



AWARENESS AND KNOWLEDGE AMONG URBAN ASHAS REGARDING COVID

Community Medicine

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ABSTRACT

The COVID-19 pandemic has affected every sector of the economy and healthcare globally, including India. Accredited Social Health Activists (ASHAs) play a crucial role in creating awareness about COVID-19 in rural areas. However, their contribution is often overlooked. This study aims to assess the knowledge and performance of ASHAs in Meerut's urban areas regarding COVID-19. A cross-sectional study was conducted among 40 ASHAs, and a pre-tested schedule was used to collect data. The results showed that most ASHAs were Hindu (82.5%), between 31-40 years (70%), and educated beyond 10th class (85%). About 50% of ASHAs earned between ₹10,000 to ₹15,000, and 62.5% were not doing any other job. The majority of ASHAs attended all their scheduled training (75%). The study found that 95% of ASHAs informed people about social distancing, 70% distributed masks, but none distributed PPE. Most ASHAs (95%) distributed gloves, and only 10% distributed sanitizer among the people. Furthermore, 97.5% of ASHAs distributed COVID-19 medicine among COVID patients. These findings will help improve ASHAs' performance and guide further improvements in their training and knowledge about COVID-19.

KEYWORDS

INTRODUCTION-

The world is passing through arduous time by the dint of an unprecedented crisis caused by Coronavirus disease (COVID-19) pandemic. Its ramification have left every sector relating to economy and healthcare around the globe, including India in a tremendous loss. In this set of circumstances, the government and the public are fighting against this pestilence. In this doomed time, the larger debate has brought this collective recognition for doctors and nurses, we have given almost no headspace to those responsible for the last mile delivery of essential medical services—the ASHA workers, or the Accredited Social Health Activists.

Accredited Social Health Activist (ASHA) is a trained female community health activist. Selected from the community itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. At present there are over 9 Lakh ASHAs. [1] Local Governments, police and healthcare professionals are tagged as the frontline workers during the coronavirus pandemic. As the number of cases of COVID-19 continues to mount in India, ASHA workers are also on the frontline of the battle carrying on despite serious unsolved issues at the local level. Their responsibility is to encourage community development through healthcare awareness and immunization programmes. They also collect data regarding healthcare, conduct awareness programmes, distribute food and relief, and check on the well-being of the people at the local level.

ASHA workers play an important role in the creation of awareness among the rural people about the COVID-19 pandemic. Nowadays, ASHA workers are becoming popular among the rural population by visiting homes and collecting vital statistics and giving necessary advice to prevent COVID-19. They are contributing with enthusiasm and tenacity, putting their lives at risk, on the frontline of the battle against the COVID-19 pandemic.

In these circumstances, it is requisite to examine the knowledge and awareness of the ASHA workers and derive strategies for improving their performance. Therefore, the current study was undertaken to get an in-depth information about the ASHA's working performance, particularly in Meerut urban area. The findings from this study will be helpful in enhancing the working performance of ASHAs and it can be used for further improvisation.

AIM AND OBJECTIVES-

- To assess the knowledge of ASHA workers regarding COVID-19.

METHODOLOGY

Inclusion Criteria- All ASHA worker serving in urban areas of Meerut were included in the study.

At present there are 40 Urban ASHA serving in urban Meerut. [2] A cross-sectional study was done and all 40 ASHAs were included in the study. They were interviewed in detail during the time period of MARCH-APRIL 2022. A pre-tested schedule was used.

RESULT-

Out of 40 ASHA, maximum (82.5%) ASHA were practising HINDU religion followed by Muslim (15%) religion. Maximum (70%) ASHA belong to age group between 31 to 40 years. Most of the Urban ASHA were educated beyond 10th class (85%). Out of 40 ASHA most of the ASHA were earning between ₹10,000 to ₹15,000 (50%). Only 62.5% ASHA were not doing any other job while 37.5% were doing other job also along with performing their duties as ASHA. [TABLE-1]

Table-1 General Information

CREDENTIALS	N(%)
A) RELIGION	
Hindu	33(82.5%)
Muslim	06(15.0%)
Other	01(2.5%)
B) AGE (years)	
<20	0(0%)
21-30	08(20%)
31-40	28(70%)
41-50	04(10%)
>50	0(0%)
C) EDUCATION	
<10th	04(10%)
10th	02(05%)
>10th	34(85%)
D) INCOME	
<10000	11(27.5%)
10k-15k	20(50%)
>15k	09(22.5%)
E) ALSO DOING OTHER JOB	
Yes	15(37.5%)
No	25(62.5%)
F) MAIN INCOME SOURCE	
ASHA's work	25(62.5%)
Other	15(37.5%)
G) SERVING POPULATION	
<1000	10
1000-2500	22
>2500	08

Maximum number(50%) of ASHA told that their training was scheduled for only 1 day in a month and most of them(75%) attended all of their scheduled training[**TABLE-2**]

Table-2 Training Details Of Asha-

DAYS	N(%)
Training scheduled in 1 month	
1	20(50%)
3 days	12(30%)
7 days	08(20%)
>7 days	0
Training attended by ASHA in 1 month	
All scheduled training attended	30(75%)
All scheduled training not attended	10(25%)

Out of 40 ASHA workers, 95% of them informed people about social distancing. 70% of ASHA workers Distributed mask. Out of 40 ASHA workers, not a single worker distributed PPE among people. Most of the ASHA(95%) workers distributed gloves among the people. Only 10% of out of 40 ASHA workers distributed sanitizer among the people. Out of 40 Asha workers, most of them(97.5%) distributed COVID medicine among COVID patients. Out of 40 ASHA workers , none of them did RTPCR testing of people. [**TABLE-3**]

Table-3 Covid Related Activities Done By Asha

ACTIVITY	N(%)
Inform people about social distancing	
Yes	38(95%)
No	02(5%)
Distributed mask	
Yes	28(70%)
No	12(30%)
Distributed PPE Kit	
Yes	00(0%)
No	40(100%)
Distribution of gloves	
Yes	38(95%)
No	02(05%)
Distribution of sanitizer	
Yes	04(10%)
No	36(90%)
Distribution of COVID medicines	
Yes	39(97.5%)
No	01(2.5%)
RTPCR testing of people	
Yes	00(0%)
No	40(100%)
Reporting of COVID positive patients	
Yes	37(92.5%)
No	03(7.5%)
Escorting of patients to hospital	
Yes	03(7.5%)
No	37(92.5%)

Out of 40 ASHA all of them were aware of Social distancing, importance of mask and Ambulance number. Only 5% of ASHA knew difference between isolation and quarantine. Out of 40 ASHA 80% of them were aware of steps of hand washing, 75% knew importance of sanitisation and only 37.5% ASHA knew the test of COVID-19. Most of the ASHA (97.5%) were well aware of symptoms of Covid-19. [**TABLE-4**]

Table-4 Knowledge Of Asha Regarding Covid-19

DOMAIN	KNOW N(%)
Social Distancing	40(100%)
Importance of Mask	40(100%)
Importance of sanitisation	30(75%)
Steps of hand washing	32(80%)
Difference between isolation and quarantine	02(5%)
Symptoms of Covid-19	39(97.5%)
Test for COVID	15(37.5%)
Types of medicine given for Covid	17(42.5%)
Regarding intake of medicine	01(2.5%)
Dosage of medicines	01(2.5%)
Vaccines approved for COVID in India	28(70%)
Ambulance number	40(100%)

DISCUSSION-

Ancy Joseph, in a study conducted to assess the knowledge and functioning of ASHAs in selected districts of Kerala, however, finds out that the impact of NRHM and ASHA is only as strong as the individual ASHAs who are chosen to advocate for use of health facilities and provide knowledge on healthy behaviours and dispense basic health products to their community.[3]

An article published on 'Don't undermine ASHAs role in this coronavirus fight with low pay' by Vinitha Singh on 24th Apr 2020 revealed that ASHA workers – considered as 'low-cost resources' – have come to the rescue of state governments during the ongoing coronavirus crisis. They carry out community-level activities, including tracking positive cases, identifying symptomatic cases, monitoring people with travel history, and much more.[4]

Recommendations-

ASHAs are responsible to cover not more than 2500 households to facilitate health care services. Some of them now to cater to a population of >2500. Hence, they are unable to provide information about COVID-19 to all households. So, it is necessary to fill up ASHA's vacancy on time.

Awareness generation and education with the help of local leaders are of prime importance for proper utilization of the services of ASHA and for bridging the gap between ASHAs and the community.

CONCLUSION-

ASHAs are the frontline workers who act as an important interface between the community and the public healthcare system in urban areas. ASHA has been successful in the activities like door-to-door surveys, checking for symptoms, generating awareness about COVID-19, and other healthcare programmes. The urban people are more aware of the COVID-19 due to the involvement of urban ASHA. The objective has been achieved in Meerut by ASHAs in the fight against COVID-19. In the future as well, the programme will be successful of the required support is extended from all levels.

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