



AWARENESS OF ACCREDITED SOCIAL HEALTH ACTIVISTS ON COMPLICATIONS DURING THE MATERNITY CYCLE IN A SELECTED DISTRICT OF ANDHRA PRADESH

Community Health Nursing

Dr.S.Swarna

Associate Professor, College of Nursing SVIMS University, Tirupati, Andhra Pradesh, India

ABSTRACT

Maternal mortality remains a significant public health concern, particularly in developing countries like India, where many complications during pregnancy, labour, and the postnatal period are preventable with timely recognition and intervention. Accredited Social Health Activists (ASHAs) play a crucial role in identifying danger signs and facilitating early referral. This study aimed to assess the awareness of ASHAs regarding complications that may arise during the maternity cycle in Chittoor district of Andhra Pradesh. A non-experimental descriptive research design with a survey approach was adopted. The study included 362 ASHAs selected through simple random sampling (309 from rural and 53 from urban areas), representing 10% of the total ASHA population. Data were collected using a structured interview schedule and analyzed using SPSS version 16. Findings revealed that most ASHAs had good awareness of high-risk conditions during pregnancy, including reduced fetal movements (93.9%), abdominal pain (89.5%), swelling (90.9%), and convulsions (84%). Awareness of emergency conditions during labour was high for bleeding (97%) but moderate for prolonged labour (59.4%), retention of placenta (60.2%), and fetal distress (52.8%). In the postnatal period, most respondents were aware of complications such as heavy bleeding (94.5%), fever (90.9%), and abdominal pain (92.3%). Rural ASHAs showed slightly higher awareness than urban ASHAs. The study concludes that while ASHAs possess adequate knowledge of major maternal complications, gaps exist in labour-related emergencies. Strengthening training programs and continuous education is essential to enhance early identification and referral, thereby reducing maternal morbidity and mortality.

KEYWORDS

ASHA workers, maternal complications, awareness, maternity cycle, maternal mortality

INTRODUCTION

Maternal mortality remains a major global health challenge. Women die due to complications during pregnancy, childbirth, and the postpartum period, many of which are preventable. The leading causes of maternal mortality include severe bleeding, infections, hypertensive disorders (pre-eclampsia and eclampsia), complications during delivery, and unsafe abortion.

In India, Accredited Social Health Activists (ASHAs) serve as frontline health workers and act as a bridge between the community and the healthcare system. Their role is vital in identifying early warning signs of complications during antenatal, intranatal, and postnatal periods and ensuring timely referral.

Since ASHAs are often the first point of contact for pregnant women, assessing their awareness of complications is crucial for improving maternal health outcomes.

Objectives

To assess the awareness of ASHAs regarding complications during Pregnancy, Labour, Postnatal period To compare awareness between rural and urban ASHAs

Methodology

A non-experimental descriptive research design with a survey approach was adopted.

Setting: Chittoor District, Andhra Pradesh

Population: ASHA workers in rural and urban areas

Sample Size: 362 ASHAs (10% of total population)

Rural: 309

Urban: 53

Sampling Technique: Simple random sampling

Tool: Structured interview schedule

Data Collection: After obtaining permission from District Medical and Health Officer

Data Analysis: SPSS version 16

Results and Discussion

Table 1: Awareness of High-Risk Conditions During Pregnancy

S.No	Complication	Rural F (%)	Urban F (%)	Total F (%)
1	Decreased fetal movements	292 (95.4)	48 (90.6)	340 (93.9)

2	Lower abdominal pain	284 (92.8)	40 (75.5)	324 (89.5)
3	Severe headache	269 (87.9)	38 (71.7)	307 (84.8)
4	Swelling of face & limbs	283 (92.5)	46 (86.8)	329 (90.9)
5	Convulsions/seizures	267 (87.3)	37 (69.8)	304 (84.0)

Interpretation: Most ASHAs demonstrated good awareness of pregnancy complications. Rural ASHAs showed slightly higher awareness compared to urban ASHAs.

Table 2: Awareness of Emergency Conditions During Labour

S.No	Condition	Rural F (%)	Urban F (%)	Total F (%)
1	Bleeding	302 (97.7)	49 (92.5)	351 (97.0)
2	No labour pain after ROM (24 hrs)	174 (56.9)	30 (53.4)	204 (56.4)
3	Change in amniotic fluid colour	161 (52.6)	30 (53.4)	191 (52.8)
4	Prolonged labour	175 (57.1)	40 (75.5)	215 (59.4)
5	Retention of placenta	175 (57.1)	43 (81.1)	218 (60.2)
6	Fetal distress	189 (61.8)	30 (53.4)	211 (58.3)

Interpretation: While awareness of bleeding was high, knowledge regarding other labour complications was only moderate, indicating gaps in training.

Table 3: Awareness of Postnatal Complications

S.No	Condition	Rural F (%)	Urban F (%)	Total F (%)
1	Heavy bleeding	299 (97.7)	43 (86.0)	342 (94.5)
2	Fever	291 (95.0)	38 (71.7)	329 (90.9)
3	Abdominal pain	294 (96.0)	40 (75.5)	334 (92.3)

Interpretation: ASHAs had high awareness of postnatal complications, especially bleeding and infection-related conditions.

DISCUSSION

The study findings indicate that ASHAs possess adequate awareness of major maternal complications, particularly during pregnancy and the postnatal period. However, awareness of labour-related emergencies such as prolonged labour, fetal distress, and retained placenta remains insufficient.

These findings are consistent with previous studies, which report that although ASHAs are aware of key danger signs like postpartum hemorrhage, gaps exist in comprehensive knowledge across all stages of the maternity cycle.

CONCLUSION

ASHAs demonstrate satisfactory awareness of maternal complications; however, specific gaps in labour-related emergency recognition persist. Continuous training, refresher programs, and skill-based education are recommended to improve their competency.

Recommendations

Regular in-service training programs
Simulation-based learning for emergency recognition
Strengthening supervision and monitoring
Inclusion of updated maternal health protocols

REFERENCES

1. Jayasree, R., & Gnana Prasuna. (2016). Knowledge of ASHA workers under NRHM on antenatal, postnatal and family planning services. *Global Journal for Research Analysis*, 5(12), 423–425.
- a. Kochukuttan, S., et al. (2013). Evaluating birth preparedness and pregnancy complications readiness knowledge and skills of Accredited Social Health Activists in India. *International Journal of MCH and AIDS*, 2(1), 121–128. <https://doi.org/10.21106/ijma.17>
- b. Ministry of Health and Family Welfare, Government of India. (2013). A strategic approach to RMNCH+A in India.
- c. Say, L., Chou, D., et al. (2014). Global causes of maternal death: A WHO systematic analysis. *The Lancet Global Health*, 2(6), e323–e333.
- d. National Health Mission. (n.d.). Guidelines on ASHA. Retrieved from <http://nhm.gov.in>