Assessing the Knowledge level of ASHAs: Urban Healthcare System

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Abstract

This study investigates the knowledge level of Accredited Social Health Activists (ASHAs) in delivering healthcare services within rural communities in India. Utilizing a descriptive research methodology, data was collected from 25 ASHA workers in the urban area of Mirzapur district, Uttar Pradesh. The study assesses ASHAs' knowledge through a semi-structured interview schedule covering various aspects of maternal and child health, family planning, and general healthcare practices. Findings reveal that ASHAs demonstrate a commendable understanding of essential healthcare practices, particularly in maternal and child health and family planning domains. However, certain areas, such as identifying at-risk babies and understanding non-communicable diseases, indicate opportunities for further training and support. Overall, the study underscores the pivotal role of ASHAs in delivering essential healthcare services and highlights the importance of continuous training and skill development to enhance their effectiveness in addressing evolving healthcare challenges in rural India.

Introduction

In India, the cornerstone of public health services is the prevention and management of illnesses, injuries, and medical conditions through proactive measures, including widespread awareness among the population. Despite a well-organized and decentralized healthcare infrastructure, the delivery of public health services encounters several hindrances, such as a shortage of medical staff and medications, and barriers due to the attitudes and beliefs of healthcare recipients. The broad spectrum of public health includes disciplines such as epidemiology, environmental health, health policy, management, and community health promotion. Integral to this framework are the Accredited Social Health Activists (ASHAs), who are instrumental in disseminating knowledge, preventing disease spread, and promoting healthy behaviors within communities, especially in rural locales where healthcare access is severely constrained.

Accredited Social Health Activists (ASHAs) are the cornerstone of India's public health system, particularly in rural areas where access to healthcare services is often limited. These frontline health workers, primarily women selected from the local community, play a pivotal role in bridging the gap between formal healthcare institutions and underserved populations. Since their inception in 2005 under the National Rural Health Mission (NRHM), ASHAs have been instrumental in delivering essential healthcare services, promoting health awareness, and facilitating community mobilization for health-related initiatives.

ASHAs are pivotal in connecting the community with the healthcare system, fostering preventive health measures, and contributing to the overall well-being of the populace. This paper assess the knowledge level aiming to shed light on the path forward for enhancing the efficacy of ASHAs to deliver better public health services in rural India.

Objectives of the study

- To study the Knowledge level of ASHAs in the delivery of health services in the community.

Research Methodology

This study is descriptive in Nature, primary data is used to assess the Knowledge level of ASHAs in the delivery of health services in the community. This study was conducted in urban area of Mirzapur district in Uttar Pradesh. Total of 25 ASHA workers were selected randomly for the purpose of this study. After that each of the ASHA workers were contacted individually.

A semi-structured interview schedule was designed for ASHA workers regarding to assess the knowledge after thoroughly Studying the ASHA Induction Training Module and HBNC training Module 6 &7. There were included total twenty questions related to knowledge.

This study examines the Knowledge of ASHA in providing healthcare services. Primary data was collected through interviews with ASHA workers.

Data Analysis

Socioeconomic background of Accredited Social Health Activists (ASHAs):

Socioeconomic background of ASHAs							
1	**Age Group**	**Respondent**		**2**	**Relegion**		
	25-35	12	48		Hindu	23	92
	36-45	10	40		Muslim	2	8
	46-50	3	12		Others	0	0
	51-55	0	0		Total	25	100
		25	100	**4**	**Marital Status**		
3	**Category**				Unmarried	1	4
	General	9	36		Married	24	96
	OBC	8	32		Divorced	0	0
	SC	8	32		Widow	0	0
	ST	0	0		Saparated	0	0
Total		25	100	Total		25	100
5	**Education**			6	**Family Income**		
	High School	1	4		Up to Rs, 5000	11	44
	Inter	14	56		5001-7000	8	32
	Graduate	10	40		7001-10000	3	12
	PG	0	0		10000+	3	12
Total		25	100	Total		25	100

Age Group: The major proportion (48%) of ASHAs is from age group 25-35, followed by 36-45 (40%) and 46-50 (12%). There are no respondents in the category of age 51-55.

Religion: A majority of ASHAs are Hindu (92%), with a small portion being Muslim (8%). No other religion is represented in this dataset.

Category (Caste): The distribution among different caste categories is almost equal with General being 36%, OBC and SC both at 32% and no ST response

Marital Status: Most ASHAs are married(96%) with only a few unmarried ones(4%). There are not any separated, divorced or widowed respondents in this dataset.

Education: Most ASHAs have an Intermediate education level which accounts for about 56%, Graduates that form around a third of them and High school graduate that make up for just about four percent. In addition, no respondent has a Postgraduate degree in this dataset.

Family Income: Largest percentage of ASHAs belong to families whose monthly income does not exceed Rs. 5000(44%), followed by those ranging from Rs.5001-7000(32%), below which there are also some families with monthly income between Rs.7001-10000(12%)and above rs.10000.(12%)

Generally their highest educational qualifications fall between intermediate or graduate levels. Economically significant numbers of Asha's have lower income families with a large proportion having a monthly income below 5000 Rupees.

Knowledge level of ASHAs:

Particulars	**Respondents**	Correct answer	%
When the registration and first ANC checkup of a pregnant woman should be done?	25	22	88
What is the name of the vaccine given to a pregnant woman during pregnancy?	25	23	92
How many iron and calcium tablets should a pregnant woman take during pregnancy?	25	21	84
What are the main symptoms of danger to the mother after delivery?	25	22	88
What is the yellow thick milk called before breastfeeding?	25	25	100
.BCG vaccine protects children from which disease?	25	23	92
For how many months should the baby be exclusively breastfed?	25	25	100
When should a child start complementary foods?	24	24	100
What should be the weight of a normal baby at the time of birth?	25	24	96
What weight of a baby at the time of birth is called a serious (at risk) baby?	25	19	76
What is the total amount to be paid to Asha in case of delivery at home under HBNC (Home Visit)?	25	24	96
When is it called premature birth (pre-term baby)?	25	18	72

.What is the key message for mothers to exclusively breastfeed their babies?	25	22	88
What happens to the temperature of the baby in hypothermia?	25	23	92
What should be the number of infusions per minute for a newborn baby younger than 2 months?	25	21	84
What is 'Chhaya' for 'Family Planning'?	25	25	100
What is 'Antara' in relation to family planning?	25	25	100
High blood pressure (BP) disease falls into which category?	25	21	84
How many types of diseases are screened under Non-Communicable Diseases (NCD)?	25	22	88
C-BACK form is filled out by ASHA for people of which age group?	25	21	84
Total	500	450	90%

The ASHAs' knowledge level based on the provided dataset is valuable in several aspects depicting their competencies in providing healthcare. Across a wide range of questions touching on maternal and child health, family planning, general health care practices ASHAs showed good understanding but with some variation across different parameters.

In relation to maternal and child health, there was a strong indication that ASHAs have grasped the essentials. For example, major indicators like timing of registration and first ANC checkup for pregnant mothers; vaccines during pregnancy (identification and purpose); duration of exclusive breastfeeding registered correct responses rates that were consistently high between 88%-100%. These findings highlight how ASHAs are familiarized with basic aspects of maternal and child healthcare pointing out that they have sound groundings for relevant community health interventions. Moreover, all respondents among all these respondents identified 'Chhaya' and 'Antara,' indicating proficiency in family planning concepts. This indicates familiarity with terminologies crucial to promoting family planning services within their communities hence positioning them strategically to deliver better reproductive health outcomes. However, this analysis also shows specific areas which need attention as well as potential opportunities for further training support. In particular, comparatively lower correctness rates of 72% and 76% were registered under queries about identifying at risk babies immediately after birth define premature birth respectively. By designing specific educational interventions targeting these areas it could be possible to strengthen the ability of ASHKs at identifying problems associated with childbirth hence improving neonatal and mother outcome.

For instance, although they scored around 84%-88%, ASAHs proved through their responses that they had an average knowledge regarding issues such as screening for NCDs or classifying diseases like hypertensions. Enhancing comprehension in these fields would enable them render inclusive approaches to common public health problems within their respective localities.

All in all, it indicates how crucially important ASHAs are when delivering essential medical services amongst rural and marginalized societies. While their knowledge level seems to be robust in many respects, it is critical to have continuous trainings and skill development mechanisms as well as

reinforcement of knowledge to equip them with the necessary tools to adapt to ever changing healthcare requirements and effectively serve their communities. Through such strategies, policy-makers and other key players can help ASHAs fulfill their potential as frontline health workers who can make a difference in their communities by investing in further development opportunities for them.

Conclusion

Thus, a comprehensive presentation of the ASHAs ability to handle medical services in rural India can only be possible by analyzing their socio-economic background and their levels of knowledge. The results emphasize the value of ASHAs as primary health workers with special regard to Maternal and Child Health (MCH) and Family Planning (FP). ASHAs exhibit a praiseworthy grasp of basic healthcare practices, which is evident from their high rates of accuracy in areas like ANC checkups, vaccines for pregnancy, exclusive breastfeeding. Additionally, their competence on matters related to family planning is an added advantage in promoting reproductive health outcomes within the community.

However, there are some aspects that need attention and targeted interventions even though ASHAs have shown excellence in many areas. Areas such as low correct responses on at risk babies and non-communicable diseases require further training and exposure to enhance competency. By looking into these issues therefore policy makers can increase ASHA's ability to deal effectively with health challenges thereby improving health outcome among disadvantaged communities in rural areas.

Furthermore, socioeconomic data show economic constraints faced by ASHAs implying that they still need support through professionalizing them. Continuous training and retraining are necessary so as to provide them with right tools required for adapting to changing health needs while serving communities effectively.

In other words, they act as mediators between formal healthcare institutions and underserved communities. Targeted interventions will help develop this potential so that they realize maximally serve the purpose of change agents for public good in rural Indian society through investment in training and development programs for them.

Public health services in India aim to prevent and manage illnesses, injuries, and medical conditions through proactive measures, including widespread awareness among the population. Accredited Social Health Activists (ASHAs) play a pivotal role in disseminating knowledge, preventing disease spread, and promoting healthy behaviors within communities, especially in rural locales where healthcare access is severely constrained. ASHA knowledge level is found 90.0 %. Majority of ASHA workers proficiency is better in addressing health issue, creating awareness and delivering health services However, ASHAs often grapple with insufficient training, low motivation, and a lack of systematic supervision and support. While ASHA workers receive training, the quality of this training remains an area of concern. There is significant room for improvement in ensuring its effectiveness. Training serves as the foundation for building the capacities and efficacy of ASHAs, hence it should be administered in a timely, regular, and effective manner. It's imperative that during training sessions, ASHAs gain a comprehensive understanding of their job responsibilities. Additionally, utilizing monthly meetings as a platform for reinforcing various aspects of health, such as maternal, child, and reproductive health, could significantly enhance their skills and knowledge retention.

Refrences:

- National Health Mission, Government of India. (n.d.). Accredited Social Health Activist (ASHA). Retrieved fromhttps://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=971&lid=143
- Mirzapur District Administration, Government of Uttar Pradesh, India. (n.d.). District Profile.
- Bhargavi, C. N., & Sharma, A. (2014). A study on awareness of ASHA workers of Delhi state on MCH care & services. International Journal of Nursing Education, 6(1), 281–284. https://doi.org/10.5958/j.0974-9357.6.1.058
- Government of India. National Rural Health Mission (2005-2012) Mission Document. New Delhi: Ministry of Health and Family Welfare, 2005.
- Government of India. NRHM-ASHA (2005) Guidelines. New Delhi: Ministry of Health and Family Welfare, 2005.
- Ministry of Health & Family Welfare. National rural health mission PIP: 2011-12; Mission flexipool. Available:http://pipnrhm mohfw.nic.in.