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Assessing The Knowledge, Skills And Attitude Of Ashas In Rural Healthcare Delivery: A Study In U.P.

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Abstract

This study investigates the knowledge, skills, and attitude (KSA) of Accredited Social Health Activists (ASHAs) in the context of rural healthcare delivery, focusing on Uttar Pradesh (U.P.), India. ASHAs play a pivotal role in bridging the gap between healthcare services and rural communities, particularly in resource-constrained settings. The study employs a mixed-methods approach, combining quantitative surveys and qualitative interviews to comprehensively assess the KSA of ASHAs. Quantitative data is collected through structured surveys administered to a representative sample of ASHAs across different regions of U.P., evaluating their knowledge of key healthcare topics, proficiency in essential skills, and attitude towards their role and responsibilities. Qualitative interviews provide deeper insights into the challenges faced by ASHAs in executing their duties effectively, as well as factors influencing their motivation and engagement in healthcare delivery.

Public health services in India face challenges such as a shortage of medical staff and medicines, and attitudes and beliefs of healthcare recipients. Accredited Social Health Activists (ASHAs) are crucial in promoting healthy behaviors and connecting communities with healthcare systems. However, ASHAs face challenges such as insufficient training and low motivation. A study evaluated ASHA's knowledge level on maternal health, family planning, and non-communicable diseases, showing that they have good understanding but room for improvement. The findings of this study aim to inform policy-makers, healthcare administrators, and stakeholders about the strengths and areas for improvement in the training, support, and empowerment of ASHAs, thereby enhancing the effectiveness and impact of rural healthcare delivery systems in U.P.

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 assesses the knowledge, skills, and attitude levels, aiming to shed light on the path forward for enhancing the efficacy of ASHAs to deliver better public health services in rural India.

Review of Literature

Public health care services in India are faced with several challenges that hinder the development of a strong public health workforce (Joshi et al., 2019). According to a study on public health in India, there is a shortage of qualified health workers in rural areas, which has been identified as a major impediment to the implementation of universal healthcare policies in low- and middle-income countries (Ramani et al., 2013). The shortage of qualified health workers in rural areas is a critical challenge for India's health sector. This challenge is not unique to India, as many developing countries also struggle with inadequate and inequitable distribution of the health workforce (Yadav et al., 2020). The shortage of qualified health workers in rural areas has significant implications for the implementation of universal healthcare policies in India (Ramani et al., 2013). The literature also emphasizes the need for policy and planning to attract, retain, and motivate health workers in rural areas. Furthermore, innovative strategies are necessary to address the underlying reasons for the shortage of health workers.

"John J. Hanlon wrote a book entitled *Principles of Public Health Administration* which focuses on the principles and practices involved in managing public health programs. It delves into various topics such as community healthcare, disease prevention, administration strategies and techniques, among others." The

Sociology of Health, edited by Madhu Nagla, is a collection of essays that explore the intersection between sociology and health. The book examines how social factors such as race, class, gender, and culture influence health outcomes and healthcare practices. It also explores issues related to healthcare inequality, disease prevention and control strategies, and global health policies.

Objectives of the study

- To study the Knowledge, Skills and Attitude 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, Skills and Attitude level of ASHAs in the delivery of health services in the community. This study was conducted at two blocks Jhansi district of Uttar Pradesh. Total of 50 ASHA workers were selected randomly for the purpose of this study. The study was conducted after receiving permission from the medical officer in charge of the Community health centers. After that each of the ASHA workers were contacted individually. After that all ASHAs were interviewed through structured interview schedule.

A semi-structured interview schedule was designed for ASHA workers regarding to assess the Skills and knowledge after thoroughly

Studying the ASHA Induction Training Module and HBNC training Module 6 &7. There were included total twenty questions related to knowledge and skills.

This study examines the Knowledge, Skills and Attitude of ASHA in providing healthcare services. Primary data was collected through interviews with ASHA workers, and health officials. There are 20 Questions frame from knowledge and skills related in the interview schedule to find out the skills and knowledge of ASHA workers. To measure the Attitude of ASHA workers were asked 10 questions rated from 1 to 5 and five points Likert scale was use analyze their opinion.

Data Analysis

Data analysis reveals demographic and socio-economic characteristics of Jhansi populations.. Majority of ASHA workers The first parameter is age group, with the 41% falling into 25-35 and 36-45 groups; whereas 12% of respondents fall under the 46-50 age group; only 6% of respondents belong to the 51-55 age group. Majority are Hindu (96%), married (89%), have completed high school (33%), Occupation statistics,24% of the respondents doing Majdoori (Labour work) which takes second spot, followed by agriculture industry, with most families earning less than Rs.5000 per month. ASHA's socio-economic status is categorized into lower class, lower middle class, and middle-class based on their scores with an average SES score of 17.4.

Knowledge level of ASHAs:

Assessing the knowledge level of ASHAs (Accredited Social Health Activists) involves evaluating their understanding of various aspects of healthcare, including maternal and child health, family planning, disease prevention communicable and NCD.

ASHAs Knowledge about Maternal health 76% of respondents answered correctly, indicating a relatively good understanding of when the registration and first ANC checkup of a pregnant woman should be done. 78% of ASHA have good level of awareness regarding the vaccine given to pregnant women during pregnancy. 74% of have knowledge about the recommended intake of iron and calcium tablets during pregnancy. Only 24% of respondents answered correctly, suggesting a lower level of awareness regarding the main symptoms of danger to the mother after delivery. A high percentage (94%) of respondents correctly identified when a birth is considered premature (pre-term), indicating good knowledge of this area. 75% of respondents provided the correct answer, showing a reasonable understanding of the key message for mothers regarding exclusive breastfeeding. 72% of respondents answered this question correctly, indicating a good understanding of the recommended number of infusions per minute for newborns younger than 2 months. Total average level of respondent is 78.8 % on maternal health issue.

Knowledge about Child health: The majority of respondents (89%) correctly about BCG vaccine. 92% ASHA workers know about exclusive breastfeeding. And complementary foods and 75% respondents correctly answer to key message of exclusive breast feeding. 78% of respondents answered this question correctly, indicating a lower level of knowledge regarding the expected weight of a normal baby at the time of birth. There may be a need for increased awareness in this area. 66% respondent knows correctly about hypothermia and 72% about infusion of younger baby and 90% respondent about HBNC home visits. However, there is still a substantial percentage of incorrect answers, suggesting that there may be some areas for improvement in understanding the concept of at-risk newborns based on weight.

These interpretations provide insights into the respondents' knowledge about child health, specifically related to vaccination, breastfeeding practices, introduction of complementary foods, and recognizing weight-related concerns in newborns. Over all composite score and average level in this section of respondent is 81.2%.

Knowledge about Reproductive Health: The term 'Chhaya' refers to a method or product used in family planning, and ASHA answered correctly got 88% of their answers right while those who answered incorrectly got 12%. Similarly, 'Antara' refers to a method or product used in family planning and ASHA answered correctly got 76% of their answers right while those who answered incorrectly got 10%.

ASHA Knowledge about Prevention and prevention of communicable and non-communicable diseases:

In terms of preventive measures against communicable diseases, ASHAs educate the community on hand hygiene practices like washing hands regularly; vaccination drives for children under five years old to protect them from several infectious diseases; creating awareness around mosquito-borne illnesses like

dengue and chikungunya through proper sanitation steps like keeping clean water containers covered or draining stagnant water near premises.

The majority (69%) of ASHA members are aware about the high blood pressure. This is a positive indication of knowledge in this area. About Non-Communicable Diseases (NCD) 66%, indicating that slightly more than half of the respondents have accurate knowledge in this area. There might be room for improvement or further training to enhance awareness of the various diseases falling under NCD. Similar to the previous question, the correct response rate is 76%, indicating that respondents have the correct understanding. **Average score or level of Knowledge of ASHA is 70.1%** It may be beneficial to provide additional information or training in this area. Based on these results, targeted training programs or educational interventions could be implemented to strengthen ASHA's knowledge in areas where correctness rates are lower. Continuous education and updates on health-related topics could contribute to the ongoing professional development of ASHA members.

Skills level of ASHA: A high percentage (77%) of ASHA workers correctly identified the actions to take when a mother is having trouble breastfeeding. ASHA workers demonstrated a good understanding (78%) of identifying at-risk or high-risk pregnant women and their characteristics. A significant majority (69%) of ASHA workers correctly answered and demonstrated questions related to determining the expected date of delivery. This is very important for proper antenatal care and planning. A majority (76%) of ASHA workers knows the correct way and demonstrated proper hand washing. A significant majority (81%) of ASHA workers correctly know the skills of how to identify a high-risk baby. There is a relatively lower correct response rate (56%) for providing advice to a pregnant woman with a history of diabetes. This area may need targeted training to enhance knowledge. ASHA workers demonstrated a good level of knowledge (68%) in recognizing dangerous symptoms in a baby. This is a also concern area where need to be quality training. A majority (72%) of ASHA workers provided correct advice for managing adverse effects after vaccination of a child, indicating a good understanding of post-vaccination care. Total 78% ASAH worker know the proper key massage to the mother to manage AEFI. ASHA workers displayed proficiency and knowledge only (63%) in knowing the correct quantities of amoxicillin syrup and zinc tablets advised for infants, indicating competence in administering medications. 77% ASHA know and skilled that how to prepare ORS solution and last 65% of ASHA know the proper dose and way to use of Zink tablets for baby.

Attitude level of ASHA: The majority of the respondents, 82% had a positive attitude towards their work, 17% had a neutral opinion and only 1.4% of the respondents had a negative attitude towards their work. The mean score of attitude is 1.67 which depicts that the majority of ASHA workers had a positive attitude. They strongly agree that the program empowers women and reduces maternal and infant mortality. They regularly visit homes and have increased social status. The incentive amount has made them financially stronger. There is little variation in their responses.

Conclusion:

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 70.01 % and ASHA's skills level 71.02 % found. 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.

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