

Research Article

A study to evaluate the knowledge of ASHA workers on antenatal and postnatal care in Bijapur district

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ABSTRACT

Background: The discourse on the ASHA's role centres around three typologies - ASHA as an activist, ASHA as a link worker or facilitator, and ASHA as a community level health care provider. She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including reproductive tract infection/sexually transmitted infection (RTIs/STIs) and care of the young child. Hence this study was conducted to evaluate the knowledge of antenatal and postnatal care of ASHA workers.

Methods: A cross sectional study was done on 132 ASHA workers selected from 5 random PHCs in Bijapur taluk. Data was collected in a prestructured proforma using interview technique from June to October, 2012.

Results: Most of the ASHA (68.1%) considered minimum of 3 postnatal visits after the normal vaginal delivery. Around 73.4% were aware that the new born child is to be wrapped up in the cloth soon after birth to prevent hypothermia. Majority (73.5%) were aware about the duration of exclusive breastfeeding to be practiced by the lactating mother. 69.7% of the respondents said the duration of breastfeeding should be between 18-24 months.

Conclusions: Self-explanatory, specific financial guidelines should be made available within time to the programme managers. Under the cascade model of training to the ASHA, trainings should provide complete knowledge and skills to the trainees within the stipulated time. Quality of training should be enhanced and refresher trainings should be planned regularly.

Keywords: ASHA, NRHM, ANC, PNC

INTRODUCTION

The Government of India launched National Rural Health Mission (NRHM) on 12th April 2005 to address the health needs of rural population, especially the vulnerable section of the society. One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health

activist or Accredited Social Health Activist (ASHA) selected from the same village.¹

The discourse on the ASHA's role centres around three typologies - ASHA as an activist, ASHA as a link worker or facilitator, and ASHA as a community level health care provider. She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception

and prevention of common infections including reproductive tract infection/sexually transmitted infection (RTIs/STIs) and care of the young child. ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.²

The objective of the NRHM is to strengthen healthcare delivery system with a focus on the needs of the poor and vulnerable sections among the rural population. The NRHM has prioritized on low performing states to reduce regional imbalances in the health outcomes. The NRHM is also attending to the determinants of good health, like, sanitation, nutrition, and safe drinking water.

Its architectural corrections include integration of different organizational structures, optimization of health manpower, decentralization and community participation, and extension of effective referral hospital care at community levels as per the Indian Public Health Standard in each block of the country.³

ASHAs form the backbone of the NRHM and are meant to be selected by and be accountable to the village. They need to provide preventive, promotive and curative health facilities in the rural community.

The Ministry of Health & Family Welfare (MOHFW) has developed a 23-day basic training schedule to provide the necessary knowledge & skills to women identified as ASHAs and there are also regular re-orientation trainings organized at the district levels. Separate curriculum and the modules are made available in providing training to the ASHAs.²

ASHA will be given performance based compensation/remuneration. She can earn good amount of money by taking responsibility of patients by promoting institutional deliveries (allowance under Janani Suraksha Yojana), VHSC, nutritional and national programs. There is a provision for non-monetary compensation in the form of recognition, awards given at state level meetings of ASHA.²⁻⁴

The performance of ASHAs is, therefore, crucial for the success of NRHM and hence of the inclusive growth strategy of the government in India. In the primary healthcare sector, NRHM is the principal programme of the government to achieve the health related millennium development goals such as Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR); as well as control of specific diseases, and improvement of nutrition status of children and mothers.

Objective

To evaluate the knowledge of ASHA workers antenatal and postnatal care.

METHODS

Out of 12 Primary Health Centre (PHC) in Bijapur taluk, 5 PHC's were randomly selected for the study. After getting the ethical committee clearance from the BLDE University research cell, and obtaining prior permission from the District Health Officer (DHO), the study was conducted.

The ASHA workers were contacted in their respective PHC during their monthly review meetings. After explaining the purpose of the study and obtaining oral consent, the study was conducted using interview technique. Information was collected in a pretested proforma by the investigator.

The study was conducted from June 2012 to October 2012. Every month one PHC was visited and information was collected from the ASHA. Out of 150 ASHA workers selected from the 5 PHC's only 132 ASHA workers could be contacted during their monthly meeting. Data was collected by interview technique using semistructured questionnaire.

RESULTS

The average age of ASHA workers was 30 years, with majority (53.8%) of them in the age group of 26 to 30 years. 97.7% of them were married. Most of the ASHA workers were Hindu (87.1%).

All the ASHA workers were working in their respective villages. The average working population of ASHA was 1078 persons/ASHA. On an average 31 Antenatal cases was registered by individual ASHA.

Table 1: Knowledge of ASHA workers on antenatal care.

ANC care		N	%
Should pregnant women consume more food during pregnancy?	Yes	125	94.6
	No	7	5.4
Iron and calcium tablets should be consumed during pregnancy	Yes	120	90.9
	No	12	9.1
TT injection to be taken by the pregnant mothers	Yes	132	100
	No	0	0
Minimum of 4 ANC visits for every pregnancy	Yes	105	79.5
	No	27	20.5
Danger signs of pregnancy	Swelling of legs	85	64.3
	Blurring of vision	38	28.7
	Headache	15	11.3
	Convulsion	117	88.6
	Antepartum haemorrhage	128	96.9

Majority (94.6%) of the ASHA workers were of the opinion that pregnant mothers should increase the food consumption. 90.9% were aware about the iron and calcium tablets to be consumed by the antenatal mothers. All the ASHA workers were aware that Tetanus injection is to be given for all antenatal mothers, but they were not aware regarding doses of vaccines needed in subsequent pregnancy. They had knowledge about the few danger signs during antenatal period and when and where to seek references for complication.

Table 2: Knowledge of ASHA workers on postnatal care.

PNC care		N	%
Prelacteal feeds to be given for new born	Yes	55	41.6
	No	77	58.4
Colostrum should be given	Yes	132	100
	No	0	0
Umbilical cord is applied with turmeric	Yes	29	21.9
	No	103	78.1
Covering the child in warm cloth	Yes	97	73.4
	No	35	26.5
Post natal visits to be conducted	1	0	0
	2	15	11.4
	3	90	68.1
	>3	27	20.5
Duration of exclusive breastfeeding	3 Months	12	9.1
	6 Months	97	73.5
	12 Months	20	15.2
	>12 Months	3	2.2
Duration of breastfeeding	6 Months	8	6.1
	12 Months	24	18.1
	18 Months	48	36.3
	24 Months	44	33.4
	>24 Months	8	6.1

Even after obtaining the training and tremendous effort by the government and health officials still 41.6% of ASHA's opined to give prelacteal feeds soon after birth as a custom. All the ASHA's were aware about the importance of colostrum administration to the newborn and its benefits. Turmeric can be applied at the stump of the umbilical cord as antiseptic was opined by 21.9% of the respondents. Most of the ASHA (68.1%) considered minimum of 3 postnatal visits after the normal vaginal delivery. Around 73.4% were aware that the new born child is to be wrapped up in the cloth soon after birth to prevent hypothermia. Majority (73.5%) were aware about the duration of exclusive breastfeeding to be practiced by the lactating mother. 69.7% of the respondents said the duration of breastfeeding should be between 18-24 months.

DISCUSSION

The study findings show that the ASHAs understanding about the antenatal and postnatal care are very limited.

The recruitment, training and on-going support to the ASHAs is inadequate for them to play a comprehensive role as conceived by the NRHM. Though the ASHA were trained at the time of induction there was lacking of knowledge regarding the changing concepts in the care of the vulnerable group. In the various reports and appraisal on ASHA's also stressed the importance of reorientation, retraining at periodic intervals at the local primary Health centers.⁵⁻⁷

CONCLUSION

Ensure community involvement in selection of ASHAs. Ensure ASHA is motivated, has leadership skills, and perhaps most importantly, has the ability to communicate ideas and learnings in a way that is comprehensible and accepted by the community. Consider implementing a knowledge test for hiring of new ASHAs. Induction training should be decentralized to the district level to ensure that all new ASHAs receive training before working in the field. A full-time training structure and full-time trainers should be implemented in order to ensure that there are no gaps in training in each state. During training sessions, include lessons for ASHAs on how to convey complex information in a simplistic manner. Self-explanatory, specific financial guidelines should be made available within time to the programme managers. Under the cascade model of training to the ASHA, trainings should provide complete knowledge and skills to the trainees within the stipulated time. Quality of training should be enhanced and refresher trainings should be planned regularly. In specific to improving programme, a medicine kit to ASHA must be provided at the earliest to help the community serve better and promptly. A process of community level monitoring, regular problem solving, and skill up-gradation should be developed as early as possible.⁸

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Ethical approval: The study was approved by the ethics committee of BLDE University research cell

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