

Original Research Article

A cross sectional study of the knowledge, attitude and practice of asha workers in implementation of Janani Suraksha Yojana in Tadikonda Mandal, Guntur, Andhra Pradesh, India

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ABSTRACT

Background: Janani Suraksha Yojana (JSY) was evolved to reduce the maternal and neonatal mortality in India which is being implemented in Andhra Pradesh state also through ASHA workers by promoting 100% institutional deliveries to poor pregnant women. Study was undertaken to evaluate the knowledge, attitude and practices of ASHA workers in delivering the JSY services.

Methods: A cross sectional community based observational study conducted in the field practice area i.e. Tadikonada Mandal of Community Medicine Department, Guntur Medical College, Guntur, Andhra Pradesh. Study sample was 50% of Tadikonda Mandal ASHA workers for 3 months (December 2012 to February 2013) with pre designed pilot tested semi structured questionnaire, Microsoft Excel.

Results: Study revealed that there was 90 % of institutional deliveries, Infant Mortality Rate (IMR) was reduced to 20 per 1000 live births and Maternal Mortality Rate(MMR) was also reduced to 190 per 1,00,000 live births.

Conclusions: Based on the results found in our study we came to a conclusion that in implementing the JSY services the ASHA workers are found as a back bone to reduce the IMR, MMR by promoting institutional deliveries.

Keywords: ASHA, Infant Mortality Rate, Janani Suraksha Yojana, Maternal mortality rate, Utilization

INTRODUCTION

Janani Suraksha Yojana (JSY) was evolved to reduce the maternal and neonatal mortality in India including Andhra Pradesh state under National Rural Health Mission (NRHM) (April, 2005) to carry out a necessary architectural correction in the basic health care delivery system.¹

The Accredited Social Health Activist (ASHA) has to undergo training at the district hospitals / Primary Health Centre by the trained medical officer for delivering the JSY services. As the programme has been running since 8years, we want to put a light on how far this programme

had achieved its objectives and the obstacles faced by it. Aim and objectives of the study were to assess the level of knowledge, attitude and practices of ASHA workers about the JSY objectives, to measure the impact of JSY programme in reducing the IMR and MMR and to make the recommendations accordingly.

METHODS

The present study was a cross sectional, community based, observational study conducted at Tadikonda Rural health center, a field practice area of Community Medicine Department, Guntur Medical College, Guntur. The study setting, Tadikonda sub center, selected by

simple random sampling method which is having a total of 52 ASHA workers. We contacted 50% of ASHA workers (26/52) at their homes and distributed the questionnaire which was framed based on our study objectives in their local language.

The data was tabulated, analyzed in MS Excel 2007 software for simple analysis and results were drawn. As per the NRHM 2005 guidelines, basic education qualification of ASHAs must be 8th standard.²

RESULTS

Present study revealed that the minimum and maximum age of ASHA worker was 17 and 40 years at the time of their appointment. It was found that the average duration of experience as an ASHA worker was 2.4 years. About 9/26 (34.61%) ASHA workers were found with below secondary school education.

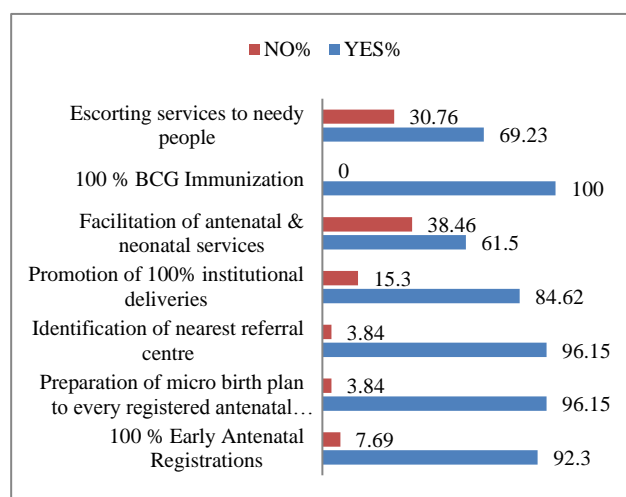


Figure 1: Knowledge of ASHA workers about JSY objectives.

When the knowledge of ASHA workers about JSY objectives was assessed, 100% had knowledge regarding complete BCG immunization, 96.15% had knowledge in both identification of nearest referral center and preparation of micro birth plan to every registered antenatal mother respectively, 92.3% had knowledge in early antenatal registrations, 84.62% had knowledge regarding benefits of promoting institutional deliveries, 69.23% had knowledge about escorting services to needy people, 61.5 had knowledge in facilitation of antenatal and neonatal services (Figure 1).

In Figure 2 it depicts that 92.3% ASHAs had good coordination with other health workers and their attitude towards the sick persons was also the same where as 69.23% ASHAs escorted the needy people. Figure 3 reveals that practice of Janani Suraksha Yojana Programme objectives especially treatment of minor ailments like fever, cough, headache etc.; immunization; birth registrations; antenatal registrations were done by

all ASHA workers and 92.3% of ASHA workers were able to do 100% of postnatal visits.

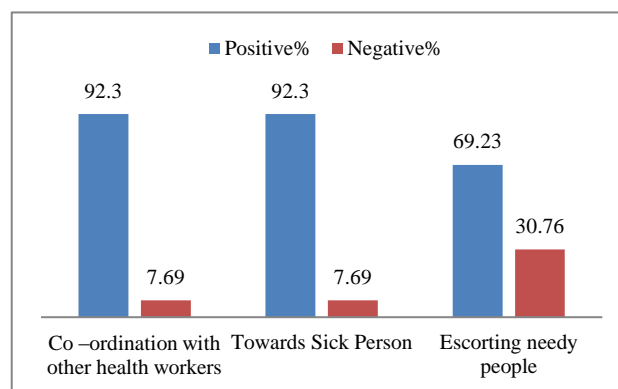


Figure 2: Attitude of ASHA workers towards JSY programme.

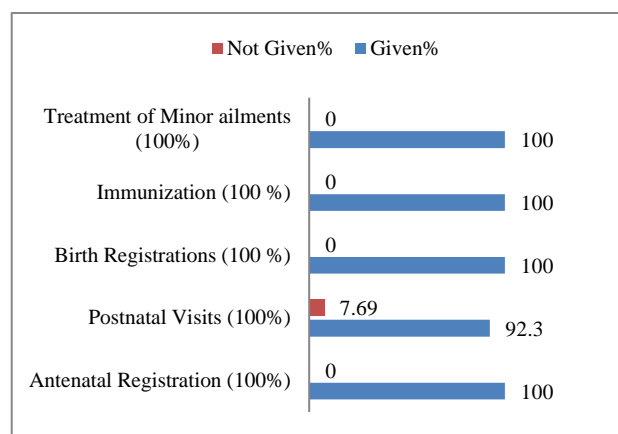


Figure 3: JSY Practice of ASHA workers.

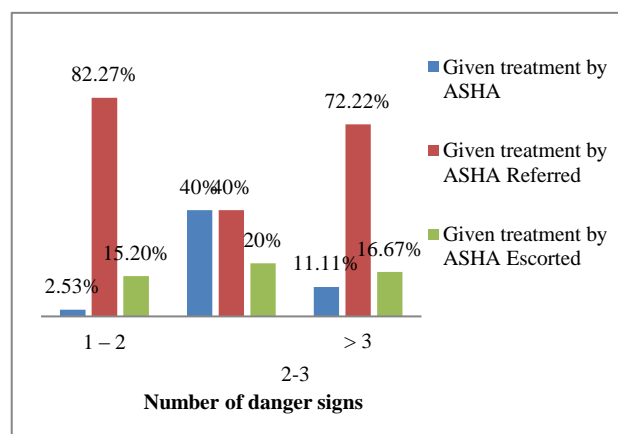


Figure 4: Services offered by ASHA workers for "High Risk" Antenatal Mothers.

It was noticed that out of 354 antenatal registrations 216 (61.02%) mothers were identified as high risk. ASHAs referred 159 (73.61%) mothers and escorted 35 (16.20%) antenatal mothers. This figure shows that majority of cases with single or more than that danger signs are

refereed by ASHAs. Surprisingly ASHAs were able to treat antenatal mothers with more than two danger signs successfully than that of antenatal mothers with single danger sign.

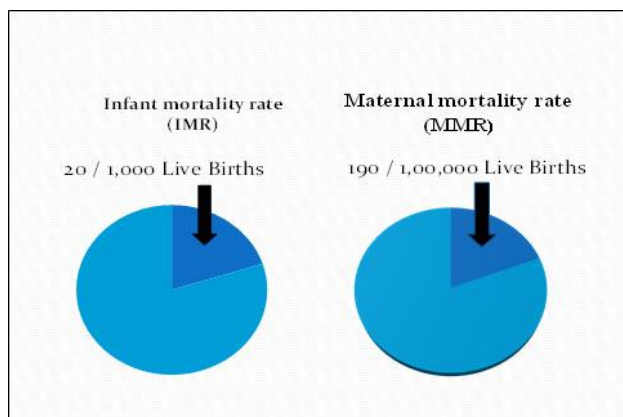


Figure 5: Impact of JSY programme.

DISCUSSION

In the present study about 34.61% of the ASHAs workers were found with below secondary school education, pre-requisite for their selection. About 38.46% of ASHA workers were not having the knowledge about facilitation of JSY services which may be due to their low level of education. In present study it was observed that 30.76% of the ASHA workers were not escorting the needy people, it may be due to irregularities in incentives for escorting services and 7.69% of ASHA workers were not able to do 100% of postnatal visits due to migration of entire family of delivered women/death of maternal mother.³ In current study, 100% ASHA workers were promoting institutional deliveries which were in concurrence with a study conducted in Mumbai by Srivastav et al.⁶ In present study it was observed that there was 100% Birth registrations along with BCG Immunizations while in a study undertaken in Rajasthan by Uttakar BP et al it was observed that only 25% Birth registrations and immunizations were done.⁵

The study has several limitations As the study was a pilot study, sample size of the study was less, and did not take clustering into account, so we may not have had the power to detect true effects. Caution should be taken when generalizing the results: in general it can be difficult to generalize qualitative results; and the study was restricted to the single place.

The study has a number of strengths. The study allowed the key people involved – ASHAs who are back bone in this programme. By this study we were able to find out

the main reasons for the disparities in the Knowledge, Attitude and Practice of ASHA workers especially level of education of ASHAs, their training period in this programme, incentives provided to them.

CONCLUSION

As the training is backbone for ASHAs, more number of in service training camps must be conducted for refreshing of their knowledge for facilitation services under JSY programme. To improve the Escorting services ASHAs promised incentives must be paid promptly. As our study was a small study these results cannot be extrapolated and applied to entire general population of the state. So when a huge study on entire population will be conducted and the results obtained are similar to our study, then we may recommend Government of India and Ministry of Health and Family Welfare to allocate more percentage of funds to Janani Suraksha Yojana programme for strengthening it in all aspects. By increasing the ASHAs role in this programme, we can reduce effectively IMR & MMR.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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