

Impact of Educational Intervention on Knowledge of Asha Workers about Their Job Responsibilities in Rural and Tribal Areas of Kurnool Division in Kurnool District, Andhra Pradesh

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Abstract- ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. This is an educational interventional and longitudinal study. Six PHCs of Atmakur CHNC namely Kottalcheruvu, Bairluty, Kothapally, Yerramattam, Gokavaram, Pamulapadu were selected for the study by using multistage random sampling technique. All 130 ASHAs from these six PHCs had participated in educational intervention given to them in three sessions with an interval of one month between the sessions by using flip charts, video shows, role plays, demonstrations on ASHA Day, first Tuesday of every month. For evaluation of knowledge level of the ASHAs, a questionnaire prepared in the local language was administered to the ASHAs before and after educational intervention. The mean scores of pre-test and post test were compared and analyzed. Majority of the ASHAs belonged to age group of 30-34 years (28.5%) followed by 25-29 years (24.6%), had secondary educational level (58.4%), predominantly scheduled caste (49.2%) and hailing from lower socio-economic status (60%). The mean test scores of the ASHAs improved significantly after educational intervention from 24.96 to 42.18. The mean pre-test score was found to be higher in the 35-39 years age group (26.93), 'higher secondary & above' educational level (30.00). The mean test score results improved significantly with educational intervention in all age groups and educational status groups. The post test score did not differ significantly with any of these pertinent variables like age and educational status. It is recommended that there should be regular on the job training as well as review training every 6 months.

Index Terms- ASHA, CHNC, Educational Intervention, NRHM, PHC

I. INTRODUCTION

One of the core strategies of NRHM is appointment of Accredited Social Health Activist (ASHA) to facilitate access to health services. ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health

planning and increased utilization and accountability of the existing health services.¹

For any society to be healthy, they need to be aware regarding creation of a healthy environment through hygiene maintenance, safe drinking water, sanitation and being motivated to seek preventive and curative health. ASHA is playing that crucial role of generating the much desired awareness and acting as a link between the rural communities and the health infrastructure thus empowering people to have the biggest asset "health" in their stride, which ultimately would be helpful in community empowerment at large and bring revolutionary change at the local level and also helping socio-economic development in the rural areas of the country.²

The present study was conducted to serve the vulnerable segment of population in tribal and remote rural areas of kurnool division in kurnool district through improving the knowledge of ASHA workers about their roles to be performed in the community.

AIM

To create awareness among ASHA workers in rural and tribal areas of kurnool division about their roles to be performed in the community.

OBJECTIVES

1. To study the socio-demographic profile of ASHAs.
2. To assess the knowledge of ASHAs about their roles to be performed in the community.
3. To compare the knowledge of ASHAs before and after educational intervention.

II. MATERIALS & METHODS

This is an educational intervention and longitudinal study. Multistage random sampling technique had been used to select study area. In Kurnool district, Kurnool division was selected by simple random sampling. From CHNCs of Kurnool division, Atmakur CHNC was selected by simple random sampling. All the six PHCs of Atmakur CHNC namely Kottalcheruvu, Bairluty, Kothapally, Yerramattam, Gokavaram, Pamulapadu were selected for the study. All 130 ASHAs from these six PHCs had participated in educational intervention given to them on

ASHA Day , first tuesday of every month. For reinforcement of their knowledge, educational intervention was conducted in three sessions with an interval of one month between the sessions by using flip charts, video shows, role plays, demonstrations. Each session lasted for three hours. The selection of Kurnool division, Atmakur CHNC and finally ASHAs working in villages formed different stages of the sampling technique. Study period is one year i.e. from July 2011 to July 2012.

For evaluation of knowledge level of the ASHAs, a questionnaire prepared in the local language was administered to the ASHAs before and after educational intervention (Pre test and Post test evaluation). The questionnaire consisted of **50** questions with a total of **50** marks. The mean scores of pre-test and post test were compared and analyzed. The data was analyzed using SPSS 16 version and appropriate statistical tests have been applied in the needed situations in the presentation of data

III. RESULTS & DISCUSSION

Table 1: Socio – demographic characteristics of ASHAs in study area

Characteristics	Number of ASHAs (n=130)	Percentage
Age Group (years)		
20 – 24	17	13.1%
25 –29	32	24.6%
30 – 34	37	28.5%
35 –39	29	22.3%
40 and above	15	11.5%
Educational Status		
Illiterate	4	3.1%
Primary	13	10%
Upper Primary	33	25.4%
Secondary	76	58.4%
Higher Secondary and above	4	3.1%
Social Status		
Other Castes	15	11.5%
Backward Caste	38	29.3%
Scheduled Caste	64	49.2%
Scheduled Tribe	13	10%
Socio- Economic Status		
Lower Middle	19	14.6%
Upper Lower	33	25.4%
Lower	78	60%

Table 1 shows that majority of the ASHAs belong to age group of 30-34years (28.5%) followed by 25-29 years (24.6%). Similarly in a study by Darshan K. Mahyavanshi et al³ it was found that majority of ASHAs were between 25-34 (53.1%) years of age. While Vartika Saxena et al⁴ noticed that maximum (42%) ASHAs were in 26-30years of age group.

The majority of the ASHAs had secondary level of educational status (58.4%). Similarly in a study by Darshan K. Mahyavanshi et al³ it was reported that about 70% of ASHAs had received secondary level of education. While Neera Jain et al⁵ found that 53.3% of the ASHAs had schooling up to Junior High School, 31.7% High School and 5% intermediate, and 10% were graduates.

The majority of the ASHAs belonged to scheduled caste (49.2%) followed by backward caste (29.3%). Whereas in a study by Sangeeta kansal et al⁶ it was reported that majority belonged to the OBC category (43.75%) while 37% were from the General category followed by 19.3% belonged to SC category. While D.K. Srivastava et al⁷ noticed that the caste composition of ASHA showed roughly equal distribution between SC (38.33%), OBC (35%) and General (26.67%).

60% of ASHAs belonged to lower socio-economic status. Similarly in a study by D.K. Srivastava et al⁷ it was reported that more than half (61.67%) of ASHAs belonged to below poverty line. Whereas Vartika Saxena et al⁴ noticed that most of them belong to upper middle class (41.3%) followed by lower middle class (27.3%) and upper class (18%).

Table 2: Test score Results of the ASHAs (n = 130)

Test Score	Mean ± SD
Pre test score	24.96 ± 6.37
Post test score	42.18 ± 8.18
Statistical Significance	t = 40.66; P < 0.001; S

Table 2 shows that the mean pre- test score of the ASHAs was found to be understandably low at 24.96. The mean post test

score of the ASHAs improved to 42.18. The mean test scores improved significantly after educational intervention.

Table 3 shows that the mean pre test score was found to be higher in 35-39 years age group (26.93). The post test score was found to be higher in 20-24years age group (44.94). The scores significantly improved after training in each age group. The differences in the mean scores before educational intervention and after educational intervention among the age groups were statistically significant.

Table 4 shows that the mean pre educational intervention test score was significantly higher among 'higher secondary & above group' (30.00) than other groups. The post educational intervention test score was also significantly higher among 'higher secondary & above group' (45.25). There was significant increase in the test score after educational intervention in all the educational groups.

Keeping in view the feedback from the ASHAs themselves, it is recommended that there should be regular on job training as well as review training every 6 months. Brief refresher training at regular interval should be planned for all ASHAs. 'ASHA Radio' an innovation seen in Assam should be implemented through which ASHAs could receive on going on the job training. A 'newsletter' could be published in local language half yearly or yearly basis for updating knowledge of ASHAs.

IV. CONCLUSIONS & RECOMMENDATIONS

Educational intervention was done on commendable lines and all the study participants not only improved their knowledge level but also on par with other participants despite differences in the criteria influencing learning. Thus it can be concluded that the educational intervention process was simple yet highly informative.

Table 3: Distribution of ASHAs by Age and Test scores

Age Group (Years)	No. of ASHAs	Pre Educational Intervention Score Mean ± SD	Post Educational Intervention Score Mean ± SD	't' test and significance
20 -24	17	25.88±3.60	44.94±3.47	t =16.02; P <0.001; S
25 -29	32	24.16±5.97	41.88±8.45	t =23.36; P <0.001; S
30 -34	37	25.41±6.12	42.38±7.66	t =23.13; P <0.001; S
35-39	29	26.93±4.50	43.72±2.68	t =24.33; P <0.001; S
40 and above	15	20.73±10.67	36.20±15.03	t =7.79; P <0.001; S
ANOVA F- value		2.74	2.92	---
P- value		0.03	0.02	
Significance		S	S	

Table 4: Educational qualification and Test Scores of ASHAs

Education	No. of Subjects	Pre Educational Intervention score Mean \pm SD	Post Educational Intervention score Mean \pm SD	't' value and significance
Primary	13	21.77 \pm 6.08	41.46 \pm 3.50	t =22.56; P <0.001; S
Upper Primary	33	25.36 \pm 4.05	42.30 \pm 3.30	t =34.01; P <0.001; S
Secondary	76	26.38 \pm 4.25	44.30 \pm 2.87	t =38.09; P <0.001; S
Hr. Secondary and Above	4	30.00 \pm 3.55	45.25 \pm 2.21	t =8.08; P <0.01; S
ANOVA F- value P – value& significance		38.13 P< 0.001; S	207.33 P< 0.001; S	---

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