



Knowledge on prevention and promotion of child health among ASHA workers in Imphal west district: a cross sectional study

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ABSTRACT

Background: ASHA (Accredited Social Health Activist) can play an important role in identifying child morbidity at the earliest & improving their health status. The objective of this study to determine the knowledge of ASHA Workers regarding preventive and promotive aspects of child health (under five years of age) and to assess the association between knowledge regarding child health with selected variable of interest.

Methods: Type of study: Cross-sectional study, Study setting: Imphal West District, Sample size: 137 ASHA workers, Sampling: Simple random sampling, Data collection: Face to face interview schedule using semi-structured questionnaire. Chi-square test was used for analysis and P value of <0.05 was taken as significant.

Results: Mean age of the participants was 36yrs \pm 4. Majority (43%) received high school education. One ASHA was unmarried. Majority of them (64.7%) were in service for 7-9 yrs, 120 (87.6%) received training 6-8 times. 109 (79.5%) ASHA workers had adequate knowledge & 28 (20.5%) had inadequate knowledge. Knowledge is significantly higher among higher age group and service.

Conclusion: About 3/4th (79.5%) of ASHA workers had adequate knowledge regarding Prevention and Promotion of child health. 3/4th of them had adequate knowledge regarding Feeding Practices (75.5%), Acute Respiratory Infection (75.9%) and Malnutrition (72.1%), but it was not up to the standard about pre-lacteal feed and home care management. About 1/2 of them had adequate knowledge of Immunization (53.6%) and Diarrhea (65.5%) but only few of them know about signs & symptoms of dehydration. The findings of this study highlight the need for continuous education programmes to improve knowledge about child health.

KEYWORDS

Knowledge, ASHA, Child Health, Imphal West

INTRODUCTION

Mortality rates of children <5yrs, globally - 41% between 1990 and 2011. India - 59/1000 live birth (UNICEF 2012), around 40% of all under-five deaths - neonatal period. Understanding the causes of child mortality provides important public health insights¹. ASHA [Accredited Social Health Activist]- link between community and health system Can play an important role in identifying child morbidity at the earliest and help in improving their health status. Considering the importance of the role of ASHA, Activity of ASHA is one of the key components in the National rural Health Mission. They provide information to the community on determinants of health such as nutrition, basic sanitation, hygienic practices, healthy living & working condition, information on existing health services and need for the timely utilization of health and family welfare services², and they are an important link between the community and health facilities³. They can play an important role in identifying child morbidity at the earliest and help in improving their health status. Therefore it is important to assess the level of knowledge regarding health and health aspects in this workers², the present study was contemplated

METHODS

A cross-sectional study was conducted at Imphal West District Manipur, India among the ASHA workers of Imphal west District from 8th to 30th Nov/2013. Exclusion criteria were those who refused to participate and those who could not be contacted on the day of data collection. Sample size cal-

culated was 137 based on a prevalence of adequate knowledge of 80%, 7% precision at 95% confidence interval and assuming a non-response rate of 5%. A total of 137 ASHA workers were selected from 329 by simple random sampling technique. Semi-structured questionnaire was designed for ASHA workers regarding child health after thorough studying of ASHA Module-7. Data was collected by interview method using pre-tested semi-structured questionnaire at the time of monthly ASHA meeting after taking verbal consent. Prior permission was taken from medical officer in-charge of respective primary health centre and community health centre of Imphal West District. Statistical analysis was done using SPSS software version 16, chi-square test was used and p-value of <0.05 was taken as significant. Ethical approval was sought from the Institutional Ethics Sub-committee, RIMS, Imphal.

RESULTS

The mean age of respondents was 36 \pm 4 years, 43% were educated till high school level. More than half (65%) them were in service for more than seven years. 88% received training for six to eight times (**Table 1**). More than 90% of ASHA workers had knowledge regarding exclusive breastfeeding, initiation of breastfeeding within one hour and colostrums. But only 16.8% had knowledge regarding pre-lacteal feed. Adequate knowledge regarding feeding practices was found to be 75.90% (**Table 2**). Only 32.8% and 4% had knowledge regarding routine immunization and the vaccines included in routine immunization. Adequate knowledge regarding routine immunization was found in 53.6% (**Table 3**). Almost 90% had knowledge about signs and symptoms of malnutrition, Vit

A deficiency and anemia but only 64.2% of them had knowledge about care given to a malnourished child. Only 26.3% and 44.5% had knowledge regarding iron rich food and treatment of anemia. Adequate knowledge regarding malnutrition was found in 72.1% (Table 4).

Table 1: Profile of ASHA Workers

EDUCATION	FREQUENCY	PERCENTAGE
High school	59	43.2
Higher secondary	49	35.7
Graduate	21	15.3
Postgraduate	8	5.8
MARITAL STATUS		
Unmarried	1	0.7
Married	130	94.9
Widow	6	4.4

Table 2: Feeding Practices

Knowledge Questions	Correct n(%)	Incorrect n(%)
Exclusive breastfeeding	128(93.4)	9(6.6)
Pre-lacteal feeding	23(16.8)	114(83.2)
Initiation of breast feeding within 1 hour	123(89.8)	14(10.2)
Colostrum	135(98.5)	2(1.5)
Complementary feeding	177(85.4)	20(14.6)
Frequency of breastfeeding	102(74.5)	35(25.5)
Complementary foods	97(70.8)	40(29.2)

Table 3: Routine Immunization

QUESTIONS ON	CORRECT n(%)	INCORRECT n(%)
Routine immunization schedule	45(32.8)	92(67.2)
Vaccine included in routine immunization *(1,2,3,4,5,6)	6(4)	131(96)
Dangers of not giving polio vaccine	124(90.5)	13(9.5)
Minimum gap between two doses of DPT/OPV	111(81)	26(19)

*(BCG,OPV,DPT,JE,Hep)

Table 4: Malnutrition

Knowledge questions	Correct n(%)	Incorrect n(%)
Heard of malnutrition	134 (97.8)	3 (2.2)
Signs of malnutrition	127 (92.7)	10 (7.3)
Immunization not to be done in malnourished child	96 (70.1)	41 (29.9)
Look for severe muscle wasting in a malnourished	100 (73)	37 (27)
Care to be given to a malnourished child	88 (64.2)	49 (35.8)
Sign of Vit.A deficiency	128 (93.4)	9 (6.6)
Vit.A rich food	106 (77.4)	31 (22.6)
Iron rich food	36 (26.3)	101 (73.7)
Heard of anemia	136 (99.3)	1 (0.7)
Checking for anemia	101 (73.7)	36 (26.3)
Treatment of anemia in children	61 (44.5)	76 (55.5)
Deworming	91 (66.4)	46 (33.6)

DISCUSSION

Almost all the ASHAs belonged to local community and played as a reliable link persons in the delivery of health services and in imparting health awareness in their respective community. In the present study less than half (43%) of the respondents were educated till high school level. However, study by Darshan K et al⁴ found that about 70% of them had received secondary level of education. In same study, married were 89.2% and present study it was 94.9% which is almost comparable. More than half (65%) of ASHAs were in service for more than seven years, which is three times than study conducted by Shrivastava SR et al⁵ that is less than half(48.6%) of them had more than 2 years of work experience. 3/4th(88%)of them received training for six to eight times.

In the present study, almost 90% of ASHA workers had knowledge regarding exclusive breastfeeding, initiation of breastfeeding within one hour and colostrums. However, only 16.8% had knowledge regarding prelacteal feed which is contrary to Darshan K et al⁴ 's findings, which is 96.92%. Adequate knowledge regarding feeding practices was found to be 75.90%. Similar study by Darshan K et al⁴, amongst ASHA workers, 96.92% had good knowledge, attitude and practice regarding prelacteal feed and 82.31% knew the importance of immediate breast feeding, within half an hour of normal delivery. However, around 70% had poor knowledge regarding interval of breast feeding as to how many times the child should be breastfed, in daytime and night. Nearly 86% and 71% had poor knowledge of problems regarding breast feeding and complimentary feeding respectively.

In the present study less than half (32.8%) had knowledge regarding routine immunization and only 4% knew vaccines included in routine immunization. Adequate knowledge regarding routine immunization was found in 53.6%. Similar study by Darshan K et al⁴ had reported less than half (37%) had good knowledge regarding routine immunization. (Table4) >90% had knowledge about signs and symptoms of malnutrition, In the present study, Vit A deficiency and anemia, only 64.2% of them had knowledge about care given to a malnourished child. Only 26.3% and 44.5% had knowledge regarding iron rich food and treatment of anemia, 77.4% knew Vit A rich food. Another study by Shrivastava SR et al⁵ had reported that 17.1% knew about Vit A rich food.

CONCLUSION

About 3/4th (79.5%) of the ASHA workers had adequate knowledge regarding prevention and promotion of child health. 3/4th of them had adequate knowledge regarding feeding practices (75.9%), Acute Respiratory Infection (75.9%) and Malnutrition (72.1%), but it was not up to the standard about pre-lacteal feed and home care management. More than 1/2 of them had adequate knowledge of Immunization (53.6%) and diarrhoea (65.5%) but only few of them know about signs & symptoms of dehydration.

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