectives and Issues.2008;31(2):132-40.
- PK Garg,Anu B,Singh A,et al.An evaluation of ASHA workers awareness and practice of their responsibilities in rural Haryana.National J of Comm Med,vol 4,issue 1,jan-march 2013,pp76-80.