



Practice Of Tribal ASHA For Under-Five Child Health In Mayurbhanj District Of Odisha: Issues, Opportunities And Challenges

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Abstract

Introduction: ASHA is a pillar in National Rural Health Mission. She is a local woman working as a link between the public health system and community and act as facilitator and promoters of health care. Her role is very vital in reduction of child morbidity and mortality. In developing countries most of these deaths takes place due to pneumonia: (19%), diarrhoea (17%), acute lower respiratory infections, HIV/AIDS (3%), neonatal deaths - mostly preterm births, birth asphyxia, and traumas (3%), malaria (8%), measles (4%), and infection (37%), 70% of child fatalities are caused by inadequate or postponed "health care seeking."

Objectives: 1. To asses the knowledge , attitude and practice of ASHA on child health under five years age. 2. To determine the association between the knowledge and practice of ASHAs with selected demographic variables.

Methodology: A cross sectional study was conducted to assess knowledge, attitude and practice of ASHA who are working in tribal areas regarding child health(under five year children) at Betnoti block, Mayurbhanj district, Odisha. Total 60 ASHAs were selected by using Convenience sampling technique to select the samples. A Socio demographic data sheet and a self structured questionnaire was used to assess the knowledge, attitude and practice of ASHAs on child health (under five year children).

Results: The maximum score on knowledge, attitude and practice was 24, 50 and 10 respectively. The mean \pm SD of knowledge score was 12.1 ± 6.0 . This implied a quarter of the ASHAs have very good knowledge score and 1/4th have below average knowledge score and nearly 50% have average to good knowledge level. Therefore, there is a need to improve the knowledge level of ASHAs. Similarly mean \pm SD of attitude score were 21.3 ± 3.3 . The mean \pm SD of practice score was 6.4 ± 1.9 . One-fourth of ASHAs have very high practice score of 8.8 out of 10 and another 50% have practice score in the range of 5 – 8.8. This shows practice level of majority of ASHAs are good. Mean \pm SD of knowledge score was significantly higher in >45 years age group ASHA workers with $p=0.002$. This implied that higher the age group of the ASHA, better is the knowledge score. Higher the educational level of ASHA, higher is the knowledge level. Mean \pm SD of knowledge score was significantly higher in >10 years of experience [16.1 ± 7.7]. It shows when years of experience increase the knowledge scores also increase among the ASHAs. mean \pm SD of attitude score was significantly higher in >45 years [24.0 ± 2.8] as compared to others with $p < 0.001$. It shows when age group increase the attitude score also increase among the ASHAs. Mean \pm SD practice score was significantly higher among graduates & above [7.5 ± 2.1] than the higher secondary [5.8 ± 1.5] with $p=0.002$.

Discussion: ASHA workers who were having higher educational qualification and more years of experience had good knowledge and better practice score as compared to others. So they need more comprehensive training sessions, quality education and information regarding health and care of under five children.

Keywords: ASHA, Child health, Breastfeeding, Diarrhoea

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INTRODUCTION

An estimated 26 million children are born in India each year. In India, the infant mortality

rate now stands at 27,695 per 1000 live births in 2022—a decrease of 3.74% from 2021. The Government of India launched the National



Rural Health Mission (NRHM) on April 12, 2005 to make the necessary architectural changes in the fundamental healthcare delivery system and provide comprehensive integrated health to rural residents, especially the most vulnerable members of society, such as women and children [1].

One of the key goals under the NRHM is to assign an ASHA (Accredited Social Health Activist) as community health worker to each village with a population of 1000 people. These ASHAs should ideally be female, 25–45 years old, and at least have a secondary education [2]. In India, the tribal society is regarded as the most vulnerable segment of the population due to similar socioeconomic and demographic issues such as poverty, illiteracy, a lack of developmental resources, and insufficient access to primary healthcare. With 62 tribes, including 13 primitive tribes, and a population of 9.59 million, Odisha, one of the 29 states in India, holds a special place in the tribal map of the nation due to its socioeconomic backwardness and cultural soundness. This makes up 22.86% of the state's population and 9.17% of the nation's total tribal population [3]. One of the districts in Odisha with a predominance of tribal people has been designated as a completely scheduled district, and that district is Mayurbhanj. Although Mayurbhanj only makes up 6% of the entire population of the state, the tribal community makes up 56.6% of the district's population. One of the essential elements of the National Rural Health Mission is ASHA. They educate the population on factors that affect health, such as diet, fundamental cleanliness, sanitary practises, healthy living and working conditions, and details about available medical services. They also serve as a vital channel between the population and medical

facilities [3].

BACKGROUND

There are 10,42,81,034 scheduled tribes in India, according to the 2011 Census. It represents 8.6% of India's overall population. Rural areas are home to 9,38,19,162 scheduled tribal members, while urban areas have 1,04,61,872 members. There are 30 districts in Odisha, and Mayurbhanj is one of nine that are regarded as tribal districts. In the Mayurbhanj district, there are 58.72% Scheduled Tribes (ST) and 7.33% Scheduled Castes (SC) of the total population and having the highest concentration of schedule tribe population in Odisha. Santal, Kolha, Bathudi, Bhumij, Munda, Gond, Saunti, Hill Kharia, and Mahali are the major tribes present in Mayurbhanj, while Mankirdia, Lodha, Kol, Kisan, Baiga, and Holva are the smaller tribes[3].

According to the National Family and Health survey 2015-16(NFHS-4). 78.9% of child births in India happen in a health facility, while the same stood at 84.4% in Odisha. Although a child born in a health facility must be breastfed within an hour of birth, the percentage is low at both national and state level. Only 41.5% children were breastfeed within an hour of birth, where as it is 69% in Odisha. Exclusive breastfeeding during the first six months compared to within an hour of birth increased in India to 54.9%, it drops to 65.6% in odisha [5].

METHODOLOGY

RESEARCH DESIGN:

The present study is designed with cross sectional quantitative approach.

SAMPLE SIZE:

Total 60 number of ASHA workers are selected

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under this study (N=60).

SAMPLING TECHNIQUE:

According to conveniency of researcher convenience sampling technique is used in this current research to select sample.

SAMPLE SELECTION CRITERIA

Inclusion criteria:

Asha workers who understand Odia/Hindi/English and had given consent to participate in this study were taken as study samples.

Exclusion criteria:

Newly recruited ASHAs (<6 month) were excludes in this present study.

DATA COLLECTION TOOL AND TECHNIQUE

A self structured questionnaire was used to collect data in this study. Tool constructed for data collection has been divided into 4 sections. Sections are Socio demographic profile of ASHAs, Knowledge questionnaire, Attitude scale and Practice checklist to assess their knowledge, attitude and practice.

STATISTICAL ANALYSIS

Data collected under the study were scrutinised, codified and entered into the IBM SPSS Statistics, 24.0 software for analysis. The continuous variables were subjected to Shapiro-Wilk test of normality and found significantly different from normal distribution. Hence, non-parametric test were conducted in this analysis. Comparison of mean \pm SD and median(IQR) of knowledge, attitude and practice score by demographic variables were done by using non-parametric Mann-Whitney U test for two categorical variables and Kruskal Wallis test for more than two categorical variables. Cut off value 'p' < 0.05 was consider to indicate statistical significance.

ETHICAL CONSIDERATION

The Kalinga Institute of Medical Sciences (KIMS), KIIT Deemed to be University, Bhubaneswar Institutional Ethics Committee approved the study under reference number KIIT/KIMS/IEC/898/2022. The required approvals were obtained from the relevant research setting authorities. Every participant

in this study received information about the study's goals, signed an informed consent form in writing, and received assurances on the privacy of their personal data.

RESULT

Demographic profile of ASHA workers

Out of 60 ASHAs, maximum 34(56.7%) were in age group of 35-45 years. About 63.3% participants had completed secondary education and 36.7% had completed higher secondary education. Out of 60, 58.3% ASHAs were married where as 38.3% had 6-10 years of experience (table – 1).

Association of knowledge, attitude and practice score with demographic variables

The mean \pm SD of knowledge score was significantly higher in higher secondary category [15.1 ± 6.1] with $p=0.004$. Thus Mean \pm SD of knowledge score was significantly higher in >10 years of experience [16.1 ± 7.7] with $p=0.002$ and also significantly higher in >45 years age group [17.4 ± 7.4] with $p=0.002$.

The mean \pm SD of attitude score was significantly higher in >45 years group [24.0 ± 2.8] with $p<0.001$ and also higher in higher secondary group [22.9 ± 4.2] than secondary with $p=0.014$. Thus Mean \pm SD of attitude score of ASHAs having >10 years of experience is 25.0 ± 2.3 with $p<0.001$ which was significantly higher than others.

The mean \pm SD of practice score was significantly higher in >45 years [8.3 ± 1.8] with $p<0.001$ and also higher in higher secondary group [7.5 ± 2.1] than the secondary [5.8 ± 1.5] with $p=0.002$. Like this Mean \pm SD of practice score was significantly higher in ASHAs having >10 years of experience [7.7 ± 2.0] with $p=0.012$ as compared to others. (Table- 2)

The majority of ASHA workers had correctly answered these following two questions (What is the name of the 1st secreted milk after delivery of the baby? And Which of the following is a problem related to lack of breast feeding in child?) with a correct response score of 61.7%. Yet only a few of them responded correctly to this following question (How many times a mother should feed the baby in 24 hour?) with a correct response rate of 33.3%. The researcher noticed that ASHAs were less aware about frequency of breastfeeding. Like



this the researcher reveled that ASHAs were less knowledgeable about severe persistent diarrhoea i.e 38.3% followed by 'In which time vitamin- A is given' i.e 46.7% and 'Why calcium is necessary for under five children' i.e 43.3%. (Table-3,4)

Table-1 demographic profile of ASHA workers (N=60)

Age group	No.	%
25-35	10	16.7
35-45	34	56.7
>45	16	26.7
Educational status		
Secondary	38	63.3
Higher secondary	22	36.7
Marital status		
Married	35	58.3
Unmarried	13	21.7
Widow	8	13.3
Divorce	4	6.7
Year of experience		
<1 year	8	13.3
1-5 year	12	20
6-10 year	23	38.3
>10 year	17	28.3

Table-2 Association of practice score by demographic variables (N=60)

	N	Mean ± SD	Range	p' value
Age group				
25-35	10	4.6 ± 0.7	(4-6)	<0.001*
35-45	34	6.0 ± 1.5	(4-9)	
>45	16	8.3 ± 1.8	(4-10)	
Educational Qualification				
Secondary	38	5.8 ± 1.5	(4-10)	0.002#
Higher secondary and above	22	7.5 ± 2.1	(4-10)	
Marital Status				
Married	35	6.1 ± 2.0	(4-10)	0.006*
Unmarried	13	5.5 ± 1.5	(4-9)	
Widow	8	8.6 ± 0.5	(8-9)	
Divorce	4	7.0 ± 1.2	(6-8)	
Year of Experience				
<1 year	8	5.4 ± 1.8	(4-8)	0.012*
1-5 year	12	5.9 ± 1.5	(4-9)	
6-10 year	23	6.0 ± 1.7	(4-9)	
>10 year	17	7.7 ± 2.0	(5-10)	

Table-3 Distribution of breastfeeding variables by ASHA workers (N=60)

Breastfeeding	Incorrect		Correct	
	No.	%	No.	%
When breastfeeding should be initiated after normal delivery?	25	41.7	35	58.3
For each breast how much time a mother should feed her newborn?	30	50	30	50
What is the name of the 1st secreted milk after delivery of the baby?	23	38.3	37	61.7
How many times a mother should feed the baby in 24 hour?	40	66.7	20	33.3
Which of the following is a problem related to lack of breast feeding in child?	23	38.3	37	61.7
Which is not a sign of good attachment of breastfeeding?	37	61.7	23	38.3

Table-4 Distribution of Diarrhoea variables by Asha workers (N=60)

Diarrhoea	Incorrect		Correct	
	No.	%	No.	%
What is the cause of diarrhoea among under five children?	29	48.3	31	51.7
What is the symptoms of diarrhoea in under five children?	26	43.3	34	56.7
Which bacteria is cause for diarrhoea among under five children?	27	45	33	55
What is the first line treatment of Diarrhoea in child?	26	43.3	34	56.7
What is severe persistent diarrhoea?	37	61.7	23	38.3
Which complication is not associated with diarrhoea in under five children?	33	55	27	45

DISCUSSION

In this study, out of total score 24, half of the ASHA workers had scored <11 and 1/4th had scored >16.8. This implied a quarter of the ASHA workers had very good knowledge, 1/4th had below average and nearly 50% had average to good knowledge. Therefore, there is a need to improve the knowledge level of ASHA workers. In the current study, 63.3% of participants had completed secondary education while 36.7% had completed higher secondary and an average score on breastfeeding was 50%. Ujjwal Pattnayak et al found only 32 (45.71%) ASHAs had completed a class VIII education, while 57.1% of ASHA had strong knowledge on breastfeeding [6]. Another study was conducted by Mrigen Deka and B.P. Mathur on knowledge of ASHAs revealed that only 58 participants (41.4%) had completed secondary schooling and 40% of ASHAs have strong knowledge on breastfeeding [15]. Jayita Pal et al. found that 580 (94%) ASHAs have the necessary information about exclusive breastfeeding [5]. In this present study, 35(58.3%) ASHA workers correctly responded that breastfeeding should be initiated immediately after normal delivery. According to Sumit Saxena et al. ,61 (95.3%) ASHA were known that breastfeeding should be initiated within one hour of delivery.[12] In this current study when ASHAs experience was increased their knowledge and practice score were also increased. 64% participants had good practice score and they were very prompt in their work. Sindhu J.V. revealed that ASHA workers had moderate knowledge (86.07%) and average on practice (94.90%) in infant care [8]. Here researcher found that higher secondary group had significantly higher practice score than the secondary group. As the age group, educational level, and year of experience of ASHA workers increased, practice score was also become good. The average score for breastfeeding and diarrhoea among the four



knowledge domain is 50%, while the scores for immunisation and nutrition are 53.33% and 46.66%, respectively.

ASHAs must receive more often and higher-quality training, and as an additional incentive, their financial rewards must be enhanced. However, in most cases it is well evident that Comprehensive Child Survival Programme (CCSP) training has been taken up well by the ASHAs and better performance and procedural correction is just a matter of reinforcement.

CONCLUSION

In case of ASHA workers having less years of experience researcher found average knowledge in various aspects of child care which needs more quality education and far-reaching information regarding child health. Further studies need to be done with a large number of sample and enhance the skill of ASHAs by giving them in service education and other training programmes.

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