



## AN EVALUATION OF PERFORMANCE OF ASHA REGARDING ANC PRACTICES IN RURAL AREA OF PUNE, MAHARASHTRA

### Community Medicine

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### ABSTRACT

ASHA can play an important role in identifying problems at the earliest and help in improving community health status. Therefore it is important to assess their practices.

**Objectives-** 1) To assess the performance of ASHA regarding her expected duties related to ANC 2) To identify association between socio demographic characteristics with performance of ASHA regarding antenatal care.3) To identify problems faced by ASHA while doing her expected duties related to ANC.

**Material And Methods-** The study was conducted in the rural field practice area of Private Medical College. 32 ASHA workers were included in the study and were interviewed.

**Results-** Study results revealed that not all expected duties regarding were ANC performed by ASHA workers. ASHAs who were also working with NGO had recalled almost all danger signs regarding ANC than other ASHAs. Study revealed that Most of the ASHA worker facing problems during their duties.

**Conclusion-** There were lacunae in performance of ASHA which needs to be rectified regarding ANC.

### KEYWORDS

ASHA, expected duties, problem faced

#### Introduction:-

- The ASHA is a critical component of the National Rural Health Mission (NRHM)<sup>1</sup>. The ASHA is a woman selected by the community, resides in the community who is trained and supported to function in her own village to improve the health status of the community through securing people's access to health care services, enabling improved health care practices and behaviors' and health care provision as is essential and feasible at the community level. For every village with a 1,000 population ASHA works and receives performance-based compensation for promoting a variety of primary health care services such as referral and escort services for institutional deliveries, universal immunization, DOTS treatment for tuberculosis or construction of sanitary toilets etc<sup>2</sup>.
- ASHA can play an important role in identifying problems at the earliest and help in improving community health status. Therefore it is important to assess their practices. This study was undertaken to understand the functioning of the ASHAs in the community and problem faced by them.

#### Objectives:-

- To assess the performance of ASHA regarding her expected duties related to ANC (antenatal care).
- To identify association between socio demographic characteristics with performance of ASHA regarding antenatal care.
- To identify problems faced by ASHA while doing her expected duties related to ANC.

#### Material and Methods:-

- Study Design:** Observational, Cross sectional Study.
- Study Area:** Field practice area of RHTC (Rural Health Training Centre) of Private Medical College.
- Study Period:** 1<sup>st</sup> September 2015 to 30<sup>th</sup> December 2015.
- Study subjects:** All ASHA workers in the field practice area of RHTC of Private Medical College.
- Inclusion criteria:** All ASHA workers who were present during study period in the field practice area of RHTC were included in the study (32 ASHA).
- Exclusion criteria:** ASHA worker who have joined newly ( $\leq 18$  Month) were excluded from the study.

#### Data Collection:

Before initiation of study Ethical committee permission was taken. Following steps were taken up for the collection of data:

- List of all ASHA workers working under field practice area of RHTC was obtained.
- Meeting was taken in view to explain them about the purpose of the study and were assured of maintaining confidentiality of all the personal information (in vernacular language).
- Informed consent was obtained.
- To avoid any undue influence of their responses each ASHA was interviewed personally at the health care facility/place of residence by using the predesigned, pretested, questionnaire.
- ASHA's Performance was judged and their responses was verified by checking their ANC registers.

**Study tool:** A predesigned pretested questionnaire has been made with the help of ASHA guideline book provided by government<sup>3</sup>. Questionnaire consists of a detailed socio-demographic profile of ASHA workers and their practices regarding expected duties related to antenatal care.

- Data Analysis:-**Data analysis was done by using SPSS 20.0 Statistical software. Qualitative data expressed by using frequency and percentage. Chi-square test was used to find the association between socio-demographic characteristics and practices of their responsibilities regarding antenatal care.  $P \leq 0.05$  was considered significant.

#### Results:-

A total of 32 ASHA's were included out of which 19 (59.4%) ASHA were above the age of 30 year. Majority of ASHA 26(81.25%) educated up to secondary class. Majority, 27(84.4%) ASHA were married. Out of 32 ASHA 14(43.8%) were also working for health related NGO.

**Table 1 Expected duties undertaken by ASHA regarding ANC**

Sr. No.	Practice of expected duties of ASHA	Number of ASHA
1	ANC Registered maintained	32(100%)
2	Early registered pregnant women (12-16 weeks)	30(93.8%)
3	Minimum three ANC checkups done	32(100%)
4	Ensure pregnant women for TT inj.	32(100%)
5	Ensure pregnant women for IFA tablets	32(100%)
6	Advice to pregnant women about balanced diet	32(100%)
7	To track drop out pregnant women especially those who live in remote areas, are below poverty line, schedule caste/schedule tribe/migrants etc.	25(78.1%)

8	Help pregnant women getting benefits from JSY	30(93.8%)
9	Knowing nearest FRU/hospital (with obstetrician, anaesthetist, paediatrician, nursery, O.T. and blood bank?)	32(100%)
10	Knowing the mode of transport to reach facility in emergency	32(100%)
11	Do you council family with already one daughter and taken care of such families closely	31(96.9%)

Study results revealed that almost all expected duties regarding ANC performed by ASHA workers except tracking of drop out pregnant women which was performed by only 25(78.1%) out of total 32 ASHA workers [Table 1].

**Table no.2 Distribution of ASHA according to recalling of danger signs regarding ANC**

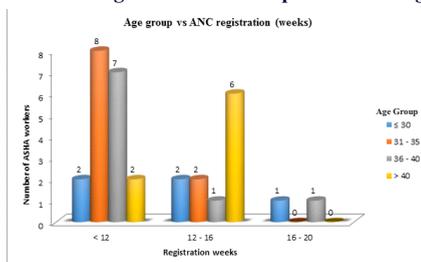
		Q11_A	Q11_B	Q11_C	Q11_D	Q11_E	Q11_F	Q11_G
Age group	≤ 30	4	3	3	4	4	2	2
	31 - 35	9	5	3	9	8	4	3
	36 - 40	8	3	4	6	7	3	5
	> 40	8	3	5	8	7	4	4
	P-value	0.855	0.803	0.546	0.309	0.999	0.957	0.754
Education	Primary	1	0	1	1	1	0	0
	Middle	4	3	2	4	4	2	1
	Secondary	19	9	10	17	16	9	9
	Higher Secondary	5	2	2	5	5	2	4
		P-value	0.349	0.87	0.816	0.999	0.999	0.999
Occupation	NGO	14	6	8	13	13	6	4
	House wife	5	0	2	5	5	2	3
	farming	1	3	0	1	1	0	2
	Self employed	6	3	4	5	4	3	4
	others	1	1	0	1	1	1	0
		P-value	0.001	0.133	0.196	0.028	0.026	0.393
Income	2000 – 5000	9	4	2	9	8	3	3
	5001 – 1000	12	6	8	11	11	5	7
	> 1000	8	4	5	7	7	5	4
		P-value	0.465	0.999	0.196	0.232	0.619	0.815

H: Danger sign about failure of placenta to come out within 30 minutes after delivery, had not recalled by any ASHA.

\*-: A: Heavy vaginal bleeding during pregnancy and following delivery. B: Severe headache/blurring of vision, C: Convulsions, D: Labour pains lasting more than 12 hours. E: Labour pains before eight months or 32-36 weeks of pregnancy. F: premature rupture of the water bag, G: Baby stops kicking inside the womb.

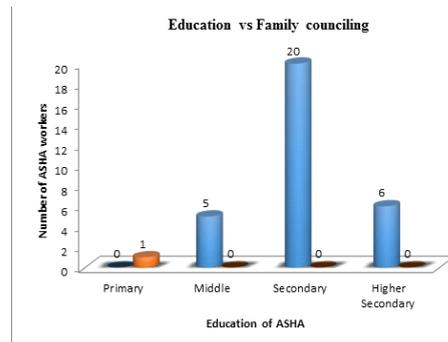
When we asked about dangers signs of pregnancy during ANC, as all ASHA were expected to give this information to each beneficiary in advance to avoid delay in care of any danger to expectant. Our study revealed that ASHAs who were also working with NGO (working for health sector) had recalled almost all danger signs regarding ANC than other ASHA who were not working with NGO, which was found statistically significant.[table 2].

**Figure no 1:- ANC Registration with Respect to ASHA age group**



Study also revealed that ASHA in the age group between 31 to 35 doing early registration of pregnant women followed by women with age group between 36-40, which was found statistically significant.(Fig no. 1)

**Figure no.2 Family counseling given as per ASHA's Education**



Study also revealed that secondary educated ASHA were actively involved in counseling of family with one daughter and taking care of that family, which was found statistically significant.(Fig no.2)

**Table 3 Major Problems encountered in ASHA's work**

Major Problems encountered in ASHA's work	Number of ASHA
Some groups are not cooperative *	9
Government facility not preferred by peoples over private*	9
To arrange transportation	2
To open bank account	1
Negative Behavior towards ASHA	1
Delay In reporting	1
PHC not having facilities of food for attainer	1
None	10

\*Multiple responses

Study revealed that Most of the ASHA worker facing problem during their duties were regarding some groups like karkari and migratory groups which were not cooperative with ASHA and second problem regarding peoples, Who do not prefer government facilities over private so such type of people or family were non responsive to ASHA.[Table 3]

**Conclusion: -**

All the expected duties were not performed by all ASHAs to achieve our Sustainable Development Goals. Despite of repeated training programmes for ASHA, still there were lacunae in performance of ASHA regarding ANC. In our study we found that every ASHA not giving information on danger signs of pregnancy which is one of the most important step towards reducing maternal mortality ratio.

**Recommendations:-**

- i) Evaluation of ASHA should be done at regular interval and if required fill the knowledge gap of ASHA simultaneously. It is an important step to strengthen grass root level health care delivery system.
- ii) Medical officers and ANM monitoring should be improved for ASHAs.

**References:-**

- 1) ASHA evaluation programme by NRHM supported by National Health Systems Resource Centre (NHSRC), available at, [http://nrhm.gov.in/images/pdf/communitisation/asha/Studies/Evaluation\\_of\\_ASHA\\_Program\\_2010-1\\_1\\_Executive\\_Summary.pdf](http://nrhm.gov.in/images/pdf/communitisation/asha/Studies/Evaluation_of_ASHA_Program_2010-1_1_Executive_Summary.pdf), (accessed on 9/08/2015).
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- 3) ASHA training book for maternal and child health available on, <http://nrhm.gov.in/images/pdf/communitisation/asha/book-no-2.pdf>,(accessed on 09/08/2015).