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Research Article

Assessment of knowledge of ASHAs, regarding child health services in Block Mullana, Ambala, Haryana

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ABSTRACT

Background: National Health Mission (NHM) has created a cadre of trained female community health activists called Accredited Social Health Activists (ASHAs) to mobilize the community toward increased utilization of existing health services. ASHAs play an important role in the rollout of government health programs.

Objectives: To assess the level of knowledge of trained ASHAs regarding MCH Services and to determine the association of various factors with the level of knowledge of ASHA workers about Child Health services.

Methods: A cross-sectional study was conducted among 130 ASHA workers of Community health centre (CHC) Mullana, Ambala, Haryana from January to December 2021. The semi-structured self-administered questionnaire formulated based on the ASHA modules and translated into Hindi was used for data collection. Descriptive data was analysed by using frequency, percentage, mean and standard deviation. Finally, Chi-square test was used to establish association between the knowledge and various factors affecting it. $P < 0.05$ was considered significant at 95% confidence interval.

Results: Out of 130 ASHAs interviewed, 125 (96.2%) ASHAs had proper knowledge about exclusive breast feeding and the duration, 128 (98.5%) told colostrum is necessary to the baby. 129 (99.2%) ASHAs had correct knowledge regarding schedule of immunization. 120 (92.3%) ASHAs could tell when the weaning should be started correctly and 128 (98.5%) ASHAs had knew about correct positioning of mother and child during breastfeeding,123(93.60%) ASHA workers had knowledge that nothing should be applied on umbilical cord stump of new born.

Conclusion: Generally, knowledge of ASHAs about child health care was considerably good. However, knowledge of ASHAs about when to start breastfeeding was found to be inadequate.

Keywords: National Health Mission, Accredited Social Health Activists, Knowledge and practice, Maternal and child health services

INTRODUCTION

Health is a fundamental human right all over the world. The main feature to be contemplated for the growth of any community in social and economic terms. But there exists a disproportion in the supply of healthcare both in the developing and developed world. At least half of the world's population cannot obtain essential health services, and large numbers of households are being pushed into poverty because they must pay for health care out of their pockets.[1] The goal of NRHM was to improve the availability of and access to quality health care, especially for those residing in rural areas: the poor, women, and children. The main objective of the program was to bring about a change in three critical health indicators, i.e., reducing total fertility, infant mortality, and maternal mortality rates.[2]

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The mission's essential element was to provide a trained female community health activist-the ASHA to every village in the country, designated from the village itself and liable to it. The ASHA is trained to work as a juncture between the community and the public health system. ASHA is playing 3 types of roles: ASHA as an activist, ASHA as a link worker/facilitator, and ASHA as a community healthcare provider.[3] ASHA's are supposed to conduct home visits, for up to 2hours every day, for at least 4-5 days a week. They should visit the families living in her allotted area, with first priority being accorded to marginalized families. Home visits are intended for health promotion and preventive care. They are important not only for the services that ASHA provides for reproductive, maternal, new-born and child health interventions, but also for non-communicable diseases, disability, mental health and also schemes and programmes relating to them.[4]

In District Ambala of Haryana, not much work has been done to evaluate the knowledge of Accredited Social Health activists about child health services to look for the quality of care and various factors associated with ASHA's. Such information would be valuable for the programme, planning, training, priority allocation, and mobilizing political commitment. Therefore, this study was planned to assess the level of knowledge of trained ASHAs regarding child health services and to determine the association of various sociodemographic factors with ASHA's knowledge level.

Materials and Methods

A descriptive cross-sectional study was conducted in CHC Mullana district Ambala, Haryana among ASHA recruited under NHM, Haryana covering a population of approximately 139808. The study area was chosen by using the simple random sampling method.

METHODS: The present study was a descriptive community based cross-sectional study. A total of 130 ASHA who provides services in the area constituted the study population. District Ambala has total 5 community health centres, out of these one CHC was randomly chosen, so the present study was conducted in CHC, Mullana (District AMBALA). There are 4 Primary Health Centres under CHC, Mullana which were covered in this study. All ASHA's under National Health Mission are trained in module 2 (Maternal & Child Health services) and having experience of more than 6 months and fulfilling the inclusion criteria. The present study was conducted for a period of one year from January 2021 to December 2021.

SAMPLE SIZE ESTIMATION: By using complete enumeration technique, ASHA's recruited in Block Mullana and trained in Module 2 of Maternal & Child Health services had work experience of >6 months and ASHA's who gave their written consent were included in the study.

SAMPLING TECHNIQUE: In District Ambala, there are total 5 CHCs. Out of these 5 CHCs, CHC Mullana was randomly selected. From chosen CHC, all four PHCs namely Mullana, Saha, Samlehri, and Nohni were selected. ASHAs working under these PHCs were included in this study after taking permission from Civil Surgeon of the District Ambala and Senior Medical Officer of CHC Mullana.

DATA COLLECTION: Data was collected by interviewing each ASHA with predesigned pretested and semi-structured schedule. The interviewer explained the purpose of the study. After obtaining written informed consent from the study participants, the interviewer himself administered the tools of data collection. The proforma containing information was explained to study subject in their own language. Repeated visits were made at Sub-centres for collection of data as per convenience of participants.

STUDY-TOOLS: The questionnaire consisted of items on the socioeconomic and demographic profile of ASHA like age, education status, income, religion, total family members, work experience as ASHA, etc. Questions on knowledge regarding child health services like exclusive breast feeding, colostrum, immunisation schedule, weaning, correct positioning of mother and child and about acute respiratory infections (ARI) etc. were included. The assessment of knowledge was done on the basis of scoring. For each correct response score one (1) was given and for an incorrect response was awarded zero (0). The range of scores for child health services was 0-34. ASHA who scored between 0-27(<80%) were assessed as having poor knowledge and those who scored above 28-34(>80%), were assessed as having good knowledge of child health services. The data was entered into excel and analysed by using SPSS IBM version 28. Qualitative data were expressed in percentages and quantitative data was expressed in mean ± standard deviation (SD). Ethical approval was taken from Institutional Ethical Committee for the study.

Results: Out of 130 ASHA, (50.0%) ASHAs were between 35 to 44 years of age. The mean age of study participants was 40.93±6.63 years. Majority (92.3%) were Hindus. (91.5%) were married. Majority (97.7%) were residing in the same village of working. Maximum (60.8%) were educated up to High School followed by 26.9% who were educated Senior Secondary and above. Maximum (68.5%) ASHAs were living in nuclear family. Maximum (40.0%) were from Middle-Class Status, (34.6%) were from lower middle class as per updated BG prasad socioeconomic classification.[5] Majority of ASHAs (55.4%) were belonging to the scheduled caste followed by the general caste 23.1% and 21.5% belonged to other backward castes. The majority of ASHAs (80.0%) were receiving monthly incentives between Rs. 4001-8000. More than half of ASHAs (55.4%) were having more than 10 years of experience in work. The majority of ASHAs (63.1%) were covering a population of less than 1000.

Table 2 represents knowledge of ASHAs regarding child health.

Out of 130 ASHAs interviewed, (96.2%) ASHAs had proper knowledge about exclusive breast feeding and only (50.8%) had knowledge about when to start breastfeeding,128 (98.5%) told colostrum was necessary to the

baby. ASHAs (99.2%) had correct knowledge regarding schedule of immunisation. ASHAs (92.3%) could tell when the weaning should be started correctly and (98.5%) ASHAs knew correct positioning of mother and child. Also, (90.8%) ASHAs knew what exactly ARI was. ASHA(93.60%) had knowledge that nothing should be applied on umbilical cord stump of new born.

Discussion

The knowledge of ASHAs on the nature of the activities and job responsibility is the prerequisite for effective service delivery. The ASHAs have been interviewed to assess their knowledge about child health care.
In present study, majority (95.60%) of ASHA had good knowledge regarding exclusive breastfeeding. Rohith M et al. [6] (2020) studied in Vijayapura District, Karnataka revealed that 94% of ASHA had knowledge regarding exclusive breastfeeding. Another study done by Pal J et al. [7] (2019) in Deganga block, North 24 Parganas district, West Bengal, India ,98.95% ASHA had knowledge regarding exclusive breastfeeding.
In present study, ASHA had average (50.8%) knowledge about starting of breastfeeding after normal delivery of child. A previous study conducted by Sugandha BK et al [8], (2019) in Mysuru found that around 73.9% ASHA had knowledge about starting of breastfeeding. In a previous study by Sinha L et al [9], (2014) in Mewat, Haryana, India found that 74.0% ASHA had knowledge regarding starting of breastfeeding after normal child birth. Shashank KJ et al. [10] (2013) in Bijapur taluk, Karnataka found that time of initiation of breastfeeding was correctly known by 96.9% of the respondents.
In present study, majority (98.5%) of ASHA were aware about proper positioning of baby during breast-feeding. In Pal J et al. [7] (2019), 98.97% ASHA's had good knowledge regarding proper positioning of baby during breastfeeding.
In present study, ASHAs (92.3%) had good knowledge about weaning and told it should start with mashed food as complementary feeds. Similar results were observed in study conducted by Gosavi et al. [11] and Dehingia N et al. [12] where it was found that ASHAs told to add, mashed egg, meat, fats and oils, whenever possible.
In present study, majority of (90.8%) ASHA had knowledge regarding acute respiratory infection in child. In a study done by Rohith M et al. [6] in 2020 found that 98.8% of ASHA had knowledge regarding acute respiratory infections in children. Observations made by other authors were well comparable with the observations made by the present study.
In present study, majority (99.2%) of ASHA had good knowledge regarding routine immunization schedule. In a previous study done by Pal J et al. [7] in 2019 found that (98.15%) findings were recorded and, in another study done by Saxena S et al. [13] in (2017), knowledge of (93.5%) ASHA regarding routine immunization was found good. Garg PK, et al. [14] in (2013) also observed that 100% ASHAs were aware of her immunization responsibilities.
In present study, Majority (93.60%) ASHA had knowledge that nothing should be applied on umbilical cord stump of new born. Observations made by other authors were well comparable with the observations made by the present study. A study done by Shashank K J et al. [10] in 2013 reported that 100% ASHA replied that nothing should be applied on cord stump. In a study done by Meena R et al. [15] in 2016 found that 83.14% ASHAs knew that nothing should be applied to the umbilical cord. The ASHA should prioritize homes where there is a pregnant woman, new-born, child below two years of age, or a malnourished child. Home visits to these households should take place at least once in a month. Where there is a new-bornin the house, a series of six visits or more becomes essential.[3]

Conclusion

Knowledge of ASHAs about new-born and child health care was considerably good, whereas their knowledge about starting of breastfeeding after normal delivery of child was found to be inadequate. Almost all ASHAs told that they were well aware of immunisation dates in their concerned subcentres and PHCs and assisted ANMs on immunisation days. Majority ASHAs knew that nothing to be applied on the umbilical cord stump.

Recommendation

Majority of ASHA's knew their responsibility. They had good knowledge about the services to be provided. In spite of being trained and more than half of them had field experience of more than 10 years, 49.2% ASHA had poor knowledge regarding start of breast feeding after normal delivery.

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TABLE NO.1: SOCIODEMOGRAPHIC PROFILE OF ASHA (n=130)

Characteristic	Frequency with % age **(n=130)**
Age Group	
25-34	24(18.5%)
35-44	65(50.0%)
45-55	41(31.5%)
Religion	
Hindu	120(92.3%)
Sikh	10(7.7%)
Marital Status	
Married	119(91.5%)
Widowed/Divorced	11(8.5%)
Residence at place of work	
Yes	127(97.7%)
No	3(2.3%)
Education	
Primary & Middle	16(12.3%)
High school	79(60.8%)
Senior Secondary and above	35(26.9%)
Type of Family	
Nuclear	89(68.5%)
Joint	41(31.5%)
Average Monthly incentives /Month in INR	

4000	24(18.5%)
4001-8000	104(80.0%)
>8000	2(1.5%)
Work Experience in years	
Up to 5 years	14(10.8%)
5-10 years	44(33.8%)
>10 years	72(55.4%)
Population covered by ASHA	
<1000	82(63.1%)
>1000	48(36.9%)

(ASHA: Accredited Social Health Activist; SC: Scheduled casts; ST: Scheduled tribe; OBC: Other backward classes.

TABLE NO.2: KNOWLEDGE REGARDING CHILD HEALTH AMONG ASHA's (n=130)

Variables (n=130)	ASHA's who responded correctly what exclusive breast feeding is	ASHA's who responded what colostrum is	ASHA's who responded correctly when to start of breast feeding	ASHA's who responded when the weaning of the baby should be started correctly	ASHA's who were aware of the correct immunisation schedule	ASHA's who responded correct positioning of child and mother while breast feeding	ASHA's who responded about ARI correctly
Age in %							
25-34	24(18.5%)	23(18%)	10(15.2%)	22(18.3%)	23(17.8%)	24(18.8%)	22(18.6%)
35-44	61(48.8%)	64(50%)	36(54.5%)	58(48.3%)	64(49.6%)	63(49.2%)	58(49.8%)
45-55	40(32%)	41(32%)	20(30.3%)	40(33.3%)	42(32.6%)	41(32%)	38(32.2%)
Education %							
Primary and middle	16(12.8%)	16(12.5%)	6(9.1%)	15(12.5%)	16(12.4%)	15(11.7%)	14(11.9%)
High school	77(61.6%)	77(60.2%)	45(68.2%	74(61.7%)	78(60.5%)	78(60.9%)	69(58.5%)
Senior secondary and above	32(25.6%)	35(27.3%)	15(22.7%)	31(25.8%)	35(27.1%)	35(27.3%)	35(29.7%)
Duration of service in years							
Up to 5 years	3(2.4%)	3(2.3%)	1(1.5%)	3(2.5%)	3(2.3%)	3(2.3%)	3(2.5%)
5-10 years	44(35.2%)	45(35.2%)	27(40.9%)	42(35.0%)	45(34.9%)	46(35.9%)	42(35.6%)
More than 10 years	78(62.4%)	80(62.5%)	38(57.6%)	75(62.5%)	81(62.8%)	79(60.8%)	73(61.9%)
Population covered							
<1000	81(64.8%)	79(61.7%)	35(53.0%)	76(63.3%)	80(62%)	81(63.3%)	73(61.9%)
>1000	44(35.2%)	49(38.3%)	31(47.0%)	44(36.7%)	49(38%)	47(36.7%)	45(38.1%)
Total	**125(96.2%)**	**128(98.5%)**	**66(50.8%)**	**120(92.3%)**	**129(99.2%)**	**128(98.5%)**	**118(90.8%)**