

# Knowledge Status of Accredited Social Health Activist (ASHA) of Jaipur City

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**Abstract**—Government of India launched the National Rural Health Mission (NRHM) on 12th April 2005, to provide accessible, accountable, affordable, effective and reliable primary health care, especially to the poor and vulnerable sections of the population. And ASHAs are a 'bridge' or an interface between the community and health service outlets. NHM set some standard for ASHAs. So this study was conducted to assess the knowledge of ASHA of Jaipur city. This cross-sectional study was conducted on 172 ASHAs working in Jaipur city. In the present study, all the ASHAs know their role about Immunization, Ante Natal Care and to inform Sub Centre/PHC/CHC about births and deaths in the village & outbreak of health problem/disease in the community. The majority (>80%) ASHAs knew their role in Post Natal Check-up, counseling women for Birth preparedness, safe delivery, exclusive Breast feeding, complementary feeding, Personal hygiene and sanitation. Promoting hand washing after toilet and before food handling was known to 153 (88.95%) of ASHAs. It was concluded from the study that majority of ASHAs know their role and details of their practices in all expected field except regarding basic sanitation and hygiene. Knowledge of ASHAs regarding their role about basic sanitation and hygiene of community i.e. to 19.19% of ASHAs only. Likewise regarding promote construction of toilet was also known to only 17.44% of ASHAs. Even only 37.79% of ASHAs knew about immunization may be given in mild fever.

**Key words:** ASHA, Knowledge Status of ASHA.

## I. INTRODUCTION

Government of India launched the National Rural Health Mission (NRHM) on 12th April 2005, to provide accessible, accountable, affordable, effective and reliable primary health care, especially to the poor and vulnerable sections of the population.<sup>1,2</sup>

One of the key strategies under the NRHM is having a community health worker who is an Accredited Social Health Activist (ASHA) for every village with a population of 1000. These ASHA workers should preferably be female, in the 25-45 years age group and have a qualification of at least eighth class.<sup>3</sup>

**Accredited** means recognized by the community, **Social** means she is from the same community, by the community and for the community, **Health Activist** means she has to spread awareness for health concerns and promotes change in health-related practices.<sup>4</sup>

These village-level community health workers would act as a 'bridge' or an interface between the rural people and health service outlets and would play a central role, in achieving national health and population policy goals.<sup>5,6</sup>

They can play an important role in identifying problems at the earliest and help in improving community health status.

To address the urban poor population in addition to NRHM, National Urban Health Mission (NUHM) was launched having urban PHCs and CHCs and ASHA in urban areas.

Article on socio-demographic profile of these ASHAs working in Jaipur city was already published. Therefore the present study was to assess the knowledge of ASHA workers in a urban community.

## II. METHODOLOGY

A cross-sectional, community-based study was carried out on 172 ASHAs working in Municipal Corporation Boundary of Jaipur city in since 1st June 2014 to September 2015.

After taking approval from Research Review Board (RRB) of SMS Medical College, Jaipur every ASHA worker working in the Municipal Corporation Boundary of Jaipur city will be identified and identified ASHA was interrogated as per pre-designed semi-structured proforma.

Personal information of each ASHA was collected using a pre-designed, semi- structured proforma including brief socio-demographic information of ASHA along with details of their knowledge regarding their job responsibilities.

Information gathered was entered at assigned place in proforma by the investigator. Data will be thus collected will be summarized and classified in the form of master chart in MS Excel worksheet

**Statistical analysis:** Data obtained was entered into Microsoft Excel and analyzed using statistical software. Frequencies were obtained using descriptive statistics.

## III. RESULTS

Out of a total of 172 ASHAs, all the ASHAs know their role about Immunization, Ante Natal Care and to inform Sub Centre/PHC/CHC about births and deaths in the village & outbreak of health problem/disease in the community. The majority (>80%) ASHAs knew their role in Post Natal Check-up, counseling women for Birth preparedness, safe delivery, exclusive Breast feeding, complementary feeding, Personal hygiene and sanitation. Promoting hand washing after toilet and before food handling was known to 153 (88.95%) of ASHAs. (Table 1)

**TABLE 1**  
**KNOWLEDGE OF ASHAs ABOUT THEIR JOB RESPONSIBILITY**

S. No.	Jobs supposed to be done by the ASHA	Total No. of ASHAs	% of ASHAs
1	Provide information about existing health Services	87	50.58
2	Creating awareness to the community on health, hygiene, and nutrition	120	69.77
3	<b>Mobilize the community in their access to the health services such as:</b>		
	(a) ANC (Ante Natal Care)	172	100
	(b) PNC (Post Natal Check up)	147	85.46
	(c) Immunization	172	100
	(d) Sanitation	33	19.19
	(e) Illness/Fever	133	77.33
4	<b>Counselling women on :</b>		
	(a) Birth preparedness and safe delivery	146	84.88
	(b) New born care	135	78.49
	(c) Exclusive Breast feeding and complementary feeding	146	84.88
	(d) Immunization of infants	89	51.74
	(e) Use of contraceptives/Family planning Measures	80	46.51
	(f) Personal hygiene and sanitation for the mother and child	160	93.02
5	Escort/accompany pregnant women or sick children to the nearest health facility	99	57.56
6	Informing the Sub-centre/PHC/CHC about: Births and deaths in the village and Outbreak of health problem/disease	172	100
7	Promoting construction of household toilets	30	17.44
8	Promoting hand washing after toilet and before food handling	153	88.95

**\*Multiple Responses**

When ASHAs were inquired about ANC/PNC/Breastfeeding, all (172) ASHAs knew about colostrums should be given to the newborn, newborn wrapping is important in winter and time for weaning to be started. The majority (>80%) ASHAs knew about taking IFA is important during pregnancy, the mother is not responsible for the birth of a daughter, more food should be taken during pregnancy, nothing is applied on the umbilical stump and additional supplements should not to be given to a baby during first six months. (Table 2)

When ASHAs were inquired about child health, all ASHAs knew about the risk of diarrhea reduced by hand washing and child with diarrhea on ORS if doesn't pass urine for 8 hours then refer to FRU. The majority (>90%) ASHAs knew about mild fever is a common side effect of DPT vaccine and mother should breastfeed her child in diarrhea. Only 65 (37.79%) of ASHAs knew about immunization may be given in mild fever. (Table 2)

When ASHAs were asked about family planning and general health all knew about new condom should be used each time for sex. Tuberculosis is a curable disease, green leafy vegetables are important for health and use of vessel with a handle to draw water from the pot is better was also known by all ASHAs. Majority (>80%) of ASHAs knew that ECP should be taken within 72 hrs of unprotected sex. HIV/AIDS spread by unprotected sex with an infected partner and contaminated needles but not by mosquito were known to the majority of ASHAs (>80%). 125 (72.67%) of ASHAs knew that oral contraceptives should be used during breastfeeding but only 95 (55.23%) of ASHAs knew about the

concept of safe period. About 75% of ASHAs knew about the treatment of partner is necessary for STI diseases and washing of site of dog bite with soap and water is important. Out of 172 ASHAs, 118 (68.60%) knew about BCG vaccine given at birth protecting Tuberculosis. (Table 2)

**TABLE NO. 2**  
**KNOWLEDGE OF ASHAs ABOUT DETAILS OF THEIR PRACTICES**

S. No	Knowledge about Practices	*Total No. of ASHAs	% of ASHAs
<b>A</b>	<b>ANC/PNC/Breastfeeding</b>		
1	About more Food in Pregnancy	154	89.53
2	About importance of IFA in Pregnancy	171	99.42
3	Is mother blamed for a daughter?	167	97.09
4	Is anything applied on the umbilical cord?	143	83.14
5	Are colostrums should be given?	172	100.00
6	About importance of NB wrapping	172	100.00
7	About additional supplement to baby	146	84.88
8	About time for weaning start	172	100.00
9	About time for breastfeeding stop completely	101	58.72
<b>B</b>	<b>Child Health</b>		
10	Is evil spirit responsible for child health?	114	66.28
11	Is mild fever a common side effect of DPT vaccine	171	99.42
12	Is immunization may be given in mild fever?	65	37.79
13	Is risk of diarrhea reduced by hand washing	172	100
14	If child with diarrhea on ORS doesn't pass urine for 8 hours then refer to FRU	172	100
15	Should mother BF her child in diarrhea?	159	92.44
<b>C</b>	<b>Family Planning</b>		
16	Should mother use an oral contraceptive during BF?	125	72.67
17	Should new condom use for each time?	172	100.00
18	Is ECP effective 1 week after unprotected sex	147	85.46
19	About concept of safe period	95	55.23
20	About use of condom 3 months after vasectomy	44	25.58
<b>D</b>	<b>General Health</b>		
21	About necessity of Partner treatment in STI	131	76.16
22	Is HIV/AIDS can be spread by a mosquito?	164	95.35
23	Is HIV/AIDS spread by Unprotected sex with infected partner	171	99.42
24	Is HIV/AIDS transmitted by Mother to a child?	108	62.79
25	Is HIV/AIDS spread by contaminated needles?	168	97.67
26	Is TB is a curable disease?	172	100.00
27	Is BCG protect TB?	118	68.60
28	About washing of site of Dog bite with soap and water	129	75.00
29	About importance of Green leafy Vegetables	172	100.00
30	About vegetables washed before/after chopping	145	84.30
31	About use of vessel with handle to draw water from pot	172	100.00
32	Is devil is responsible for mental illness?	137	79.65
33	Is by beating of the mental patient for making out devil?	170	98.84

*\*Multiple Responses*

#### IV. DISCUSSION

In this study, although the majority (89.7%) were in the age group of 26-45 years but 14 ASHAs (8.14%) were <25 years and 2 (1.16%) were above 45 years. NRHM<sup>3</sup> documented that ASHA worker should be within the age group of 25-45 years.

In the present study, 69.77% ASHAs knew about creating awareness in the community on health, hygiene, and nutrition. Other studies also reported their observations well in resonance to present study. Shukla, et al (2012)<sup>7</sup> in Uttarakhand, 79.2% reported spreading health awareness as one of their job responsibilities, Saraswati Swain, et al (2008)<sup>8</sup> in Orissa, reported that 48% of the ASHA knew that creating community awareness about various health determinants.

In the present study, all ASHAs mobilize the women for ANC similarly A study conducted by Roy, et al (2013)<sup>3</sup> in Orissa and found that ASHA workers have adequate knowledge of their duties regarding antenatal, intranatal and post-natal stages of a pregnancy. Saraswati Swain, et al (2008)<sup>8</sup> from Orissa reported that 81.3% of ASHA workers had knowledge about their responsibilities regarding counseling on antenatal care/ postnatal care. All these observations are well comparable to observations of this present study.

In present study nearly more than 90% of ASHAs had knowledge about increase need of food and importance of IFA during pregnancy. Similar findings were found in a study by Rashmi A, et al (2013)<sup>9</sup> found that 100% knew about the IFA tablets to be taken during pregnancy. Shashank KJ, et al (2015)<sup>10</sup> also found that majority (94.6%) of the ASHA workers were of the opinion that pregnant mothers should increase the food consumption and 90.9% were aware of the iron and calcium tablets to be consumed by the antenatal mothers. Kohli C, et al (2015)<sup>11</sup> in Delhi found awareness of their role in distribution and intake of tablet IFA was known to 85.5% of ASHAs. Observations made by these studies were well in resonance with the observations made by the present study.

In the present study, 57.56% of ASHA Escort/accompany pregnant women or sick children to the nearest health facility. Whereas, Saraswati Swain, et al (2008)<sup>8</sup> in Orissa reported 83% of the ASHAs were performing activities like taking pregnant women to hospital for delivery and 92.5% of ASHAs had Knowledge about accompanying pregnant women to the hospital for antenatal checkups. Even Kohli C, et al (2015)<sup>11</sup> in Delhi reported 89.1% of ASHA accompanied for delivery. In the present study, escort services knowledge and practice are lowered that other studies may be because of the reason that this present study was conducted in the capital of state so there are few chances for escorting services.

In this study, all the ASHAs knew about the importance of institutional deliveries and proportion of institutional deliveries was 92.53%. Similar to these observations Madhu K, et al (2009)<sup>12</sup> in Karnataka found 90% of the deliveries were hospital deliveries. Karol G S, et al (2014)<sup>13</sup> in Rajasthan 71.46% were institutional delivery have been motivated by ASHAs.

In the present study, 100% ASHAs were aware and performing birth and death registration. Garg PK, et al (2013)<sup>14</sup> found 17% ASHAs aware about birth and death registration. This variation may be due to the reason that this present study was conducted in the capital of state so here is more strictness about registration of births and deaths.

In present study, 78.49% ASHAs had knowledge about new born care. Contrary to this Dr. Srinivas N, et al (2015)<sup>15</sup> in Karnataka reported only 38.8% had knowledge on neonatal care. This difference in

knowledge about new born care may be due to that this present study was conducted in the capital of the state.

In the present study, 83.14% ASHAs knew that nothing should be applied to the umbilical cord. Observations made by other authors were well comparable with the observations made by the present study. Madhu K, et al (2009)<sup>12</sup> in Karnataka found that 67% knew nothing to be applied for umbilical cord dressing. In a study conducted by Shashank KJ, et al (2015)<sup>10</sup> 21.9% ASHA workers responded that Turmeric can be applied at the stump of the umbilical cord. It has varied response may be due to regional variation.

In the present study, all ASHA had knowledge about NB wrapping which was similar to studies by Shashank KJ, et al (2015)<sup>10</sup> found that 73.4% of ASHAs were aware that the new born child is to be wrapped up in the cloth soon after birth to prevent hypothermia.

In the present study, 100% of ASHA had knowledge about colostrum and its importance. Shashank KJ, et al (2015)<sup>10</sup> reported that all the ASHA's were aware of the importance of colostrum administration to the newborn. Sushama S. Thakre, et al (2012)<sup>16</sup> found that 94.44% of ASHA had proper knowledge of the fact that pre-lacteal feeds need to be given.

In present study nearly 84.88% of ASHA had knowledge about exclusive Breast feeding and complementary feeding. Almost similar observations were made by Saraswati Swain, et al (2008)<sup>8</sup> in Orissa that 81.3% of ASHA workers had knowledge about their responsibilities regarding counseling on breastfeeding. Shashank KJ, et al (2015)<sup>10</sup> 73.5% were aware of the duration of exclusive breastfeeding to be practiced by the lactating mother.

In the present study, all ASHAs had knowledge about weaning practices and correct age of starting weaning. However, Aggrawal A, et al (2008)<sup>17</sup> in Delhi reported that ASHA's knowledge about the correct age of weaning was 54%.

In the present study, all ASHA were aware of their role in mobilizing the community for immunization while only 52% counseled women for immunization of infants. Garg PK, et al (2013)<sup>14</sup> also observed that 100% ASHAs were aware of her immunization responsibilities. Patel T, et al (2011)<sup>18</sup> in Gujarat found only 11.4% was working as mobilizers for immunization sessions. The varied response was reported from various part of the country may be because of regional disparities. study.

In present study, 46.54% of ASHA were aware of family planning measures. Garg PK, et al (2013)<sup>14</sup> found that 96.40% ASHAs help in family planning services. Kohli C, et al (2015)<sup>11</sup> in Delhi found 96.4% of ASHAs counseled for family planning. These studies are well comparable with the observation of the present study.

In the present study, only 19.19% ASHAs knew their role about basic sanitation and hygiene. The almost similar observation made by Garg PK, et al (2013)<sup>14</sup> also who found that 26% ASHAs were aware of basic sanitation and hygiene as their responsibility.

In the present study, 17.44% of ASHAs were found to promote construction of toilet. Almost similar to present observations Kumar S, et al (2012)<sup>19</sup> in Uttar Pradesh found 16.3% ASHAs know about motivating the community for toilet construction.

In present study 66.28% ASHA gave a correct response regarding evil spirit affecting child health which was 34.1% in a study conducted by Shashank K J, et al (2013)<sup>20</sup> did in Karnataka. In present study,

99.42% of ASHA knew that mild fever is a side effect of DPT but in contrary to this in a study conducted by Shashank K J, et al (2013)<sup>20</sup> only 43.9% knew. In present study, 37.70% of ASHA opted for immunization in mild fever which was 49.3% in a study conducted by Shashank K J, et al (2013).<sup>20</sup> This difference may be due to the improvement of knowledge of ASHAs with the time.

In this study all ASHA had correct knowledge regarding diarrhea and when a referral is required and 92.44% had knowledge about the necessity of Breastfeeding in diarrhea Shashank K J, et al (2013)<sup>20</sup> in Karnataka all the ASHA's agreed that ORS should be the initial treatment for diarrhea in children.

In present study 63 – 99% of ASHAs had correct knowledge about various aspects of AIDS. Similarly, Dr. Srinivas N, et al (2015)<sup>15</sup> in Karnataka found the majority (91.1%) had knowledge about HIV/AIDS.

In the present study, all ASHA knew about curability of TB. Similar to this S. M. Sagare, et al (2012)<sup>21</sup> in Pune found all 100% ASHAs agreed that with prompt treatment tuberculosis can be cured. In present study, 95.34% ASHAs knew DOTS is the most effective strategy for tuberculosis. In this study, 68.60% of ASHAs knew about BCG vaccine given at birth protecting tuberculosis whereas S. M. Sagare, et al (2012)<sup>21</sup> in Pune found that only 30.23% ASHAs were well versed with fact that there is a vaccine for tuberculosis. This difference may be because of the fact that this present study was conducted in capital of state.

## V. CONCLUSION

It was concluded from the study that majority of ASHAs know their role and details of their practices in all expected field except regarding basic sanitation and hygiene. Knowledge of ASHAs regarding their role about basic sanitation and hygiene of community i.e. to 19.19% of ASHAs only. Likewise regarding promote construction of toilet was also known to only 17.44% of ASHAs. Even only 37.79% of ASHAs knew about immunization may be given in mild fever.

## CONFLICT OF INTEREST

None declared till now.

## REFERENCES

- [1] The government of India, National Rural Health Mission (2005-12), Mission Document. Available at: [http://www.mohfw.nic.in/NRHM/Documents/Mission\\_Document.pdf](http://www.mohfw.nic.in/NRHM/Documents/Mission_Document.pdf). Accessed on November 28<sup>th</sup>, 2012
- [2] Assessment of ASHA and Janani Suraksha Yojana in Madhya Pradesh. Available at: [www.cortindia.com/RP/RP-2007-0301.pdf](http://www.cortindia.com/RP/RP-2007-0301.pdf). Accessed on November 7<sup>th</sup>, 2011
- [3] The government of India. *NRHM-ASHA (2005) Guidelines*. New Delhi: Ministry of Health and Family Welfare, 2005
- [4] State Institute of Health & Family Welfare, Jaipur. *Accredited Social Health Activist (ASHA)*. (Online) 2008. Available: <http://www.sihfwrajasthan.com/ppts/full/ASHA.pdf>
- [5] Srivastava DK, Prakash S, Adhish V, Nair KS, Gupta S, Nandan D. A study of interface of ASHA with the community and the service providers in Eastern Uttar Pradesh. *Indian J Public Health* 2009; 53(3):133-6
- [6] Darshan K. Mahyavanshi, Mitali G. Patel, Girija Kartha, Shyamal K. Purani, Sunita S. Nagar. A cross-sectional study of the knowledge, attitude, and practice of ASHA workers regarding child health (under five years of age) in Surendranagar district. *Healthline* 2011; 2(2): 50-53
- [7] Shukla and Bhatnagar: Accredited Social Health Activists and pregnancy-related services in Uttarakhand, India. *BMC Proceedings* 2012 6(Suppl-1): P4
- [8] Saraswati Swain, Puspanjali swain, K.S. Nair, Neera Dhar, Sanjay Gupta, Deoki Nandan A rapid appraisal of the functioning of ASHA under NRHM in Orissa. 2008; 31(2): 73-79
- [9] Anusha Rashmi, Rashmi & N. Udaya Kiran. Knowledge regarding RCH services among health workers, pregnant mother, and adolescents in rural field practice area. *Nitte University Journal of Health Science*. 2013 June; 3(2): 46-50

- [10] Shashank KJ, Angadi MM. A study to evaluate the knowledge of ASHA workers on antenatal and postnatal care in Bijapur district. *Int J Res Med Sci* 2015; 3:2299-302
- [11] Charu Kohli, Jugal Kishore, Shantanu Sharma, and Harsavsardhan Nayak. Knowledge and practice of Accredited Social Health Activists for maternal healthcare delivery in Delhi. *J Family Med Prim Care*. 2015 Jul-Sep; 4(3): 359–363
- [12] Madhu, Sriram Chowdary, and Ramesh Masthi Breast Feeding Practices and Newborn Care in Rural Areas: A Descriptive Cross-Sectional Study. *Indian J Community Med*. 2009 Jul; 34(3): 243–246
- [13] Ghan Shyam Karol, Dr. B K Pattanaik. Community Health Workers and Reproductive and Child Health Care: An Evaluative Study on Knowledge and Motivation of ASHA (Accredited Social Health Activist) Workers in Rajasthan, India. *International Journal of Humanities and Social Science*. 2014 July; 4(9): 137-150
- [14] 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*. 2013; 4(1): 76-80
- [15] 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. Available: <http://www.rrh.org.au>
- [16] Sushama S. Thakre, Subhash B. Thakre, Amol D. Thakre, Samir H. Golawar, Suresh M. More, Arun Y. Humne. Effectiveness of the Training Course of ASHA on Infant Feeding Practices at a Rural Teaching Hospital: A Cross-Sectional Study. *Journal of Clinical and Diagnostic Research*. 2012 August; 6(6): 1038-1040
- [17] Aggarwal A, Verma S, Faridi M; Dayachand. Complementary feeding--reasons for inappropriateness in timing, quantity and consistency. *Indian J Pediatr*. 2008 Jan; 75(1): 49-53
- [18] Patel T, Raval D, Pandit N. Process evaluation of routine immunization in rural areas of Anand District of Gujarat. *Health line* 2011; 2(1): 17
- [19] Kumar S, Kaushik A, and Kansal S. Factors influencing the work performance of ASHA under NRHM: A cross sectional study from eastern Uttar Pradesh. *Indian Journal of Community Health (IJCH)*. 2012; 24(4): 325-31
- [20] Shashank K J, M M Angadi, K A Masali, Prashant Wajantri, Sowmya Bhat, Arun P. Jose. A study to evaluate working profile of Accredited Social Health Activist (ASHA) and to assess their knowledge about infant health care. *Int J Cur Res Rev*. 2013 June; 5(12): 97-103
- [21] S. M. Sagare, R. R. Bogam, S. K. Murarkar, U. P. Patil and M. M. Ghate. Knowledge, attitude and practices of ASHAs regarding tuberculosis and DOTS. *Indian Journal of Science and Technology*. Mar 2012; 5(3): 2401-2404.