

Original article

A cross sectional study of the knowledge, attitude and practice of ASHA workers regarding child health (under five years of age) in Surendranagar district

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Abstract:

Background: Activity of ASHA (Accredited Social Health Activist) is one of the key components in the National Rural Health Mission. They can play an important role in identifying child morbidity at the earliest and improving their health status.

Aims and objectives: 1. To find out the knowledge, attitude and practice of ASHA workers regarding child health under five years of age. 2. To associate their knowledge, attitude and practice with education level of ASHA workers. 3. To associate their knowledge, attitude and practice with total duration of services as ASHA worker.

Materials and Methods: Type of the study: Cross sectional study, Study area/setting: Five PHC of Surendranagar district, Participants & sample size: 130 "ASHA" Workers, sampling: Simple random sampling. Data collection: Pre-designed and pre-tested proforma

Results: The mean age of subjects was 27.8 ±6. About 70% of them had received secondary level of education. Almost 86.2% of ASHA workers had improper knowledge regarding newborn care. Nearly 70% knew the causes of diarrhea but 91.5% of them had no idea about signs of the dehydration. About 68.46% and 68.47% had lack of knowledge about measles & pneumonia respectively. Approximately 80.77% knew about signs/symptoms of malaria but 59.23% among them did not know what to do if the child was having it.

Conclusion: In spite of training which is given to ASHA workers there is still a lacunae left in their knowledge regarding the various aspects of morbidity and mortality of children under 5 years of age. So frequency and quality of training of ASHA workers must be strengthened.

Keywords: KAP, ASHA, child (under five years of age), child health, duration of service, education.

Introduction

Around 9.2 million children die every year before reaching their fifth birthday. Most of these deaths occur in developing countries in which leading causes are: acute lower respiratory infections, (mostly pneumonia:19% of all deaths in under fives), diarrhea (17%), malaria (8%), measles (4%), HIV/AIDS (3%), neonatal deaths – mainly preterm births, birth asphyxia, infections (37%) and injuries (3%). Poor or delayed "health care seeking" contributes to 70% of child deaths. Most deaths among under five are still attributable to just a handful of conditions and are avoidable through existing interventions¹

Activity of ASHA [Accredited Social Health Activist] is one of the key components in the National rural Health Mission. They provide information to the community on determinants of health such as nutrition, basic sanitation, hygienic practices, healthy living & working condition, information on existing health services and need for the timely utilization of health and family welfare services² and they are an important link between the community and health facilities⁴. They can play an important role in identifying child morbidity at the earliest and help in improving their health status. Therefore it is important to assess the level of knowledge regarding health and health aspects in this workers².

Aims and objectives:

- 1.To find out the knowledge, attitude and practice of ASHA workers regarding child health Under five years age.
- 2.To associate their knowledge, attitude and practice with education level of ASHA Workers.
- 3.To associate their knowledge, attitude and practice with total duration of services as ASHA worker.

Methodology:

A Cross-sectional study was carried out amongst ASHA workers of Surendranagar district. Five PHCs were selected by simple random sampling. Totally 130 ASHAs were present during their monthly meeting at their

respective PHCs. Data was collected regarding their knowledge, attitude and Practice about topics like breastfeeding, complimentary Feeding, immunization, diarrhea, essential newborn care, measles, malaria, respiratory infection, worm infestation, personal hygiene etc. All information was obtained using by a pre-tested questionnaire, after taking prior consent of workers and relevant health authority Data analysis: The obtained data was analyzed by using SPSS 17.0 [Statistical Package for Social Sciences] X² test has been used to associate various findings and variables.

Results:

The mean age of subjects 27.8±6., about 70% had received Secondary level of education. Nearly 90% ASHA workers are married and around 95% of ASHA workers were from Social Class IV (upper lower), as per the kuppuswami classification¹

Table 1: Profile of ASHA workers

Sr. No.	Socio Demography (n=130)	Number	%
AGE GROUP			
1	15-24	45	34.6
2	25-34	69	53.1
3	35-44	15	11.5
4	45-54	1	0.8
MARITAL STATUS			
1	Unmarried	12	9.2
2	Married	116	89.2
3	Widow	2	1.5
SOCIAL CLASS			
1	Class-III (lower middle)	7	5.38
2	Class-IV (upper lower)	123	94.62

As per the ASHA workers , Almost 90.76% under five years age mortality was due to infectious diseases and around 83% and 55% was due to diarrheal diseases and respiratory tract infection respectively.

Figure 1: Knowledge, Attitude And Practice Of ASHA Workers Regarding Newborn Care

Table 2: Most common causes of child mortality(under five yrs age) according to ASHA workers. (Multiple Response Table)

Sr. No.	MOST COMMAN CAUSES	NUMBER	PERCENTAGE (%)
1	Diarrheal diseases	108	83.07
2	Respiratory tract infection	72	55.38
3	Malnutrition	22	16.92
4	Infectious diseases (measles,whooping cough etc)	118	90.76
5	Other febrile diseases	24	18.46
6	Accidents & injuries	8	6.15

Around 90% had improper knowledge regarding hypothermia and kangaroo mother care. Nearly 80% had poor knowledge regarding neonatal infection. 86.16% of ASHA workers had poor knowledge regarding referral condition and when and where to refer the baby.

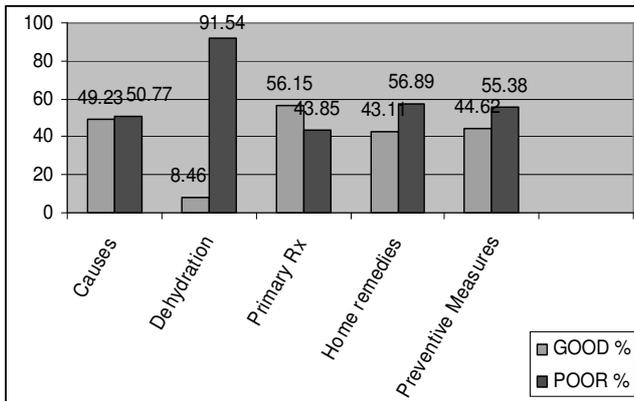
TABLE 3 : Knowledge , attitude and practice of ASHA workers

regarding breast feeding & complimentary feeding.

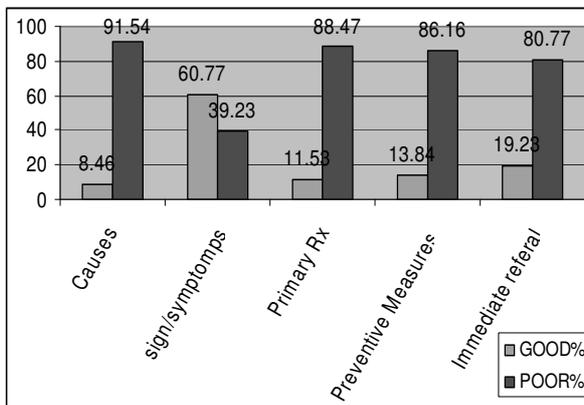
SR NO	DETAILS OF BREAST FEEDING & COMPLIMENTARY FEEDING	KNOWLEDGE, ATTITUDE & PRACTICE (n=130)			
		GOOD		POOR	
		NO.	%	NO	%
1	Prelacteal Feed	126	96.92	4	3.08
2	Immediate Breast Feeding	107	82.31	23	17.69
3	Interval Of Breast Feeding	38	29.23	92	70.77
4	Position, Attachment	56	43.07	74	56.93
5	Problems Regarding Breast Feeding	17	13.08	113	86.92
6	Complimentary Feeding	37	28.46	93	71.54

Amongst ASHA workers, 96.92% had good knowledge, attitude and practice regarding prelacteal feed and 82.31% knew the importance of immediate breast feeding, within half an hour of normal delivery. But around 70% had poor knowledge regarding interval of breast feeding as to how many times the child should be breastfed, in daytime and night. Nearly 86% and 71% had poor knowledge of problems regarding breast feeding and complimentary feeding respectively.

Figure 2 : Knowledge, attitude and practice of ASHA workers regarding diarrhea and measles
DIARRHOEA

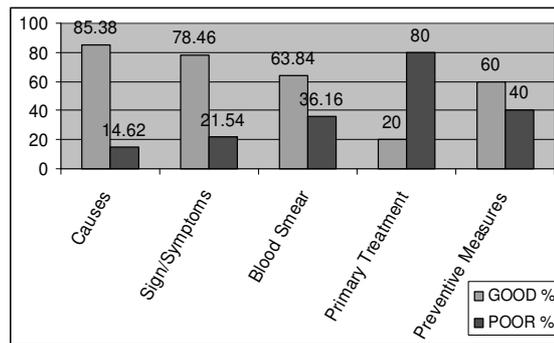
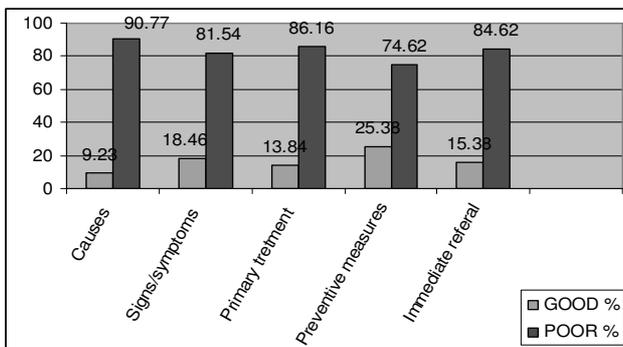


MEASLES



Nearly 50% knew the causes of diarrhea but 91.54% and 55.38% had poor knowledge regarding signs of dehydration and preventive measures respectively. Only 8.46% knew causes of measles and around 88.47% had poor knowledge for preventive measures in measles.

Figure 3: Knowledge, attitude and practice of ASHA workers: pneumonia & malaria
PNEUMONIA



Respectively 90.77% and 86.16% had no idea regarding causes & primary treatment in pneumonia. For malaria they had better knowledge regarding causes, primary treatment, blood smear and preventive measures.

Table 4 : Knowledge, attitude and practice, and education level of ASHA workers.

Sr. No.	EDUCATION	KNOWLEDGE, ATTITUDE & PRACTICE					
		GOOD		POOR		TOTAL n=130	
		N O.	%	NO	%	N O.	%
1	Primary	9	33.33	18	66.67	27	20.76
2	Secondary	40	48.19	43	51.81	83	63.84
3	Higher Secondary	6	54.54	5	45.46	11	8.46
4	Graduate	6	66.66	3	33.34	9	6.92

The association was not statistically significant. ($X^2 = 3.721$, $DF=3, P=0.2932$)

As the table shows, there was no any association between increase in educational level of ASHA workers on increase in knowledge, attitude and practice regarding child health.

Table 5 : Knowledge, attitude and practice, and duration of total services

Sr. No.	DURATION OF TOTAL SERVICES IN (MONTHS)	KNOWLEDGE, ATTITUDE & PRACTICE					
		GOOD		POOR		TOTAL n=130	
		NO.	%	NO.	%	NO.	%
1	<6 Months	5	20.83	19	79.17	24	18.46
2	7-12 Mths	9	40.9	13	59.1	22	16.92
3	13-24 Mths	30	63.82	17	36.18	47	36.15
4	>24 Months	28	75.67	9	24.33	37	28.46

The association proved to be statistically highly significant ($X^2 = 20.982$, $DF=3, P=0.0001$)

As the duration of total services increased, knowledge, attitude and practices also improved. Around 63.82% of those ASHA workers having duration more than 13-24

months had good knowledge, attitude, practice regarding child health.

Discussion:

Table 6 : Knowledge, attitude and practice of ASHA workers regarding child health

Sr. No	DETAILS OF CHILD HEALTH	KNOWLEDGE, ATTITUDE & PRACTICE (n=130)			
		GOOD		POOR	
		NO.	%	NO.	%
1	Newborn Care	18	13.84	112	86.16
2	Breast Feeding & Complimentary Feeding	38	29.23	92	70.77
3	Immunization	48	36.92	82	63.08
4	Diarrhoea	64	49.23	37	50.77
5	Measles	21	16.15	109	83.85
6	Pneumonia	11	8.46	119	91.54
7	Malaria	53	40.77	77	59.23
8	Worm Infestation	91	70.00	39	30.00
9	Hygiene	72	55.38	58	44.62
10	Immediate Referral	23	17.69	107	82.31

Almost all the ASHAs belonged to local community and acted as effective link persons in the delivery of health services and in providing health awareness. In the present study, as per the age distribution of ASHA workers, majority of them were between 25-34 (53.1%) years of age, which is nearly same (54%) as in another study of interface of ASHA with the community and service providers in eastern Uttar Pradesh by Deoki Nandan et al³. In the same study, 90% of the ASHAs were having a qualification between 8th and 12th class³ and in this study it was around 70% which is sufficient enough for their proper learning and performance. Around 89.2% ASHA workers were married while 9.2% and 1.5% were unmarried and widows respectively. Almost 86.2% of ASHA workers had improper knowledge regarding newborn care and 90% ASHA workers were not knowing as what advice to give to mother for prevention of hypothermia and how to give kangaroo mother care. 86% were doing improper practice as they had poor knowledge regarding immediate referral condition. Around 70% had poor knowledge about breast feeding and complimentary feeding. As nearly 97% knew

about prelacteal feed not to be given but 71% had poor knowledge regarding intervals of breast feeding in a day. Nearly 63% knew which are the vaccine preventable diseases but 70% ASHA workers had poor knowledge regarding schedule of immunization as they had less knowledge as to when to take child for vaccination and for which vaccine. As compared to other diseases, their knowledge and practices were found to be better for diarrhea, as nearly 75% knew when to give ORS and advice for immediate referral. Around 68.46% and 91.54% had lack of knowledge and improper practicing for measles & pneumonia respectively. For malaria, their practice was good as 85% knew the causes and symptoms of malaria. Nearly 64% of them were knowing how and when to take blood smear. In this study major motivating factor for ASHAs were either money or absorption in government job as also shown in the study done by Deoki Nandan et al³. About one third of ASHAs were earning more than Rs 800 per month where as another one third were earning less than Rs 400 per month, nearly same as shown in another study.³

Conclusions & recommendations:

In spite of the training given to ASHA workers, there is still lacunae left in their knowledge regarding the various aspects of “under five years age morbidity and mortality”. Training of ASHAs seems to be neither as per norms nor regular. Training is the backbone of capacity building and functioning of ASHAs. So it must be done timely, properly and effectively. It has to be ensured during training that ASHAs are well aware about their job responsibilities and are capable to fulfil their job responsibilities. So frequency and quality of training for ASHA workers must be strengthened. An improvement in financial provision of atleast Rs. One thousand per month as salary has been recommended by most of the medical officers of PHCs as a strong motivating factor.

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