



“KNOWLEDGE ASSESSMENT OF ACCREDITED SOCIAL HEALTH ACTIVIST ABOUT THE RASHTRIYA BAL SWASTHYA KARYAKRAM AT SELECTED URBAN AREAS, TIRUPATI.”

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ABSTRACT

Objectives:

- ❖ To assess the knowledge of ASHAs regarding RBSK.
- ❖ To find the association between the knowledge of ASHAs regarding RBSK and the selected socio-demographic variables.

Materials and methods:

Methodology: Methodology of the study was non-experimental approach, descriptive survey design was adopted for 100 ASHAs, who were selected by non-probability convenient sampling technique, by using simple random technique based on lottery method at selected UPHCs, Tirupati, to assess the knowledge regarding the RBSK by using multiple choice self-structured questionnaire.

Results:

The results revealed that out of 100 ASHAs, 49 per cent of ASHAs were having moderate knowledge, 32 per cent were having adequate knowledge and 19 per cent were having the inadequate knowledge. Mean knowledge score was 2.13 and standard deviation was 0.706. That there is a significant association between knowledge regarding the RBSK and ASHAs education, experience, family income, place of residence at 0.05 level. significant association between knowledge regarding the RBSK and ASHs age and type of the family at 1% level. There is no significant association between demographic variables of religion, marital status. The study findings revealed that, a majority of ASHAs were having moderate knowledge regarding the RBSK.

Conclusion: ASHAs need to be made aware of their perceptions and role in the RBSK program so that their efficiency is increased and the percentage of child morbidity and mortality can further be lowered. Recommendations were similar kind of study can be undertaken in different settings (eg. Rural areas etc.) and the study may be replicated by using larger population.

Key words: Assess, Knowledge, RBSK, ASHA, Urban area

I. INTRODUCTION

Children are a gift to this world, and, as such, it is society's responsibility to nurture and care for them. In the past, health was defined simply as the absence of disease; health was measured by monitoring the mortality and morbidity of a group. Over the past century, however, the focus of health has shifted to disease prevention, health promotion, and wellness (Wong's, 2007).

WHO defines health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity (WHO, 1948). When it comes to children, children have low immunity and hence are prone to many illness. There are some diseases which are quite common in children these are common cold, ear infections, dental caries, respiratory tract infections, skin infections, diarrhoea (Nelson E, 1996).

RBSK shifts away from a rehabilitative approach towards a more public health approach to reduce risk factors and early identification of children with 4Ds to prevent the onset of disability. Early screening will benefit in reducing mortality and morbidity, improving survival and nutrition outcomes, reduction of malnutrition related deaths, enhancement of cognitive development and school performance, educational attainment, overall improvement of quality of life of children (MoHFW, 2013). Significant progress has been made in reducing mortality in children. Further gains are possible by extending early detection and management of health conditions in children (NRHM, 2013).

NEED FOR STUDY:

Every year, 8 million of children are globally estimated that born with a birth defect. Birth defects are responsible for the death of an estimated 3,00,000 newborns annually, 90,000 of them in the South-East Asia Region. The mortality and life-long disability, birth defects can cause often disproportionately the low- and middle-income countries (WHO, 2020). Globally 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height), and 38.9 million were over weight or obese (WHO, 2020). In 2019 an estimated 5.2 million children died mostly from preventable and treatable causes (WHO, 2020). According to a new UNICEF report, the number of children with disabilities globally is estimated at almost 240 million (UNICEF, 2021).

Nearly 3.5 million babies in India are born too early, 1.7 million babies are born with birth defects, and one million new-borns are discharged each year from Special New-born Care Units (SNCUs). These new-borns remain at high risk of death, stunting, and developmental delay (WHO, 2021). The number of children under 5 years of age who are stunted declined to 36.1 million in 2020. The number of children under five years of age who are overweight declined to 2.2 million in 2020. Disability was children, at approximately 2.04 million children out of 26.8 million of disabled people. (Statista, 2011).

STATEMENT OF THE PROBLEM:

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OBJECTIVES:

- ❖ To assess the knowledge of ASHAs regarding RBSK.
- ❖ To find the association between the knowledge of ASHAs regarding RBSK and the selected socio-demographic variables.

OPERATIONAL DEFINITIONS

- **ASSESS:** It refers to the process used to identify the level of knowledge regarding RBSK among ASHAs at selected urban areas.
- **KNOWLEDGE:** knowledge refers to the correct level of response from the participants regarding the RBSK.
- **RBSK:** Rashtriya Bal Swasthya Karyakram is one of the national program and it was launched on February 2013, under the ministry of health and family welfare by the Government of India, for early identification and early intervention for children from birth to 18 years to cover 4'D's, defects at birth, deficiencies, diseases, development delays including disability.
- **ASHA:** Accredited Social Health Activist is a community health worker instituted by the ministry of health and family welfare as a part of NRHM. In this study it refers to ASHAs who are working at selected urban areas at tirupati.
- **URBAN AREA:** In the present study urban area represents to those ASHAs working in urban areas of tirupati. The 13 selected urban areas where Asha is working Prakasam road, Bairagi patteda, Dispensary, Muthyal Reddy palli, Nehru street, Non Gazited Officers colony, Postal colony, Rajiv nagar geeva kona, Scavengers colony, Siva jyothi nagar, Tirumala reddy nagar, Yerramitta.

ASSUMPTION:

- ASHAs may have inadequate knowledge regarding the Rashtriya Bal Swasthya Karyakram.

CONCEPTUAL FRAMEWORK:

The conceptual framework for the present study was adopted from ‘General system theory by Ludwig Von Bertalanff (1968). General system theory explains that, a system of interrelated elements in the abstract system are the human being their environment. A system must achieve the balance internally and externally. According to general system theory, ‘silence of wholeness and its purpose is scientific thinking across the discipline and which provide frame work for analyzing the whole of any system’.

A system can be resolved into an aggregation of feedback circuit such as:

- Input
- Throughput
- Output

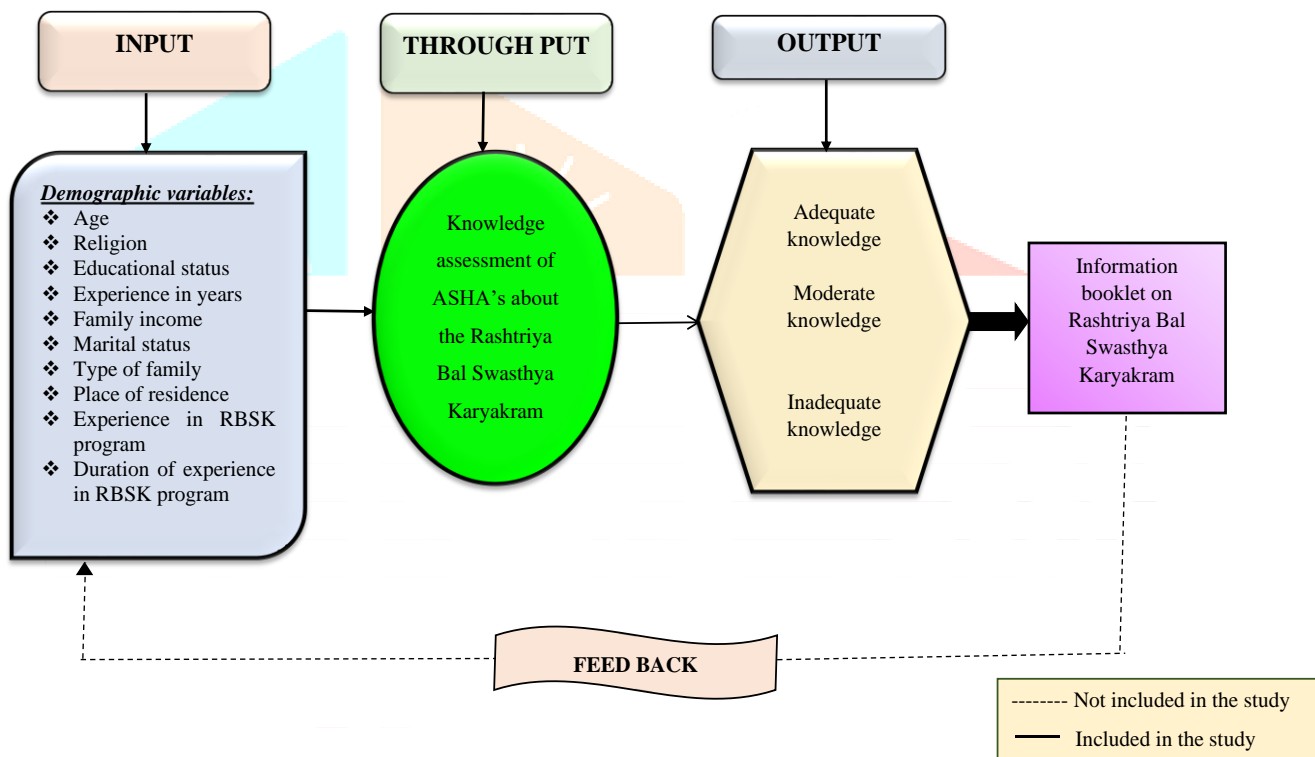


Fig.No. 1: MODIFIED CONCEPTUAL FRAMEWORK BASED ON “GENERAL SYSTEM THEORY MODEL BY LUDWIG BERTALANFFY (2022).

Fig-1: Conceptual Frame work

METHODOLOGY

RESEARCH APPROACH:

Research approach used in the present study was non-experimental approach.

RESEARCH DESIGN:

A research design is the overall plan, structure and strategy of investigations of answering the questions. It is the blueprint that the researcher selects to carry out the study. The research design selected for the present study was descriptive survey design.

VARIABLES OF THE STUDY:

Independent variables: Socio-demographic variables like age, religion, educational status, experience in years, family income, marital status, type of the family, place of residence, has experience in RBSK program and duration of experience in RBSK program.

Dependent variable: Knowledge assessment of Accredited Social Health Activist about the Rashtriya Bal Swasthya Karyakram.

STUDY SETTING:

Tirupati is one of the most visited pilgrimage centre in India, famous for its landmark temples, mostly dedicated to the incarnations of Lord Vishnu. The total population of Tirupati 4,00,501 (Municipal Corporation-Tirupati, 2021-2022).

The present study was conducted at Tirupati, the total 13 UPHCs are there in Tirupati, those are Prakasam road, Bairagipattada, Dispensary (Gandhi road), Muthyal Reddy palli, Non Gazited Officers colony, Postal colony, Rajivnagar geeva kona, Scavengers colony, Sivajyothi nagar, Tirumala reddy nagar, Yerramitta, Auto nagar and Nehru nagar because among the 13 UPHCs the investigator selected 12 UPHCs. The UPHC (Nehru nagar) was excluded from the main study setting because it was selected for the pilot study.

POPULATION:

The population selected for the study comprised of ASHAs who are working at selected UPHCs, Tirupati- Prakasam road, Bairagipattada, Dispensary (Gandhi road), Muthyal Reddy palli, Non Gazited Officers colony, Postal colony, Rajivnagar geeva kona, Scavengers colony, Sivajyothi nagar, Tirumala reddy nagar, Yerramitta, Auto nagar.

SAMPLE:

The present study sample was ASHAs who are working at selected UPHC, Tirupati and fulfill the study criteria.

SAMPLING TECHNIQUE:

Non-probability convenient sampling technique was adopted depending upon the availability of the selected sample.

SAMPLE SIZE:

Sample size consisted of 100 ASHAs.

There are 110 ASHAs working at 12 UPHCs in Tirupati. The investigator selected only 100 ASHAs for the study, remaining 10 ASHAs were absent at the time of data collection. Among 10 ASHAs 8 were engaged in COVID immunization program (school children) and 2 were absent due to their health issues i.e, fever.

CRITERIA FOR SAMPLE SELECTION:

Inclusion criteria:

- ASHAs who are willing to participate in the study
- ASHAs who are available at the time of data collection
- ASHAs who are working at selected UPHCs.

Exclusion criteria:

- ASHAs who are absent at the time of data collection

DEVELOPMENT AND DESCRIPTION OF THE TOOL:

Data collection tool are the procedures or instruments used by the researcher to observe or measure the key variables in research problem.

Structured questionnaire was developed based on the review of relevant literature from textbooks, journals and websites, under the guidance of experts to assess the knowledge regarding Rashtriya Bal Swasthya Karyakram among ASHAs.

It comprises of two sections:

Section- I: It includes socio-demographic variables like age, religion, educational status, experience in years, family income, marital status, type of the family, place of residence, any experience in RBSK program and duration of experience in RBSK program.

Section-II: It includes multiple choice self-structured questionnaire to assess the knowledge regarding the Rashtriya Bal Swasthya Karyakram among ASHAs.

Scoring key: Scoring key prepared

Section- I: By coding the demographic variables.

Section-II: Consists of multiple choice self-structured questionnaire on knowledge of Accredited Social Health Activist about the Rashtriya Bal Swasthya Karyakram. Total 27 multiple choice self-structured questions, each right question carries '1' mark, wrong answer carries '0' mark. The total score is '27'.

Total scores were categorized as follows:

Inadequate knowledge < 50% (< 14 marks)

Moderate knowledge 51-75% (15-21 marks)

Adequate knowledge > 75% (> 21 marks)

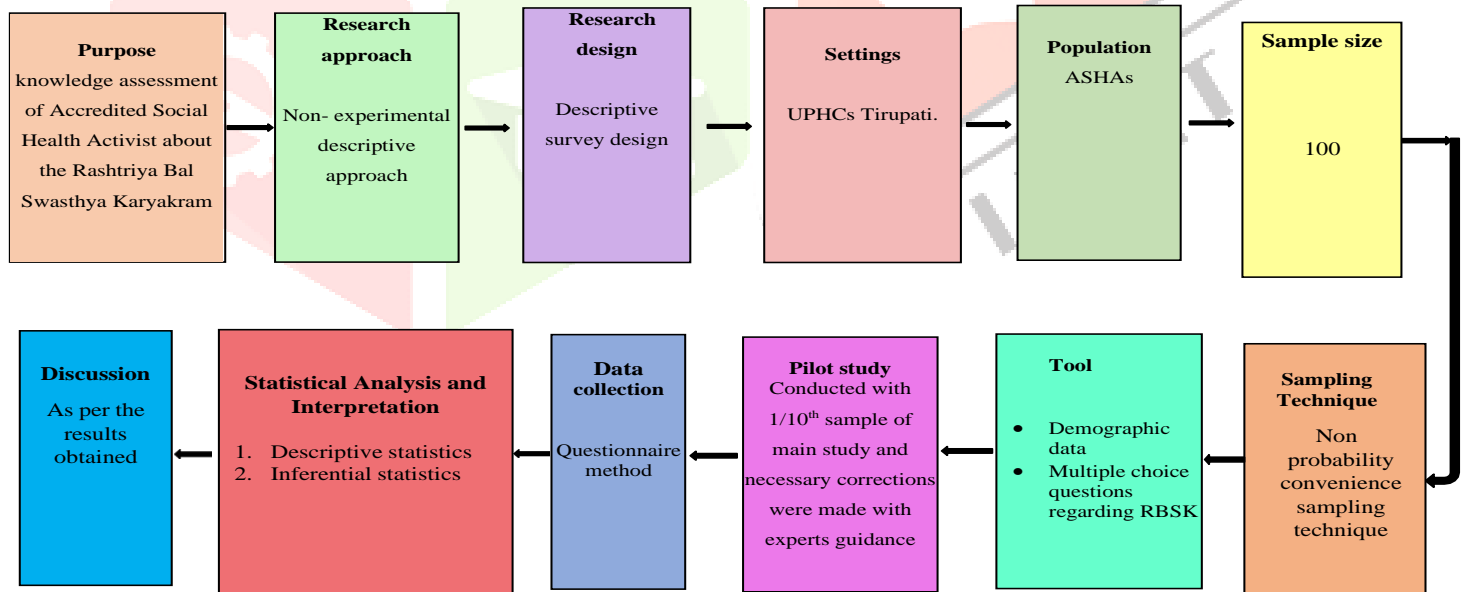


FIG NO: 2 SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

RESULTS :

Majority (42%) were in the age group of 36-40 years, 24 per cent were in the age group of 31-35 years, 19 per cent were in the age group of 36-40 years and remaining (15 %) were in above 40 years age group. majority (93 %) were believing in Hinduism, 5 per cent were adhering to Christianity and remaining (2 %) were Muslims. educational qualification of ASHAs, majority (44 %) were studied up to higher secondary, 38 per cent were studied up to secondary school, remaining (18 %) were studied up to graduation and above. experience of ASHA, majority (44 %) had 1-5 years of experience as ASHA, 36 per cent were having 5-10 years of experience, 12 per

cent were having more than 10 years of experience and only 8 per cent were having less than 1 year experience. family income per month, majority (73 %) were having the monthly income of below 10,000/- rupees, 16 per cent were having the monthly income of 10,001- to 15,000/- rupees, remaining (11 %) were having the monthly income of 15,001- to 20,000/- rupees. marital status of ASHA, majority (84 %) were married, 7 per cent were widowed, 5 per cent were separated from husband, and only 4 per cent of ASHAs were un marrieds. type of family, majority (74 %) were adopted nuclear family, 25 per cent were dwelling in joint family and only 1 per cent were from extended family. residence, majority (81 %) were residing in urban area and 19 per cent were residing in rural area. experience of RBSK program, all were having the 6 months of experience in RBSK program.

The results revealed that out of 100 ASHAs, 49 per cent of ASHAs were having moderate knowledge, 32 per cent were having adequate knowledge and 19 per cent were having the inadequate knowledge.

Table 1: Frequency, percentage distribution, mean and standard deviation of level of knowledge regarding the Rashtriya Bal Swasthya Karyakram among ASHAs

(N=100)

S. NO.	KNOWLEDGE REGARDING RASHTRIYA BAL SWASTHYA KARYAKRAM AMONG ASHA'S	FREQUENCY(F)	PERCENTAGE (%)
1.	Moderate knowledge	49	49.0
2.	Adequate knowledge	32	32.0
3.	Inadequate knowledge	19	19.0

Significant association between knowledge regarding the Rashtriya Bal Swasthya Karyakram and ASHAs education, experience, family income, place of residence at 0.05 level and age, type of the family at 0.01 level. There was no significant association between the other demographic variables like religion and marital status.

CONCLUSION :

In the present study most of the ASHAs had moderate knowledge regarding the RBSK. There was statistically significant association between the socio demographic variables like education, experience, family income, place of residence at p value 0.05 level, and age and type of the family at p value 0.01 level. These findings suggested that ASHAs need to improve their knowledge regarding RBSK in order to improve the overall quality of life of children and to provide comprehensive care to all the children in the community.

IMPLICATIONS:

The investigator has drawn the following implications from the studies which are of vital concern to the field of nursing practice, nursing administration, nursing education and nursing research.

NURSING PRACTICE:

- Educational package can be effective in improving the knowledge of ASHAs regarding RBSK.
- In community small educational programmes can be conducted regarding various child health programmes including RBSK to reduce child morbidity and mortality rates.
- The study carries an implication that community health nurse plays an important role in imparting knowledge and helping the ASHAs regarding RBSK and help the Government to achieve the goals and objectives.

NURSING EDUCATION:

- The Community Health Nurse should equip them-selves by reading more books, recent advances and current health related issues to keep themselves updated.
- The nursing curriculum should include more on the recent National Health Programme for effective utilization of the ongoing child health programme including RBSK, so that the public can benefit from various health schemes.

NURSING ADMINISTRATION:

- The Community Health Nurse administrator should arrange in-service education, training and staff development programme to nursing personnel regarding latest and ongoing National health programmes and child health programmes including RBSK.
- The Community Health Nurse administrator should collaborate and co-ordinate with the community leaders in creating awareness in the community for effective utilization of family welfare programmes including RBSK.

NURSING RESEARCH:

- The study should be generalized and conducted on a larger sample so it can be used for evidenced based studies.
- The study should be disseminated through research journals and scientific papers.
- The study should be utilized for future studies and references.

LIMITATIONS:

- The present study was limited to ASHAs who are working at selected UPHCs, Tirupati
- The sample size of the present study was limited to 100 ASHAs only

RECOMMENDATIONS:

- The study may be replicated by using larger population.
- A similar kind of study can be undertaken in different settings (eg. Rural areas.)
- A comparative study can be conducted to the knowledge assessment of accredited social health activist about the Rashtriya Bal Swasthya Karyakram at selected urban and rural areas at Tirupati.

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