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REVIEW ARTICLE ON AWARENESS AND KNOWLEDGE OF ASHAs

KEYWORDS awareness,knowledge,ASHAs

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ABSTRACT ASHA(Accredited Social Health Activist) is a health activist in the community, who will create awareness on health and its determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She is expected to Provide primary medical care with her kit, Control of diseases by information, education, sanitation and surveillance, antenatal, natal & postnatal services to women , counselling on family planning, safe abortion, child Immunization and Vitamin A supplementations, change in behaviour in breast feeding, birth spacing, sex discrimination, child marriage, girls education, care of the child especially newborn, household survey, collaborating with health functionaries, working with community for disease control, to create awareness on health and its determinants, mobilize the community towards local health planning, and increase the utilization of the existing health services. The aim of this study was to review the awareness and knowledge of ASHAs.

INTRODUCTION

ASHA(Accredited Social Health Activist) is a health activist in the community, who will create awareness on health and its determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. The ASHA is expected to be an interface between the community and the public health system. NRHM is envisaged as a horizontal program with emphasis on initiatives and planning at local level***(1,2).***ASHA being the grass root level worker the success of NRHM depends on how efficiently is ASHA able to perform but the efficiency of ASHA or efficiency of performance of ASHA depends on their awareness & perception about their roles & responsibilities in health care provision. She is expected to Provide primary medical care with her kit, Control of diseases by information, education, sanitation and surveillance, antenatal, natal & postnatal services to women , counselling on family planning, safe abortion, child Immunization and Vitamin A supplementations, change in behaviour in breast feeding, birth spacing, sex discrimination, child marriage, girls education, care of the child especially newborn, household survey, collaborating with health functionaries, working with community for disease control, to create awareness on health and its determinants, mobilize the community towards local health planning, and increase the utilization of the existing health services***(3,4).***

The aim of this study was to review the awareness and knowledge of ASHAs.

REVIEW OF LITERATURE

A study(5) reported that a large proportion of the ASHAs commonly cited vomiting (80.95%) and swelling of hands and feet (69.52 %) as pregnancy complications that women are likely to experience.The findings indicate low knowledge levels with special reference to direct Obstetric complications during delivery and post partum period . Prolonged labour as a complication was not mentioned by ASHAs and this could be life threatening if not managed in time. As far as ASHAs knowledge about immunization was concerned, their overall response was not satisfactory specifically regarding tetanus immunization. Other jobs like promotion of awareness on hygiene and sanitation, counselling on family planning etc. were drawing lesser attention probably due to lack of incentives.They were also not very much aware about their role in birth and death registration. This study revealed that the most important motivational factor for the ASHAs were the financial gain.

In another study(6), good knowledge was observed amongst ASHAs regarding tuberculosis i.e. Mean score (S.D.) out of 10 =6.58(1.40). 9.3%).All 43 (100%) ASHAs were found to be aware with recent guidelines of cough with or without expectoration for 2 or more than 2 weeks duration as a most common symptom of pulmonary tuberculosis. Nearly two third of ASHAs i.e. 28 (65.11%) could correctly state that the pulmonary tuberculosis spreads from one person to another person through air. Of remaining 15 ASHAs, 5 did not give any response, 6 selected blood, 3 elected mosquitoes and one opted water as possible mode of tuberculosis transmission.Nearly all ASHAs i.e. 39(90.69%) were aware that TB can infect any person irrespective of socioeconomic status or HIV status. One felt that only alcoholic person can be infected with tuberculosis. No response was given by 3 (6.98%) ASHAs. However no one had chosen that only poor or homeless people can be infected with TB.Thirty-eight (88.37%) ASHAs stated that sputum examination is reliable method of diagnosis of pulmonary tuberculosis patient. Four(9.30%) thought x-ray and one (2.33%) said that all i.e.blood, sputum, urine and x-ray are reliable tests for diagnosis of pulmonary TB. 95.34% of ASHAs precisely mentioned DOTS is the most effective strategy for tuberculosis cure and two did not chosen any option.However none of ASHAs mentioned ayurvedic/herbal medicines, home rest or praying as an effective strategy for tuberculosis cure.The average duration of DOTS regimen i.e. 6-8 months,was correctly stated by 24(55.81%) ASHAs and 26 (60.47%) stated correctly that the drugs are given thrice a week under DOTS regimen clearly understood to all ASHAs.-8 months,was correctly stated by 24(55.81%) ASHAs and 26 (60.47%) stated correctly that the drugs are given thrice a week under DOTS regimen.Only 13(30.23%) ASHAS were well versed with fact that there is a vaccine for tuberculosis and of them, only 3(6.98%) could name it correctly i.e. BCG.All 43 (100 %) ASHA agreed that with prompt treatment tuberculosis can be cured. All ASHAs (100%) were well known that tuberculosis can be prevented by covering mouth and nose while coughing or sneezing.

Another study (7) revealed that all the ASHAs were aware about accompanying delivery cases & helping in immunization programme. 73.8 % ASHAs scored average or above for antenatal care followed by family planning (70.4%), creating awareness on nutrition & basic sanitation (59%), help in registration of birth and death (51.1%). On asking complication which may develop during pregnancy 88.6 % and 85.2% of ASHAs responded as abdominal pain and bleeding respectively. When ASHAs were asked about complication which may develop during delivery maximum number of ASHAs(88.6%) responded as obstructed labor, followed by excessive bleeding (85.20%), convulsion (70.40%) and abnormal position of fetus (51.1 %).When asked about danger signs of Newborns, 81.8 % of ASHAs were aware for diarrhoea not controlled by home management & lethargy/ unconsciousness,47% responded for poor suck/refusal for breastfeeding while (45.4%) answered as blood in stool followed by high grade fever (37.5 %) and yellow palm and sole (24%) .

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In a study of Gujarat(8), regarding knowledge of ASHA worker on maternal health component of RCH programme, majority of ASHA (92.26%) correctly knew about minimum antenatal visit required for pregnant women and time for 1st TT injection (77%) but only two third of ASHA (65.98%) knew about correct dose & duration of iron folic acid tablets.80.93% knew about exclusive breast feeding concept correctly and around three fifth 60.31% of ASHA knew about the method of prevention of neonatal tetanus. Majority of ASHAs were correctly knew about the age of immunization for BCG, Measles and Oral Polio Vaccine and the diseases covered by DPT vaccination, whereas only half of ASHAs knew correctly doses of Vitamin A given to children. (53.61%) were knew about which diseases were transmitted by mosquito and around one third of them were aware about breeding places of mosquitoes (38.66%) and flies (32.47%). 90.72% knew about correct use of Paracetamol as first aid in minor ailments. 75 – 80 % of ASHAs knew regarding the correct usage of ORS powder in case of diarrhoea and primary treatment of snake bite or scorpion bite. Around three fourth (72.68%) ASHA knew that they were the member of village health and sanitation committee and same number of ASHA (72.16%) knew that meeting held at the interval of 3 months.

In a study in Karnataka(9), among the study participants majority 94.9 %, 91.1% and 91.1% had a knowledge about diarrhoea, HIV/AIDS and Health insurance and only 38.8% and 58.8 % had a knowledge on neonatal care and breast feeding respectively. Among the study participant majority 176(81.5%) had a good knowledge of their roles and responsibilities as an ASHA worker and only 2(0.9%) had a poor knowledge regarding the same.

All of the study participants in a study in Maharashtra(10) displayed the correct knowledge about advising pregnant women and their families regarding institutional deliveries; knew the correct advice regarding registration of birth; displayed correct knowledge regarding advising woman to undergo a minimum of three post-natal check-ups; and displayed correct knowledge regarding counselling exclusive breastfeeding for newborns. (45.9%) of ASHA workers referred lactating mothers with complaints such as sore or cracked nipples or foul-smelling discharge from nipples to hospital, while 54 (37%) incorrectly advised breast massage with oil to the mothers. The oral contraceptive pill was the most commonly advised contraceptive measure, followed by an intrauterine device.It was observed that despite training, 29 ASHAs (19.9%) did not feel the need to refer a child with diarrhoea who is unable to drink or breast feed. Similarly, in acute respiratory tract infections, 35 ASHAs (23.9%) did not know to refer a child with fast breathing. A total of 59 ASHAs (40.4%) considered a baby crying for more than 3 hours following immunization not worth referring to a first referral unit. Though all ASHA workers were giving vitamin A as part of the immunization schedule, 71 ASHAs (48.6%)were unaware of preventive actions to be taken for Vitamin A.

CONCLUSION

Usually the perception about the in job responsibilities appeared to be incomplete and improper. Incentives in monitory terms can act as driving force in delivering better health services. ASHAs need to put into practice their knowledge about while providing services and/or advice to negotiate health care for poor women and children. Periodical refresher training should be conducted for all the ASHA workers and more emphasis should be given to high risk cases requiring prompt referral.

REFERENCES

1. http://www.mohfw.nic.in/eag/accredited_social_health_activis.htm
2. http://health.nic.in/NRHM/asha.htm
3. Bhatnagar R, Singh K, Bir T, Datta U, Raj S, Nandan D. An assessment of performance based incentive system for ASHA Sahyogini in Udaipur, Rajasthan. Indian J Public Health 2009; 53(3):166-70.
4. Factors influencing utilization of ASHA services under NRHM in relation to maternal health In rural Lucknow.Indian J Community Med.2010 July; 35(3): 414–419.
5. P K Garg, Anu Bhardwaj, Abhishek Singh, S. K. Ahluwalia. AN EVALUATION OF ASHA WORKER'S AWARENESS AND PRACTICE OF THEIR RESPONSIBILITIES IN RURAL HARYANA. National Journal of Community Medicine;Volume 4;Issue 1;Jan – Mar 2013 .
6. S. M. Sagare,R. R. Bogam,S. K. Murarkar,et al. Knowledge, attitude and practices of ASHAs regarding tuberculosis and DOTS.Indian Journal of Science and Technology.Vol.5;No.3(Mar 2012).
7. Sangeeta Kori, Manohar Bhatia, Ashok Mishra. ACross-sectional Assessment of Knowledge of ASHA Workers. JKIMSU, Vol. 4, No. 4, Oct-Dec 2015
8. Maheshkumar C, Krunal V, Nitin K,et al. EVALUATION OF KNOWLEDGE OF ASHA WORKERS REGARDING VARIOUS HEALTH SERVICES UNDER NRHM IN SAURASHTRA REGION OF GUJARAT. National Journal of Community Medicine Volume 6Issue 2Apr – Jun 2015
9. Prakash, B.,Srinivas, N.,Shrinivasa, BM,et al. ASSESSMENT OF KNOWLEDGE OF ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHA) REGARDING THEIR ROLES AND RESPONSIBILITIES UNDER NRHM IN RURAL KARNATAKA. International Journal of Development Research;Vol. 5, Issue, 03, pp. 3860-3862,March,2015
10. Shrivastava SR, Shrivastava PS. Evaluation of trained Accredited Social Health Activist (ASHA) workers regarding their knowledge, attitude and practices about child health. Rural and Remote Health ;12: 2099. (Online) 2012