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## A study to evaluate the knowledge of Asha workers on antenatal care

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### Abstract

**Background:** An accredited social health activist (ASHA) is a community health worker instituted by the Govt. of India as a part of National Rural Health Mission. ASHA is a trained female community health activist selected from the same village meant to serve as a key communication mechanism between health care system and rural population.

**Methods:** To evaluate the knowledge of ASHA workers on Antenatal care. This study was conducted at Basohli Block of Kathua Distt (J&K) over 1 year. Information regarding antenatal care was collected from ASHA by interview techniques.

**Results:** Out of 92 ASHA workers 89(96.73%) believe in early registration of pregnant women to a nearby sub centre / PHC/ CHC before the third month of pregnancy. 84.78% believe in minimum of four antenatal visits.

All the ASHA workers 92(100%) were aware of two doses of injection tetanus toxide to be given to all the antenatal mothers but they were not aware of the dosage and schedule. Only 22 ASHA's were aware of screening of HIV/HBsAg during pregnancy.

All the ASHA workers were aware of Iron& Folic tablets to be consumed by all the antenatal mothers. Most of ASHA workers were lacking knowledge about dangerous sign of pregnancy. Most commonly known dangerous sign was vaginal bleeding cited by 67.39%. Other dangerous sign cited by ASHA workers were decreased fetal movements, convulsion and swelling feet.

**Conclusions:** It is evident from present study that majority of ASHA workers have good knowledge about antenatal care. Their knowledge on certain aspect of antenatal care was still poor especially regarding the danger sign of pregnancy.

**Keywords:** Antenatal care, ASHA, pregnancy

### 1. Introduction

A Safe motherhood initiative is a world wide effort aimed to reduce the number of death associated with pregnancy and childbirth. It was launched by WHO in1987 <sup>[1]</sup>. In 2005 Govt. of India launched National Rural Health Mission to address the health need of rural population.

An accredited social health activist (ASHA) is a community health worker instituted by the Govt. of India's Ministry of Health & family welfare (MOHFW) as a part of National Rural Health Mission <sup>[2]</sup>. ASHA is a trained female community health activist selected from the same village <sup>[3]</sup> meant to serve as a key communication mechanism between health care system and rural population <sup>[4]</sup> Their task include, motivating women, to give birth in hospitals, bring children to immunization clinics, encouraging family planning e.g. surgical sterilization, contraceptive usage, treating basic illness and injury with first AID, keeping demographic records and improving sanitization of the village <sup>[5]</sup>. ASHA is 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 in rural areas. she must preferably be 25-45 yrs, married, widowed or divorced female resident of same village that have been selected to serve ideally one ASHA per1000 population <sup>[6]</sup>. ASHA should have effective communication skill, leadership qualities & be able to reach out the community. She should be literate woman with formal education up to 8<sup>th</sup> standard. After selection ASHA will have to undergo series of training episodes (23 days spread over a period of 12 months) to acquire knowledge, skill & confidence for performing her spelled out roles <sup>[7]</sup>. ASHA will be given performance based compensation / remuneration. She can earn good amount of allowances under JSY <sup>[8, 9]</sup> ASHA is a community level health provider, she is an activist, and facilitator of various Health schemes launched by MOH FW, and is therefore, very crucial for NRHM.

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ASHA programme has expanded across the states & has been successful in bringing people back to Health facilities & has increased the utilization of outpatient services, diagnostic facilities & institutional deliveries.

## 2. Aims and Objectives

To evaluate the knowledge of ASHA workers on Antenatal care. This study was conducted at Basohli Block of Kathua Distt from Dec. 2019 to Dec. 2020. 3 out of 4 PHC's were randomly selected and every month one PHC was visited & information regarding antenatal care was collected from ASHA by interview techniques.

## 3. Result

Out of 92 ASHA workers 89(96.73%) believe in early registration of pregnant women to a nearby sub centre / PHC/ CHC before the third month of pregnancy where as 3 (3.27%) believe in 2<sup>nd</sup> trimester of registration. When asked about the services provided to pregnant woman 74(84.78%) believes in minimum of four antenatal visits to screen & prevent complications that effect the growth of fetus. However 11(11.96%) were not aware of the purpose of antenatal visits.

All the ASHA workers 92(100%) were aware of two doses of injection tetanus toxide to be given to all the antenatal mothers but they were not aware of the dosage and correct interval between the two doses of tetanus toxide given during antenatal period. Only 22(23.91%) of ASHA's were aware of screening of HIV/HBsAg during pregnancy, whereas only 11(11.96%) were aware of the modes of transmission & measures to prevent its spread.

81(84.04%) of ASHA's believe in estimation of Haemoglobin concentration in blood among antenatal women;

All the ASHA workers were aware of Iron& Folic tablets to be consumed by all the antenatal mothers but only 60(65.21%) of ASHA's were aware of Iron & protein rich food ingredients that to be consumed by pregnant mother. 67% ASHA's knew their role in distribution of Iron & Folic acid tablets among antenatal women.

Most of ASHA workers were lacking knowledge about dangerous sign of pregnancy, when asked to spontaneously mention few dangerous sign they know, nearly half of the ASHA workers (56%) were able to mention only one to three dangerous sign. Most commonly known dangerous sign was vaginal bleeding cited by 62(67.39%). Other dangerous sign cited by ASHA workers were decreased fetal movements by 55(59.78%), convulsion by 51(55.43%) & swelling feet by 36(39.13%). Only 11(11.95%) of ASHA workers were aware of severe headache as dangerous sign of pregnancy, none of them knew the ill effects of blood pressure on foetal growth.

Only 17(18.47%) of ASHA's believe in father's participation during antenatal visit and all the 92 ASHA workers believe in Hospital Deliveries.

## 4. Discussion

Most of the ASHA workers belongs to the age group 31-40 yrs. one was below 20 yrs, 20 were between 21 – 30 yrs. All were married & 7 were widow which is consistent to guidelines of ASHA workers selection. In our study majority of ASHA workers were from age group 31-40 yrs with mean age of 33.1 yrs, it is consistent with the finding of Singh *et al.* [10]. Where most of the ASHA's 61(45.2%) were in the age group of 30 -35 yrs.

In present study 100% of the ASHAs were married 87(94.57%) were Hindu by religion & 52(56.52%) were studied up to middle

School. similar findings were noted by Saraswati *et al.* [11] in cuttak.

In present study, 89 (97.73%) of ASHA workers were aware of early 1<sup>st</sup> trimester antenatal Registration similar to the study by SHPSA [12].

All ASHA workers were aware of minimum four antenatal visits compared to that stated by a study carried by Rashmi *et al.* [13] where 81% of community health workers were aware of recommended minimum number of antenatal visits.

The knowledge about Iron& Folic acid intake was 100% in present study. This is higher than reporting by Lodhiya *et al.* [14]. In their study conducted in Gujarat in which only 47% of ASHA were aware of Iron& Folic acid tablet schedule in pregnancy.

Shashank KJ *et al.* [15] reported that all one ASHA workers were aware of injection Tetanus toxide similar to the present study where 100% of the ASHA workers were aware of two doses of Tetanus Toxide.

The proportion of ASHA 's having knowledge about danger sign of pregnancy ranged from 16(17.39%) for visual disturbances & 55(59.78%) for decrease Foetal movements, contrary to the study conducted by Karo & Pattanaik [16] in Rajasthan, mean knowledge for maternal health care was found to be (86.7%) In our study 90(97.82%) of ASHA workers knew about the importance of institutional deliveries similar to the observation by Madhu K *et al.* 2009 [17] in the Karnataka found that 90% of deliveries were Hospital deliveries.

## 5. Conclusion

It is evident from present study that majority of ASHA workers have good knowledge about antenatal care. Their knowledge on certain aspect of antenatal care was still poor especially regarding the danger sign of pregnancy.

Specific intervention program and refresher training should be planned & conducted regularly to improve their maternal health practices and eventually to improve the health status. It is evident from present study that because of tremendous efforts and training of ASHA by Govt. of India, majority of ASHA workers have good knowledge about Antenatal Care.

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