

ORIGINAL ARTICLE

A Cross-sectional Study on Awareness of Accredited Social Health Activists Workers Regarding Maternal Health Care in a Rural Area of North Karnataka

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ABSTRACT

Introduction: Government of India in 2005 launched National Rural Health Mission (NRHM) and introduced Accredited Social Health Activists (ASHA) at the community level. ASHA acts as an interface between the community and public health system. ASHA will be the first port of call for any health-related demands of deprived sections of the population especially, women who find it difficult to access health services. Hence, this study was conducted to assess the knowledge of ASHA workers regarding maternal health care. **Objectives:** The objectives of the study were to determine the awareness of ASHA workers regarding maternal health care. **Methods:** A cross-sectional study was conducted among all ASHA (100) workers in rural field practice area (Mutaga, Sulebhavi, and Uchagaon) of the Department of Community Medicine, BIMS, Belagavi. Data were collected in a pre-structured pro forma using interview technique from May to July 2019. **Results:** Majority (56%) ASHAs were in the age group was 31–40 years. About 100% of ASHAs were aware of minimum antenatal visits. About 88% were aware about colostrum. **Conclusion:** All ASHAs had 100% knowledge regarding antenatal care, regarding postnatal care, it was less. Even though ASHAs were trained in the beginning, still there is lack in knowledge about some of the components, hence, regular reinforcement is required.

Key words: Accredited Social Health Activists, awareness, maternal health care, North Karnataka

INTRODUCTION

The Government of India launched National Rural Health Mission (NRHM) in 2005 mainly for needs of the rural population.^[1] One of its components was introduction of Accredited Social Health Activist (ASHA).^[2] She will be the first one to call for health related demands of deprived sections of the population mainly pregnant woman. ASHA will help in creating awareness on health, mobilize the community, and facilitate them in accessing health and health services at Anganwadi centers/subcenters, primary health centers.

ASHA has to help auxiliary nurse midwife and Anganwadi worker in motivating pregnant women for health check-ups, Td injections, iron and folic acid (IFA) tablets, oral pills, danger signs, and labor.^[3] Maternal health is one of the important health indicators.^[4] Sustainable Development Goal

3 targets for reducing maternal mortality ratio to 70/1,00,000 live births from 130/1,00,000 live births;^[5] this can be achieved through ASHAs helping in promoting institutional delivery so that maternal deaths can be reduced, since India is the major contributor of global maternal deaths. Moreover, majority of maternal deaths in rural areas are due to lack of access to health-care services. Anemia is the one of the important risk factors for maternal deaths that can be treated by adequate supplementation.^[4] ASHA should be knowing about government schemes so that she can tell community about uses of those schemes. ASHA should be educated about high-risk pregnancy cases so that more effective care can be given to mother which reduces the maternal deaths,

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also even about postnatal care (PNC) and family planning methods. Since ASHA workers are grass root level workers, the success of NRHM in India depends on how well ASHAs are trained and perform.^[2] Hence, it is important to assess the knowledge of ASHA about maternal health.

Objectives

The objectives of the study were to determine the awareness of ASHA workers regarding maternal health care.

MATERIALS AND METHODS

A cross-sectional study was conducted among all ASHA workers in rural field practice area (Mutaga, Sulebhavi, and Uchagaon) of the Department of Community Medicine, BIMS, Belagavi. All the ASHA workers were included in the study population with a study period of May–July 2019. Written informed consent was taken from the study participants. Approval was taken from the Institutional Ethical Committee for the study. Data were collected using pre-tested, semi-structured questionnaire by interview method. The purpose of the study was explained to the participants. Questionnaire consisted of items on socioeconomic-demographic profile of ASHA workers such as age, sex, marital status, and education status. Questions on knowledge about maternal health such as antenatal care (ANC), PNC, and danger signs were included in the study. The data were entered into MS Excel and analyzed using SPSS v 22. Data were expressed in percentages, proportions.

RESULTS

Sociodemographic Profile

Figures 1 and 2 show sociodemographic profile of ASHAs. Majority (56%) ASHAs were in the age group was 31–40 years. About 89% had completed secondary level of education, 11% had completed post-secondary level of education.

Table 1 shows that all the ASHAs had 100% knowledge regarding ANC components such as early registration, Td injection, antenatal visits, IFA and Ca supplementation, and birth spacing.

Table 2 shows that 66% of ASHAs were aware about excessive bleeding as the indication of referring pregnant woman to hospital and only 11% were aware about the visual disturbances.

Table 3 shows knowledge of ASHAs about high-risk pregnancy. About 75% of ASHAs were aware about the short stature as high-risk pregnancy and only 17% were aware about excessive weight gain as high-risk pregnancy.

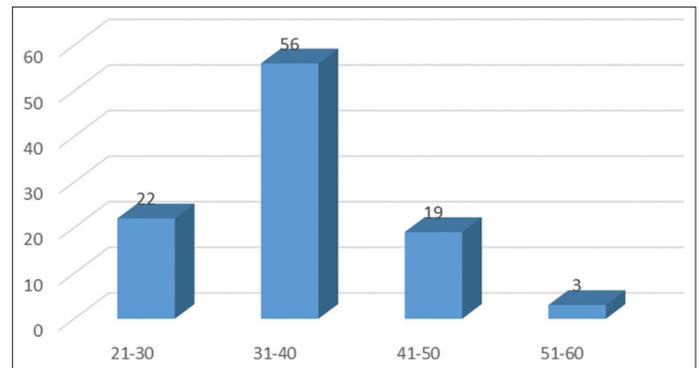


Figure 1: Age-wise distribution of Accredited Social Health Activists

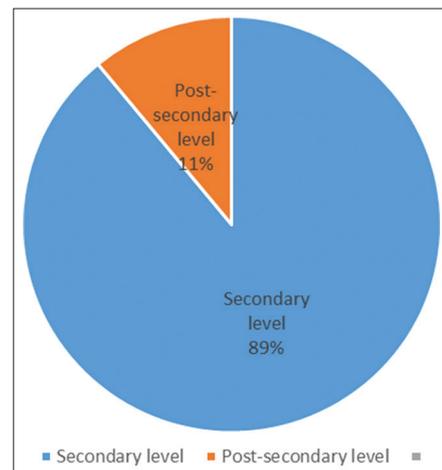


Figure 2: Educational status of Accredited Social Health Activists

Table 1: Knowledge of ASHAs regarding ANC carers (%)

ANC components	Numbers (%)
Early registration	100
Td injection	100
Antenatal visits	100
IFA and calcium supplementation	100
Birth spacing	100
Confirmation	100
Maternal nutrition	100

ASHA: Accredited Social Health Activists, ANC: Antenatal care, IFA: Iron and folic acid

Table 2: Knowledge of ASHAs about indications of referring a pregnant women to hospital

Danger signs	Numbers (%)
Excessive vomiting	32
Anemia	43
Excessive bleeding	66
Weak fetal movements	26
Visual disturbances	11
Breathlessness	12
Convulsions	19
Swelling of feet	34
Leaking of membranes	41
Prolonged labor pains	46

ASHA: Accredited Social Health Activists

Table 3: Knowledge of ASHAs about high-risk pregnancy

Conditions	Numbers (%)
Low weight	32
Excessive weight gain	17
Previous LSCS	70
Rh incompatibility	25
Diabetic	42
Hypertensive	71
Short stature	75

ASHA: Accredited Social Health Activists, LSCS: Lower-segment cesarean section

Table 4: Knowledge of ASHAs about PNC

Components	Numbers (%)
Exclusive breastfeeding	88
Pre-lacteal feeds	88
Colostrum to be given	88
Postnatal visits	88
Contraceptive methods	
Temporary methods	70
Permanent methods	23

PNC: Postnatal care

Table 4 shows the knowledge of ASHAs about PNC. About 88% of ASHAs had knowledge about the PNC. Regarding contraceptive methods, 70% had knowledge about all temporary methods, 23% had knowledge about all permanent methods.

DISCUSSION

Majority of ASHAs were in the age group of 31–40 years, whereas in a study done by Karol^[6] and Rajendra *et al.*^[7] who found that majority were in the 25–35 years and 26–45 years, respectively.

In our study, 89% had completed secondary level of education, 11% had completed post-secondary level of education, while in a study conducted Bhanderi *et al.*,^[8] 91% of ASHAs had education up to 8th standard.

As far as knowledge about danger signs is concerned, our study revealed that excessive bleeding (66%) was the major response, only 11% aware about visual disturbances, but in contrast to Grover *et al.*^[9] study, showed that swollen hands and feet were recognized by 78.3% ASHAs as danger sign while only 28% considered blurred vision as the danger signs, while in Kohli *et al.* study,^[2] 80% were aware about excessive vomiting and swelling of feet as danger sign. ASHAs should refer such cases to hospital immediately without any delay.

All ASHA had 100% knowledge about maternal nutrition, IFA and Ca supplementation, and colostrum, while in a study conducted by Kohli *et al.*,^[2] knowledge about IFA intake was present in 48 (87.2%) ASHA workers, while in a study conducted by Rajendra *et al.*,^[7] showed that more than 90% of ASHAs had knowledge about increase need of food and importance of IFA during pregnancy, 100% of ASHA had knowledge about colostrum and its importance.

In our study, 88% of ASHAs had knowledge about exclusive breastfeeding and complementary feeding. Similar results were found in a study conducted by Rajendra *et al.*,^[7] showed that 84.88% of ASHA had knowledge about exclusive breastfeeding and complementary feeding.

CONCLUSION

All ASHAS had 100% knowledge regarding ANC components, regarding PNC components, it was less.

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