The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 12, Issue 2, April- June, 2024
DIP: 18.01.042.20241202, DOI: 10.25215/1202.042
https://www.ijip.in

Review Paper

Knowledge of Asha Workers on Antenatal Care: A Review

Dr. K. Vijayalakshmi[1]*, Umesha S.K.[2]

ABSTRACT

This article presents the knowledge of ASHA workers on ante-natal care who execute the role and responsibilities in their respective urban and rural areas of our country. The scenario of their service in mother and child health (MCH) commences from assisting an eligible couple in pregnancy diagnosis and still moves forward in guiding young or elderly Primi or multi para mothers with higher birth order where there is still existence the obstetric score data crossing G5P5 in their normal or high-risk pregnancy. This really challenges the Family Welfare Services because of high spiritual beliefs versus health beliefs. She extends her role still further on exclusive breastfeeding, nutrition, immunization, safe personal and environmental hygiene, referral services etc through it in 108 hall mark service "The home visit". She is entrusted with a job that pushes nation with a generation under the slogan "we two! ours one!" for a healthier tomorrow. She does her reforming work by community participation, community involvement with her is dedication and community development. The prime essence to spread their fragrance in "rose sarees" attire no matter of renumeration and discrimination from their community. They are titled "unsung" heroes of India Primary Health Care (PHC). As their services are unheard of, unseen and unrecognized but they are the real force on the ground contributing to the quality of health care.

Keywords: *Health indicators, NRHM, ASHA, Knowledge, Antenatal care*

Health is important not only to individuals but also to society as well. Health is one of the vital indicators reflecting the quality of human life. Among the mortality indicator's, the(puerperal) maternal mortality accounts for the greatest proportion of deaths among women of reproductive age in most of the developing world due to enormous variations in maternal mortality rate according to both maternal (38% cause is hemorrhage), non-maternal cause and country's level of socioeconomic status Park (2021). Indicators of health are required not only to measure the health status of a community, but also to compare the health status of one country with that of another. Worldwide nearly 6,00,000 women between the age of 15 and 49 die every year due to complication arising from pregnancy and childbirth. 80% of which occur in the developing countries, majority of these deaths are preventable (Anuradha & Harleen 2021).

Maternal and child health promotion is one of the key commitments in the WHO constitution. Pregnancy and childbirth are normal events in the life of women. Though most

[1]HoD, Dept. of Community Health Nursing, Gnanodaya College of Nursing, T. Narasipura, Mysore.
[2]Master's degree Student - RGUHS, Mysore
*Corresponding Author

Received: April 07, 2024; Revision Received: April 21, 2024; Accepted: April 25, 2024

pregnancies result in normal birth it is estimated that 15% may develop complications which cannot be predicted. Some of these may be life-threatening for the mother and her baby. The presence of a skilled person is crucial for the early pregnancy detection and timely management of such complications (Anuradha & Harleen 2021).

Related to infant mortality, seven out of every 100 children born in India die before reaching the age of 18yr by the year of 2004. IMR has declined slowly from 204 during 1911-15, 129 per 1000 live births in 1970 and remained static at around 127 for many years and declined a bit once again to 114 in 1980 and came down to 32 in the year 2018. (India Infant Mortality Rate, 2021).

India is still among high infant mortality rate countries. The infant mortality rate for India in 2020 was 29.848 deaths per 1000 live births as per the Sample Registration System (SRS) Bulletin of Registrar General of India (RGI). The infant mortality rate for India in 2021 was 28.771 deaths per 1000 live births. Despite this significant decline, the rates are high as compared to those developed countries (India Infant Mortality Rate, 2021).

NRHM:

The Government of India recognizing the importance of health in the process of economic and social development and improving the quality of its citizens, launched the "National Rural Health Mission" [NRHM] on 12th April 2005 for a period of 7years (2005- 2012). And extended to urban settings in 2013 and recently extended up to the year 2017. The main aim of this mission is to improve the rural health care delivery system (Park, 2021).

The Government of India (GOI) has a commitment under its National Rural Health Mission (NRHM) /Reproductive and Child Health (RCH)-II programme to ensure universal coverage of all births with skill attendance, both at the institutional and at the community level and to provide access with the emergency obstetric and neonatal care services for women and newborn. There by restricting the number of Maternal and Newborn deaths in the country (Suryakanth, 2010).

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care to the poor needy and vulnerable groups of the population. Bridging the gap in rural health care, through creation of a cadre of "Accredited Social Health Activist" (ASHA). One of the main principles of this mission is to identify one ASHA per 1000 population in the areas the support the community to access public health services. The main person of NRHM, they are supposed to provide preventive, promotive, and curative care facilities in the community (Gulani, 2023).

ASHA

ASHA is an acronym for Accredited Social Health Activist. She is the key component of NRHM, and it is instituted by (MOHFW) Ministry of Health and Family Welfare which plays a vital role in Health Policy of India. As Karnataka State ASHA Worker Association Secretory D Nagalakshmi states these women are the lifelines for our country in the setting of India. Those who cannot access medical help or get every kind of support. They must be credited with raising most Indians next generation''. The discourse on the ASHA's role centers around three typologies ASHA as an activist, as a link worker or facilitator, and as a community level health care provider.

ASHAs are the backbone of the health care delivery system of India as they work with communities at the grass root level bridging them to access health care services. The transition of role in health delivery from traditional "untrained dais to trained dais and "home deliveries to institutional deliveries, focus on levels of prevention with early diagnosis and treatment, the concept of iceberg phenomenon in prevalence and incidence epidemiology, referral services to tertiary unit are the milestones in community health services today.

They execute a vital role by their capacities in helping many couples in their homes to have a happy end to the noble term as "mother-Amma" in the rights of women during her various transition phases of reproductive life from antenatal, intra-natal to postnatal period. In this continuum of service, successful execution with satisfaction and quality brings joy and harmony to the couple and their family. The other end leads to tragedy and loss accompanied by grief with the possibility and probability of maternal death and child death for individual women, her families, and their communities. Therefore, it demands the professionals to work with ASHA to assess their knowledge to render effective care to the public.

ASHA is selected from the village itself and is accountable to the respective community. She is married/widowed/divorced and preferably in the age of 25 to 45 years, should be a literate woman with minimum education up to eighth class. She is a counsel woman on birth preparedness, importance of institutional delivery, breast feeding, immunization, and family planning services including contraception and prevention of common infection. She works with the village health and sanitation committee of the gram panchayat to develop a comprehensive village health plan. Provide primary medical care for minor ailments such as fever, diarrhoea, first aid, oral contraceptives pills, condoms etc. (Park, 2021).

ASHA is a voluntary worker operating in the rural health system of India. She has been introduced as the main task force of NRHM and 5G ambulance has provided one trained female.

Community health activist in every village in the country, with an appropriate name ASHA. ASHA would act as the first portal of call for any health-related demands especially for marginalized and in difficult access areas. The Ministry of Health &Family Welfare (MOHFW)has developed 23-Days basic WORKING PROFILE OF ASHA WORKERS training schedule to provide the basic knowledge and skills to ASHA. Regular refresher training is organized at the district levels and training modules are available for this purpose.

India ranks (131) among (188) countries on Human Development index (HID) 2016 released by the United Nations Development program (UNDP). India was placed behind countries like Gabon (109), Egypt (111), Indonesia (113), South Africa (119) and Iraq (121) among others. The government is working towards improving this rating by creating competition between states to perform better on key social indicators like infant mortality rate, maternal mortality rate and life expectancy. One study states that the average working population of ASHA was 1078 people per ASHA with an average of 10 household visits per week. Each ASHA worker contributes about 3.8 hours/ day and 29.3 hrs./ week/ ASHA onan average.

ANTENATAL CARE IN GENERAL:

Antenatal care refers to the care given to an expected mother from the time of conception confirmed until the beginning of labour. It includes monitoring the progress of pregnancy,

providing appropriate support to the woman and her family and providing information, which will assist them in make is sensible choices. The purpose of antenatal care is to ensure that a woman has a safe pregnancy and absence the any of disease during this period. Ante natal care allows screening of pre-eclampsia, foetal abnormality and rules out anaemia (Basavanthappa, 2008)

The main objectives of antenatal care include:

1. To promote, protect and maintain the health of the mother during pregnancy.
2. To detect "high -risk cases and give them special attention.
3. To foresee complications and prevent them.
4. To remove anxiety and dread associated with delivery.
5. To reduce maternal and infant mortality and morbidity.
6. To teach the mother elements of childcare, nutrition, personal hygiene, and Environmental sanitation.
7. To sensitize the mother to the need for family planning, including advice to the cases Seeking medical termination of pregnancy.
8. To attend to the under-fives accompanying the mother Annamma (2008).

The services to pregnant women for the achievement of the above object include 'Antenatal Visits'. And every pregnant woman makes at least four visits for ANC including.

The first visit/registration. Ideally the mother should attend the antenatal clinic once a month during the first 7 months; twice a month, during the next month; and thereafter, once a week, if everything is normal. The early registration of pregnancy increases the total ANC visits made by pregnant women during pregnancy and utilization of ANC services and improves maternal and foetal health (Bijayalakshmi, 2023)

It is advisable for the pregnant women to visit medical officer at the PHC for an Antenatal check-up during the period of 28-34 weeks (3rd visit). Besides this, she may be followed to avail of investigation facilities at the nearest PHC/CHC. The suggested schedule isas follow:

- 1st visit – within 12 weeks, preferably as soon as the pregnancy is suspected, for registration of pregnancy and first antenatal check-up.
- 2nd visit- between 14- and 26-weeks
- 3rd visit- between 28 and 34 weeks.
- 4th visit- between 36 weeks and terms.

Under National Rural Health Mission (NRHM), knowledge of ASHA on antenatal care services include:

1. Iron and folic acid tablets,
2. Tetanus Toxoid injection and
3. Antenatal visits.

There are research studies conducted with ASHA as samples. One such study was conducted using the research design descriptive method to assess the level of satisfaction among the mothers regarding antenatal services provided through ASHA in selected villages in Ranchi by Annai J.K.K Sampoorani Ammal College of Nursing, under Tamil Nadu, Dr. M.G.R. R University during the year June 2010-2011. The study concluded that ASHA has a significant role in delivering health services to the community under the National Rural

Health Mission. Community health nurses should take effective participation in guidance, training, and performance evaluation of ASHAs.

Another descriptive study was conducted to assess the perceived performance and attitude towards ASHA among mothers in Yelwala PHC, Mysore, Karnataka, India in 2010. This Concluded that mother's perception of perceived performance of ASHA was high. The ASHA had a favorable attitude related to work, personal characteristics, professional characteristics, and satisfaction among mothers (Biji, 2010).

A cross-sectional and descriptive study was conducted to assess the knowledge of 55 ASHA workers on maternal health care delivery in North-East district of Delhi, India from July to September 2015. ASHAs that they used to maintain antenatal register. Some problems reported by ASHAs while working in community were a shortage of staff at health center (16.4%), no transportation facility available (14.5%), no money for emergencies, and opposition from local dais (12.7% each). problems faced by them which need to be addressed through skill-based training in terms of good communication and problem solving. Monitoring should be made an integral part of ASHA working in the field to ensure that knowledge is converted into practices as well (Charu, 2015)

Also, in January 2019 an analysis was published by Mrs. Rajeshwari Research Scholar assessing the regional disparities in the levels of MCH services utilization in Mysore District. Almost complete ANC and child immunization services have been taken into consideration to assess the level of utilization in the district. The most striking feature of the distribution of ANC services is the maximum utilization of service is more in Mysore taluk when compared to other taluks. Hence because of distribution of ANC services, the taluks have been divided into three regions (Rajeshwari, 2019).

- **Areas of high utilization of ANC Services**
- **Areas of medium utilization of ANC Services**
- **Areas of less utilization of ANC Services**
- **Areas of High Utilization of ANC Services:** The Taluks of high utilization of (total score below 10) ANC Services stretches over only one taluk namely Mysore taluk (total score is 9 in both the years) may be because of the availability of medical services, number of hospitals, the level of transportation services, awareness about the health schemes, education level (Mysore city is the capital of the district)
- **Areas of Medium Utilization of ANC Services:** The total score between 10-40 represents the moderate level of ANC Services utilization. The moderate level has been found in three taluks covering 43% of the total taluksin 2015-16 and further increased to 4 taluks (57%) in 2017-18. Hunsur, T Narasipura and Nanjanagudu taluks are having moderate utilization both in 2015-16 and 2017-18. But H.D. Kote shifted from low level to medium level of utilization from 2015-16 to 2017-18 mainly because of the improvement in the medical services.
- **Areas of Less Utilization of ANC Services:** Both K.R. Nagar and Periyapatna taluks (more than 40 total score) are utilizing the ANC Services both in 2015-16 and 2017-18.

The conclusion of this study is clear from the analysis made above, Mysore taluk has utilized maximum level of MCH services, whereas K R Nagar, and Periyapatna taluk have lowlevel of utilization both in 2015-16 and 2017-18.

KNOWLEDGE OF ASHA ABOUT ANTENATAL CARE IN INDIA:

A descriptive study was conducted to assess the knowledge of ASHA workers on antenatal care at Basohli block of Kathua District (J&K) 2021 over 1year. Information regarding antenatal care was collected from ASHA through interview techniques. The study results showed that the majority of ASHA workers have good knowledge about antenatal care. Their knowledge regarding the danger signs of pregnancy of antenatal care was still poor (Anuradha & Harleen, (2021).

A cross-sectional study was conducted to assess the knowledge of ASHA workers on antenatal care in Bhojipura Block, Lucknow District, Uttar Pradesh, India from May 2014 to Sept 2014 in the rural field practice area. According to the study finding the knowledge level of ASHA regarding antenatal care is satisfactory but time to time monitoring and appraisal is needed to enhance the quality of services provided by ASHA to pregnant mothers (Sumit, 2017)

A cross-sectional study was conducted to assess the knowledge of ASHA workers on antenatal care and postnatal care services are utilized by women beneficiaries registered in JSY in 20 blocks Samastipur district in Bihar, India. The conclusion of the study showed that the effective implementation of JSY scheme and the frequency of visits by the medical Supervisor, ASHA and ANM training should be increased (Ruby & Kumari (2020).

A cross-sectional and descriptive study was conducted to assess the knowledge of ASHA workers related to maternal-child health and their performance affecting factors in Deganga block, North 24 parganas district, West Bengal, India in August 2019. Conclusion of this study frequent: refresher courses, regular monitoring and supportive supervision by the respective higher authorities and administrative steps for combating their dissatisfaction are of utmost importance in improves their performance (Jayita, 2019).

A cross-sectional and descriptive study was conducted to assess the Evaluating Birth Preparedness and Pregnancy Complications Readiness Knowledge and Skills of ASHA in India. The study was carried out among 225 ASHAs between June - July 2011. The Conclusion of this study was ASHAs in rural Karnataka, India, is poorly equipped to identify obstetric complications and to help expectant mothers prepare a birth preparedness plan (Kochukuttan, 2013).

A Quasi-Experimental Study was conducted to assess the Effectiveness of a Structured Training Program on Newborn Care Based on ASHA Module 7 – in Terms of Reported Practice among ASHA Workers in a Selected Community of Delhi on May 2021. A Quantitative research approach was selected with one group pre- and post-test design. Conclusion of the study was that the structured training program on new-born care was effective in improving the practices of ASHA workers (Anu, 2015).

KNOWLEDGE OF ASHA ABOUT ANTENATAL CARE IN KARNATAKA:

A cross-sectional study was conducted to assess the knowledge of ASHA workers on Intra natal and Postnatal care in Belgum, Karnataka, India in 2021. The results of this study showed that ASHAs had knowledge on high BP 75%, severe vaginal bleeding 82%, convulsion 43%. They had very low knowledge regarding -prolonged labor 12%, retained placenta 7%. Hence need of the hour is to train ASHAs regarding intra natal and postnatal care services (Annapurna & Mubashir 2021)

A quasi-experimental study was conducted to assess the knowledge of ASHA workers on antenatal anxiety among 480 pregnant women in Mysore, Karnataka, India in March 2020. Conclusion of the study revealed an antenatal anxiety prevalence of 27% (95% CI 23%, 31%). Participants who were more frequently visited by ASHAs at home (aPR: 0.90; 95% CI 0.76, 0.98) and more frequently accompanied by ASHAs to their antenatal care visits (aPR: 0.86, 95% CI 0.78, 0.95) were less likely to report antenatal anxiety (Nivedita, 2021).

A cross-sectional study was conducted to assess the knowledge of ASHA workers regarding Maternal Health services in Mysuru, Karnataka, India. The study was conducted among 295 ASHA workers of Mysuru Taluk, Karnataka from January to April 2019. All the listed danger signs during pregnancy were identified only by 49.5% of ASHA workers. About50% of the respondents were not aware of the exclusive breastfeeding till six months after birth. Conclusions of this study was Knowledge levels about maternal and child health services were found to be average in most of ASHA Workers (Nivedita, 2021).

A cross-sectional study was conducted to assess the knowledge of ASHA workers on antenatal care and postnatal care in Bijapur district, Karnataka, India from June to October,2012. Conclusion of this study was self-explanatory; Quality of training should be enhanced, and refresher training should be planned regularly (Shashank & Angadi 2015).

Inference Drawn /Strategies for ASHA:

Enhanced and refresher training should be planned regularly (Shashank & Angadi 2015).

1. Effective implementation of JSY scheme, the frequency of visits by the medical Supervisor, ASHA and ANM training should be increased Ruby & Kumari S (2020).
2. Need of the hour is to train ASHAs regarding intra-natal and postnatal care services Annapurna & Mubashir (2021).
3. Regarding antenatal care it is satisfactory but time to time monitoring and appraisal is needed to enhance the quality of services provided by ASHA to pregnant mothers Sumit (2017).
4. Skill-based training in terms of good communication and problem-solving. Monitoring should be made an integral part of ASHA working in the field to ensure that knowledge is converted into practice as well (Charu, 2015).
5. There should be effective participation in guidance, training, and performance evaluation of ASHAs.
6. Frequent refresher courses, regular monitoring and supportive supervision by respective higher authorities and administrative steps for combating their dissatisfaction are of the utmost importance to improving their performance (Anuradha & Harleen, 2021).
7. A Structured training program on new-born care was effective in improving the practices of ASHA workers (Anu, 2015).
8. There is a critical need for the implementation of appropriate training and follow-up supervision of ASHAs within a supportive, functioning, and responsive health care system (Smitha, 2013).

CONCLUSION

The present paper is an attempt to identify the literature that conducted studies related to knowledge of ASHA. The review reveals that ASHA has a unique role, and she acts as a bridge between the health sector personnel and both rural and urban populations, respectively. She plays a major role in achieving national population policy goals. She exhibits intersectoral coordination.

REFERENCES

Park K, (2021), "*Park's Textbook of Preventive and Social Medicine"*, Jabalpur, Madhya Pradesh and Pune, M/s Banarsidas, Bhanot Publishers. Pages: 24-30, 504- 509, 605-609.

Anuradha and Harleen, (2021), A study to evaluate the knowledge of ASHA workers on antenatal care, "*International Journal of clinical Obstetrics and Gynecology"*, 5(6): https;//doi.org/10.33545/gynae.v5.i6b.1064, Pages: 101-103

India Infant Mortality Rate, (2021) https://www.macrotrends.net/countries/IND/india/infant-mortality-rate.

Suryakanth A H, (2010), "*Community Medicine with recent Advances"*, New Delhi, Jaypee Brothers Medical Publishers Pvt Ltd. Pages: 740-744.

Gulani K.K, (2023), *Community Health Nursing*, Pitampura, Delhi. Kumar Publishing House, Pages: 650 to 657, 267 to 268, 277 to 281

Michale Jeba Arasi, (2019), "*Textbook of Community Health Nursing-II"*, Chandigarh, Saurabh Medical Publishers, Pages: 114-115.

Basavanthappa B T, (2008), "*Community Health Nursing"*, New Delhi, Jaypee Brothers Medical Publishers Pvt Ltd. Pages: 400-402.

Annamma Jacob, (2008), "*A Comprehensive Text Book of Midwifery"*, New Delhi, Jaypee Brothers Medical Publishers Pvt Ltd. Pages: 121-140.

Bijayalakshmi Dash, (2023), "*A Comprehensive Textbook of Community Health Nursing"*, New Delhi, Jaypee the Health Science Publisher, Pages: 476 to 481, 284 to 290.

By 30093632, (2010-2011), "A descriptive study to assess the level of satisfaction among the mothers regarding antenatal services". *Dr.M.G.R. R University Tamil Nādu.*

Biji Kuriakose, (2010), "A descriptive study to assess the perceived performance and attitude towards ASHA among mothers Yelwala PHC, Mysore*". Rajiv Gandhi University of Health Sciences, Bangalore.*

Charu Kohli1, et al., (2015), "Knowledge and practice of ASHA for maternal healthcare delivery in Delhi". *Journal of Family Medicine and Primary care*: Volume 4: Issue 3, Pages: 359-363.

Rajeshwari, (2019), "MCH Services in Mysuru district", *International Journal of Innovative Science and Research Technology*. Volume 4, Issue 1, ISSN No: -2456-2165.

Sumit Saxena, et al., (2017), "Knowledge & contributing factors of ASHA". *Healthline Journal*, Volume 8 Issue 2 https://www.researchgate.net/publication/358581672.

Ruby Kumari and Kumari Shipra, (2020), "Role of ASHA to aware about antenatal care and post-natal care services", *Journal of Pharmacognosy and Phytochemistry*, www.phytojournal.com JPP; Sp 9(3): Pages: 36-38.

Jayita Pal1, et al., (2019), "Assessment of knowledge and practices of ASHA workers related to maternal-child health and their performance affecting factors", *International Journal of Research in Medical Sciences* | | Vol 7 | Issue 10, Pages 3672 to 3678

Smitha Kochukuttan et al., (2013), "Evaluating Birth Preparedness and Pregnancy Complications Readiness", *International Journal of MCH and AIDS*, Vol. 2, No.1, Pages 121-128.

Anu Gauba et al., (2015), "Effectiveness of structured training programme on practices of ASHA workers R/T New Born Care", *International Journal of Science and Research (IJSR),* Volume 4 issue 11, ISSN (Online): 2319-7064. www.ijsr.net

Annapurna Kari, Mubashir Angolkar, (2021), "Intranatal and postnatal care services – Role of ASHAs", *Clinical Epidemiology and Global Health*, 12, 100915, https://doi.org/10.1016/j.cegh.2021.100915

Nivedita L. et al., (2021), "The association between social support through contacts with ASHAs and antenatal anxiety among women in Mysore", *HHS Public Access*, Soc Psychiatry Psychiatr Epidemiol.

Sugandha, B. K., & P, J. (2019). "Knowledge of ASHA workers about maternal and child health services in Mysuru": *International Journal of Public Health Research*, 6(4), http://doi.org/10.17511/ijphr. Pages: 169 to 176.

Shashank K, Angadi M. (2015), "A study to evaluate the knowledge of ASHA on antenatal and postnatal care at Bijapur Distt". *International Journal of Research in Medical sciences.* Pages: 2299-2302.

Acknowledgment

Medical officers and teams of Gargeshwari, Kaiyamballi, Sosale, PHC and Bannur,CHC, and District Health Officer, District Nursing Officer, Mysore.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Vijayalakshmi, K. & Umesha, S.K. (2024). Knowledge of Asha Workers on Antenatal Care: A Review. *International Journal of Indian Psychology*, *12*(2), 420-428. DIP:18.01.042.20241202, DOI:10.25215/1202.042