Assessment of Knowledge of ASHAs Regarding Contraceptive for Family Planning Program

By

Rajesh Sain

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVERMAY CONCERN

This is to certify that **Rajesh Sain**, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at National Health Mission, Gujarat from **7th February 2019 to 7th May 2019**.

The Candidate has successfully carried out the study assigned to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

(Col) Dr. Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur
17 May 2019

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The certificate is awarded to

Rajesh Sain

In recognition of having successfully completed his

Internship in the department of

Performance Monitoring Control Centre

and has successfully completed his Project on

Assessment of Knowledge of ASHAs Regarding Contraceptive for Family Planning Program

07th Feb 2019 to 07th May 2019

National Health Mission, Gujarat

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish him all the best for his future endeavors

08.05.2019

Dr. Amjad Javed Pathan

Medical Officer, PMCC

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **'Assessment of Knowledge of ASHAs Regarding Contraceptive for Family Planning Program'** in National Health Mission, Gujarat submitted by **Rajesh Sain** Enrollment No. IIHMR-U/01/2017-19/0638 under the supervision of Dr. Sandesh Kumar Sharma for award of MBA in Hospital and Health Management of the University carried out during the period from 7th Feb 2019 to 7th May 2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Rajesh Sain

Signature
Rajesh Sain

PREFACE

The MBA (hospital and health management) course is well structured and integrated course of business studies. The main objectives of practical training at MBA level are to develop skill in students by supplement to the theoretical study of business management in general. Professors give us theoretical knowledge of various subjects in the institute. But we are practically exposed of such subjects when we get the training in the organization. It is the training through which we come to know that what an organization is and how it works. During this whole training I got a lot of experience and came to know about management practices in real that how it differs from those of theoretical knowledge and the practically in the real life.

It's very beneficial to learn health care delivery system at various levels. I observed the implementation of various National Health Programs at National/State/District levels; I understood various functions of health systems by interactions with key stakeholders, policy makers, program managers, academicians and researchers.

During my training period I had an overview of various programs undertaken By National Health Mission, Gujarat including the current status of the program I also carried out a study on-

Assessment of Knowledge of ASHAs Regarding Contraceptive for Family Planning Program

I have tried to put my best effort to complete this task based on skill that I have achieved during my studies in the institute.

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to The Government of Gujarat and National Rural Health Mission, Gujarat for providing me an opportunity to work in such a wonderful organization and for making all the facilities available and giving the support in every way for completion of internship & Dissertation.

I would like to thank National Rural Health Mission Gujarat & State Program Management Unit, for facilitating my internship work.

I would like to take this opportunity to express great indebtedness to Dr. Amjad Javed Pathan Medical Officer (PMCC) without whom this training could not have been accomplished.

This project would not have been completed without the tremendous contribution of my Guide, Dr. Sandesh Kumar Sharma right from the onset lending a helping hand at every step.

I thank to my family and friends for their moral support.

DECLARATION

I do hereby declare that I am a student of 2nd year, MBA in Hospital and Health Management, IIHMR University, Jaipur, Rajasthan session 2017-2019. I would like to state that I have carried out my Dissertation on the topic **"Assessment of Knowledge of ASHAs Regarding Contraceptive for Family Planning Program".** This project work is my own and has not been submitted to any of the other Institute or University for award of any degree or diploma.

Rajesh Sain

MBA- HM 22

2017-2019

Abbreviations:

NHM: National Health Mission

NUHM: National Urban Health Mission

SRS: Sample Registration System

ASHA: Accredited Social Health Activist

AWC: Anganwadi Centre

AWW: Anganwadi Worker

CDHO: Chief District Health Officer

MO: Medical Officer

NRHM: National Rural Health Mission

PHC: Primary Health Centre

SC: Sub Centre

ICDS: Integrated Child Development Scheme

MOHFW; Ministry of Health & Family Welfare

VHSC: Village Health & Sanitation Committee

PPIUCD: Postpartum intra uterine contraceptive device

PAIUCD: Post Abortion intra uterine contraceptive device

INTRODUCTION

NHM in India was launched on 12th April 2005. It was conceived mainly to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization. It seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. It covers the entire country, with special focus on 18 states where the challenge of strengthening poor public health systems and thereby improve key health indicators is the greatest

NHM is the combination of national programmes namely, the Reproductive and Child Health II project, (RCH-II) the National Disease Control Programmes and the Integrated Disease Surveillance Project. NHM also enable the mainstreaming of Ayurvedic, Yoga, Unani, Siddha and Homeopathy Systems of Health (AYUSH).

National Health Mission, state health society Gujarat has created wide network of health and medical care facilities in the state to provides primary, secondary and tertiary health care at the door step of every citizen of Gujarat with prime focus on BPL families, marginalized population and weaker sections in rural and urban slum areas.

Vision:

- To provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.
- 18 special focus states are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa , Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.
- To raise public spending on health from 0.9% GDP to 2-3% of GDP, with improved arrangement for community financing and risk pooling.
- To undertake architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery in the country.
- To revitalize local health traditions and mainstream AYUSH into the public health system.

- Effective integration of health concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.
- Address inter State and inter district disparities.
- Time bound goals and report publicly on progress.
- To improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care.

Goals:

- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention and reduction of anemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
- Reduce household out-of-pocket expenditure on total health care expenditure
- Reduce annual incidence and mortality from Tuberculosis by half
- Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
- Annual Malaria Incidence to be <1/1000
- Less than 1 per cent microfilaria prevalence in all districts
- Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

Family planning implies the ability of individuals and couples to anticipate and attain their desired number of children by spacing and timing their births. It is achieved using contraceptive methods and the treatment of involuntary infertility. The availability of family planning does more than enable women and men to limit family size. It safeguards individual health and rights

and improves the quality of life of couples and their children. Family planning is an important strategy in promoting maternal and child health.[1] It improves health through adequate spacing of births and avoiding pregnancy at high risk maternal ages and parities. The most important proximate determinant of fertility is the use of family planning.[2] Where contraceptive use is widespread fertility is low. Adoption of family planning measures will reduce unwanted pregnancies and criminal abortions to its barest minimum. Large number of urban areas have been completely left out or poorly targeted due to lack of sensitization among service providers and a sense of apathy towards urban poor by considering them as an "unnecessary intrusion" into the city.

ASHA being a local woman selected by the community is considered suitable for serving the urban population also. However not much studies were done to explore the performance, and knowledge of ASHA workers in an urban setting. Therefore, the present study aimed to assess awareness of ASHAs on MCH care services. Despite the increase in contraceptive usage over the years, there still exists a gap in the knowledge, attitude and practices regarding contraception.

Despite the progress recorded from making contraception widely available, there is poor acceptance of contraceptive methods either due to ignorance or fear of complications or side effects using them. Inadequate knowledge about contraception and its methods, incomplete or erroneous information about their use or where they procure them and the attitudes of the health care providers at the clinics are the main reasons for not accepting family planning.

Contraceptive use and unmet need for family planning are key to understand the profound changes in fertility and to improve reproductive health worldwide. The goal of ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and of promoting the integration of reproductive health into national strategies. Many women who are sexually active would prefer to avoid becoming pregnant, but nevertheless are not using any method of contraception including use by their partner. These women are considered to have unmet need for family planning. After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes. So that not only limiting the birth, spacing is also important to reduce the maternal, perinatal and infant morbidity and mortality. According to NFHS-4 the unmet need for family planning is 12.9 in India.

Review of literature

While the unmet need for family planning has declined in most of the states, there is a need for considerable improvement in the coverage and quality of family planning services, especially in the seven large states of UP, Bihar, MP, Rajasthan, Haryana, Assam and Gujarat. The total fertility rate for these states most lies in the range of 2.3-3.2 while in other states India has achieved <2.1 i.e. replacement level fertility. Thus, more efforts need to be put in these states. Large number of urban areas have been completely left out or poorly targeted due to lack of sensitization among service providers and a sense of apathy towards urban poor by considering them as an "unnecessary intrusion" into the city. ASHA being a local woman selected by the community is considered suitable for serving the urban population also. However not much studies were done to explore the performance, and knowledge of ASHA workers in an urban setting. Therefore, the present study aimed to assess awareness of ASHAs on MCH care Services. More awareness in our study may be due to more involvement of ASHA/AWW/ANM in health education over the years.

Awareness of family planning services among ASHA workers in a municipality of northern Kerala

Accredited Social Health Activist (ASHA) is one of the key components of National Rural Health Mission (NRHM). The success of national health programs on family planning depends on how well ASHAs are trained and perform. Therefore, it's essential to assess the knowledge of ASHA workers. This study intends to assess the awareness of family planning services among ASHA workers in a municipality of northern Kerala. This is a cross sectional study conducted among ASHA workers working in a municipality in Kannur District, during a study period of two weeks (July 1- July14, 2017). Data was collected using a semi structured questionnaire. Data was analysed using SPSS version 16.0 software and the results were expressed in terms of means, frequencies and percentage. Majority (42.1%) of the ASHAs belongs to the age group of 42- 45 years and none of them were below 30 years. The mean population catered by ASHA workers were 1250. All of them were experienced for at least 7 years. All ASHA workers had satisfactory knowledge about family planning services. Despite this some of the ASHA workers don't have adequate knowledge about ECPs, Progesterone only pills and non-contraceptive uses of condom. Hence it is essential to ensure that they are getting proper training from qualified personnel at regular intervals.

Evaluation of knowledge of ASHA regarding family planning services provided under NRHM in Bhojipura block, District Bareilly

The role of community health workers (CHWs) in healthcare delivery system is considered inevitable to meet the millennium development goals. One of the key components of ASHAs services are the primary community-based contacts for distribution of contraception & counseling for family planning. A descriptive cross-sectional study was conducted in Bhojipura Block, district Bareilly among ASHA workers recruited under NRHM. Total 48 villages ASHAs were interviewed using predesigned semi-structured questionnaire including brief socio-demographic information of ASHA along with details of their knowledge regarding family planning. About knowledge regarding family planning methods, 45 (70.3%) ASHA said that MALA D was available with them as oral contraceptive pills and 37 (57.8%) ASHA said that emergency contraceptive pills are effective only within 72 hours after unprotected sex. Majority of ASHA 47 (73.4%) didn't know the correct method for disposal of condom. The present study showed that knowledge of ASHA is good in certain areas of family planning, but improvement is needed. Family planning and correct choice of contraceptives is very essential. ASHA must ensure the spread of information regarding all the modes of contraception available these days.

Rationale:

Since ASHAs play a major role in creating and disseminating awareness regarding family planning and its methods, it becomes utmost important to assess their knowledge about the same. Also, since they see the ones to whom the couples can contact for counseling, they themselves should have a good knowledge about family planning and contraceptives.

Research Question:

What is the knowledge level regarding Contraceptives for family planning Program among Accredited Social Health Activist (ASHAs) in Ahmedabad district of Gujarat?

Objective:

To assess the knowledge level regarding Contraceptive for family planning Program among Accredited Social Health Activist in Ahmedabad district of Gujarat.

Methodology

Study design:

The study Design is cross-sectional & descriptive

Study setting

This study was conducted in each block of Ahmedabad District Gujarat.

Study population:

150 Accredited Social Health Activist (ASHAs) of Ahmedabad District Gujarat.

Duration of study:

Three months Duration from 7th February 2019 to 7th May 2019.

Sampling:

Sampling technique: Convenient Sampling.

Sample size: Total 1225 ASHA's are currently working in all blocks of Ahmedabad District. From each block randomly 15 ASHAs selected. Total 150 ASHAs selected as sample size.

Data collection Technique: Face to Face interview was conducted for data collection.

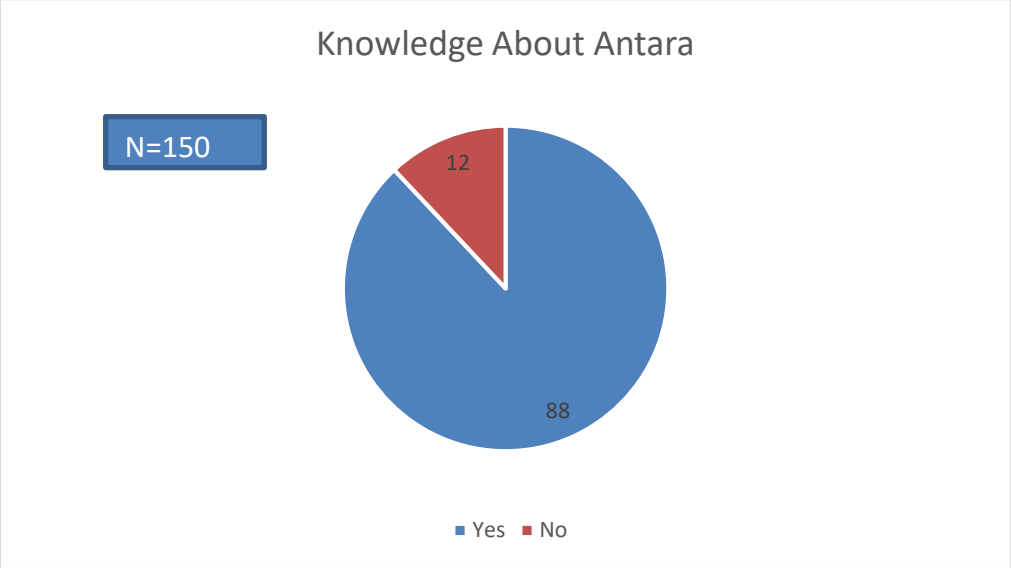
Data collection Tool: Questionnaire was used as a tool for data collection. Knowledge of ASHA's regarding Family Planning program.

Procedure: First, from all blocks of Ahmedabad 150ASHA's were selected. Then data was collected personally by making personal visits to anganwari centers. For ensuring proper implementation of the program, registers were also checked.

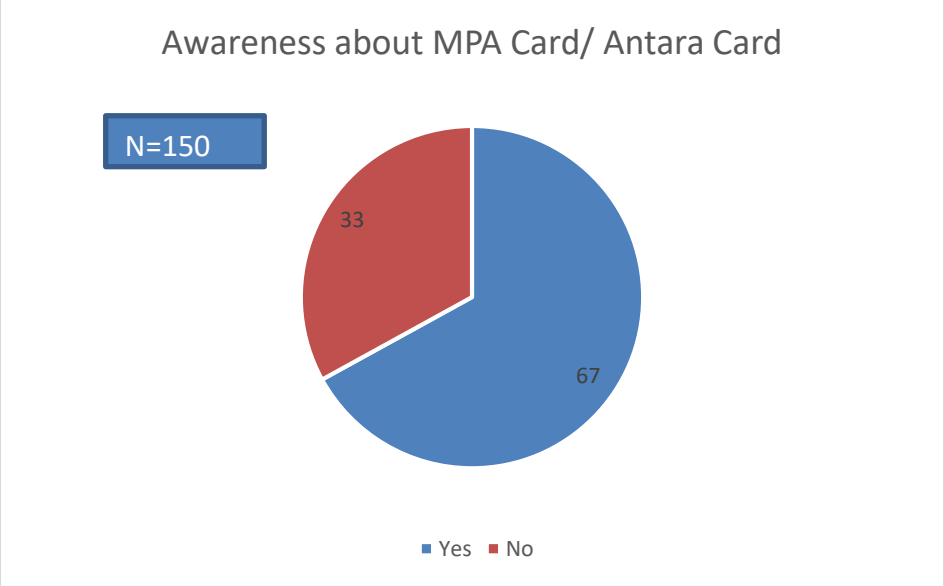
Data Analysis: After the collection of data, it was compiled in Ms Excel. Microsoft excel was also used for analysis

Observation

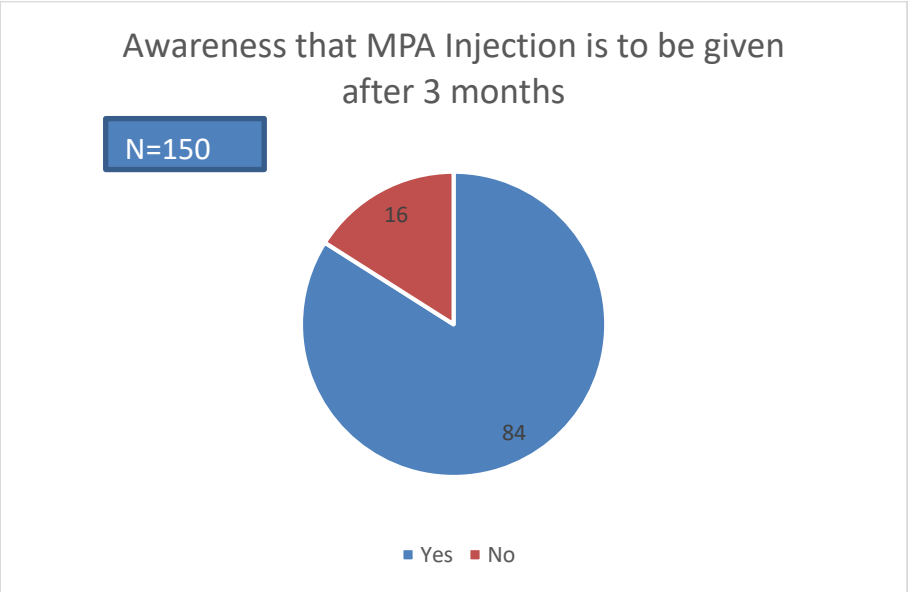
1. **The chart depicts that 12% of ASHAs didn't had any knowledge about Antara whereas 88% ASHAs are having good knowledge of Antara**



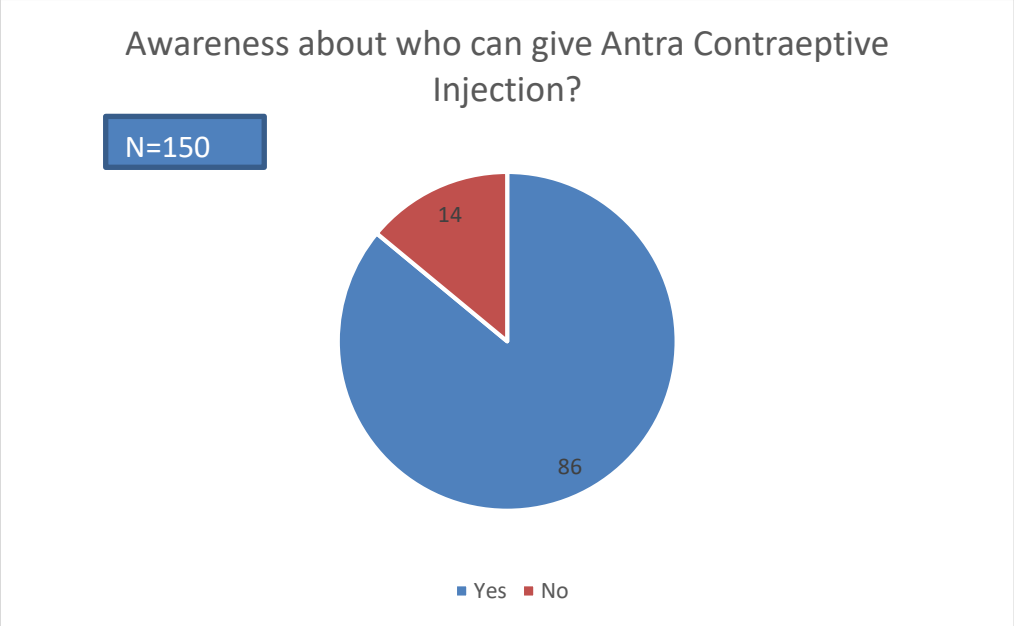
2. **The chart depicts that 33% of ASHAs didn't had any knowledge about MPA Card whereas 67% ASHAs are having good knowledge of MPA Card**



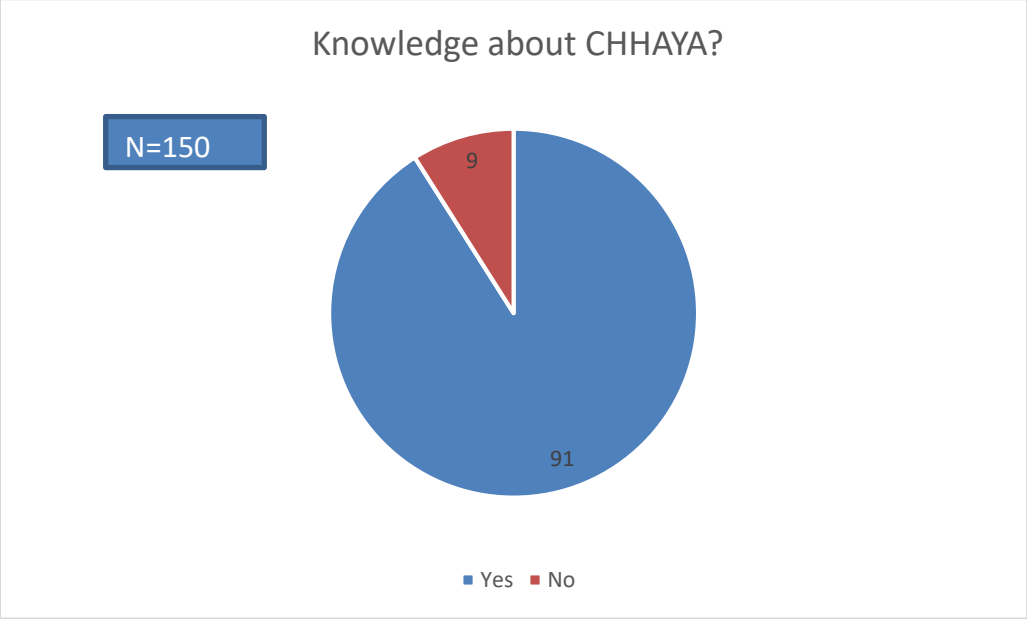
3. **The chart depicts that 16% of ASHAs didn't had any knowledge about dose of MPA injection whereas 84% ASHAs are having good knowledge of dose of MPA injection**



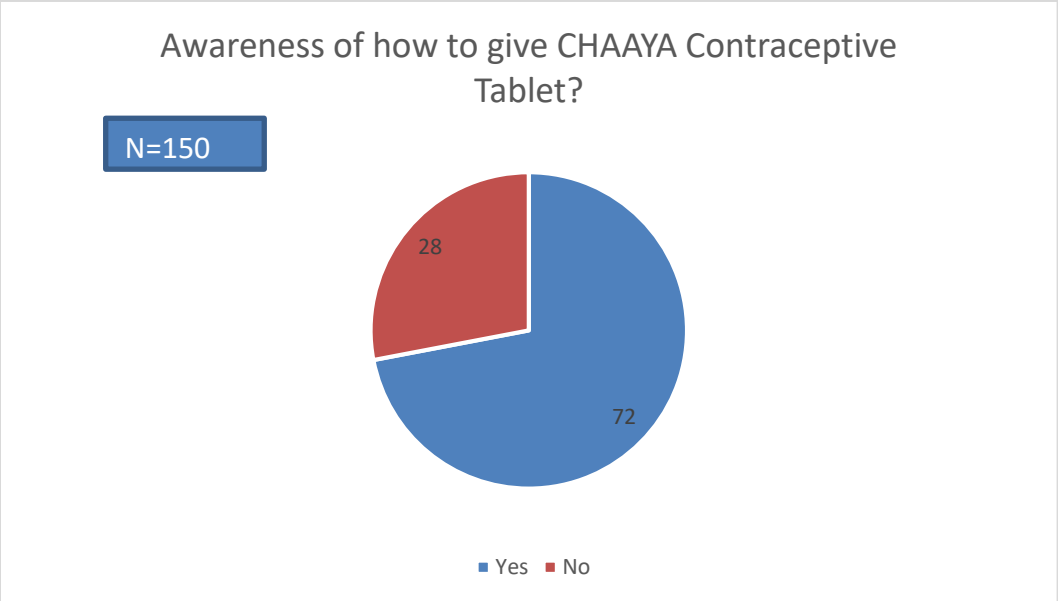
4. **The chart depicts that 14% of ASHAs didn't had any knowledge about who can give Antara injection whereas 86 % ASHAs are having good knowledge of who can give Antara injection**



5. **The chart depicts that 9% of ASHAs didn't had any knowledge about Chhaya Tablet whereas 91 % ASHAs are having good knowledge of Chhaya Tablet**



6. **The chart depicts that 28% of ASHAs didn't had any knowledge about how to give Chhaya Tablet whereas 72 % ASHAs are having good knowledge of chhaya Tablet**



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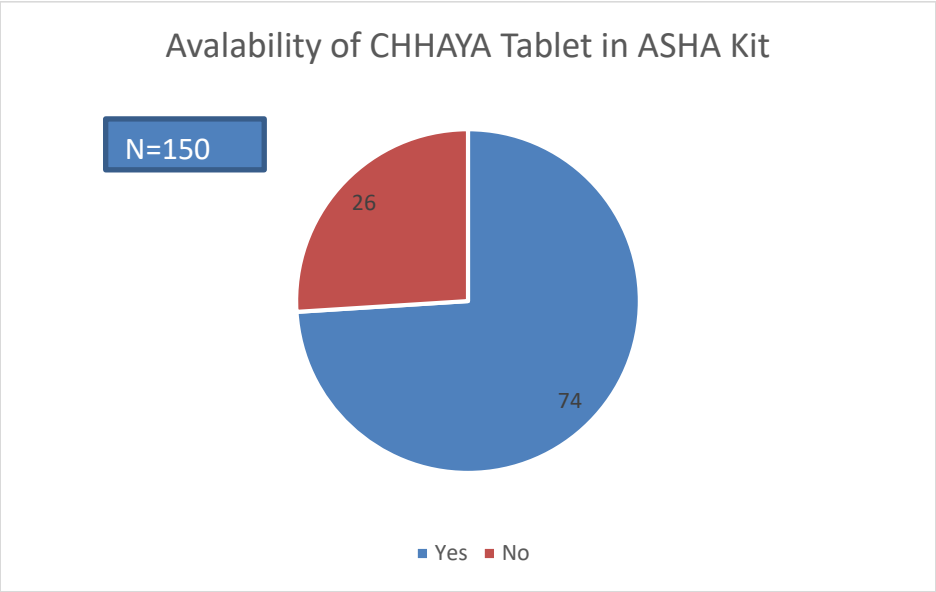
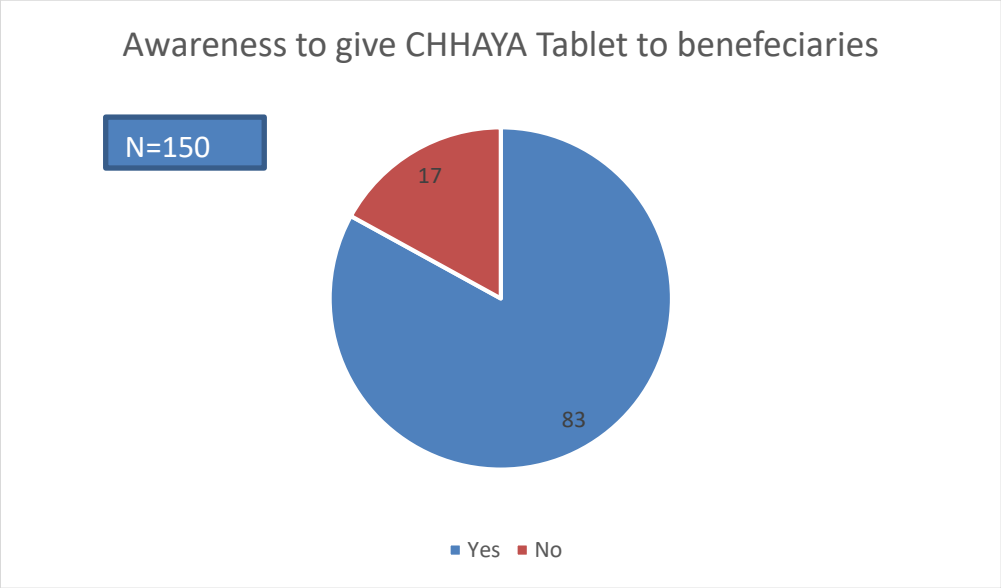
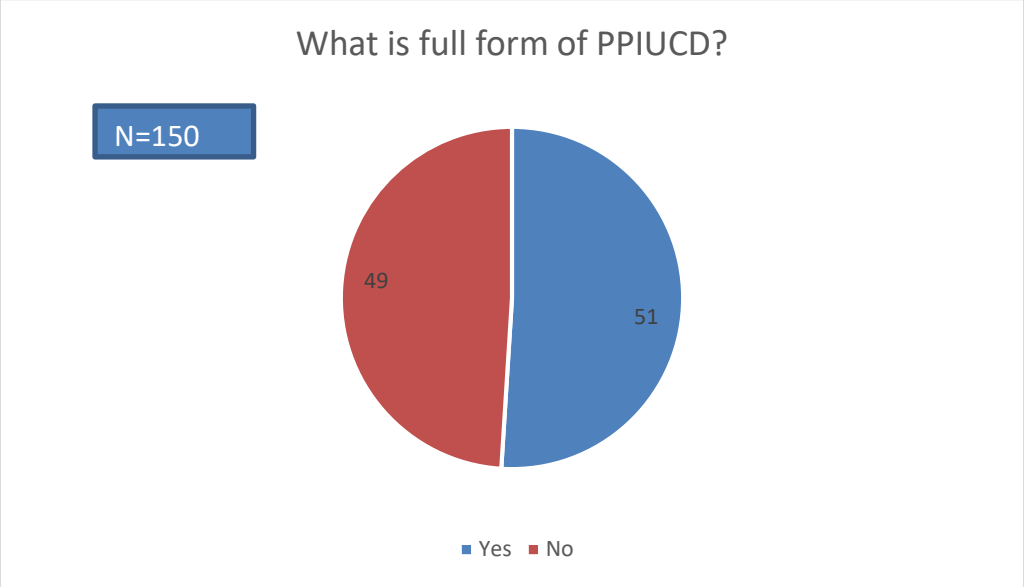
7. **The chart depicts that 26% of ASHAs didn't had any knowledge about availability of Chhaya Tablet in ASHAs kit whereas 74 % ASHAs are having good knowledge of availability of Chhaya Tablet in ASHAs kit**



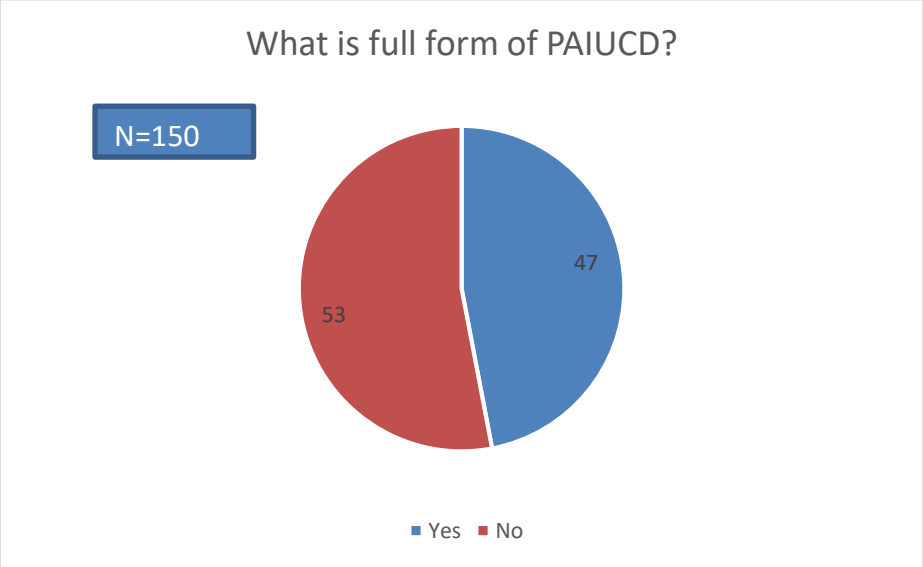
8. **The chart depicts that 17% of ASHAs didn't had any knowledge about to give Chhaya tablet to beneficiaries whereas 83 % ASHAs are having good knowledge to give Chhaya tablet to beneficiaries**



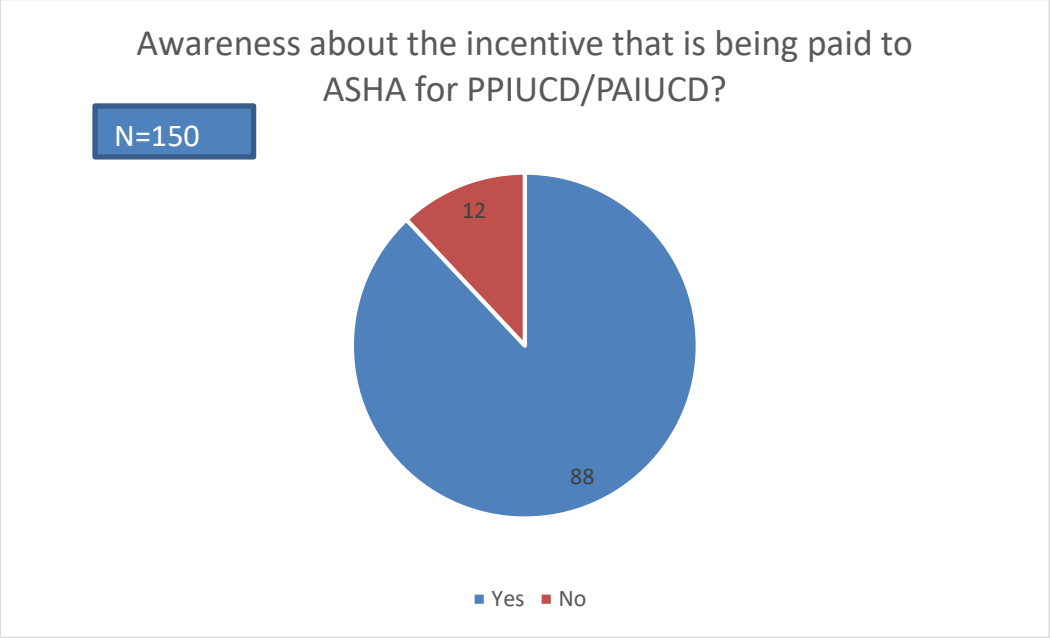
9. **The chart depicts that 49% of ASHAs didn't had any knowledge about full form of PPIUCD whereas 51 % ASHAs are having good knowledge about full form of PPIUCD**



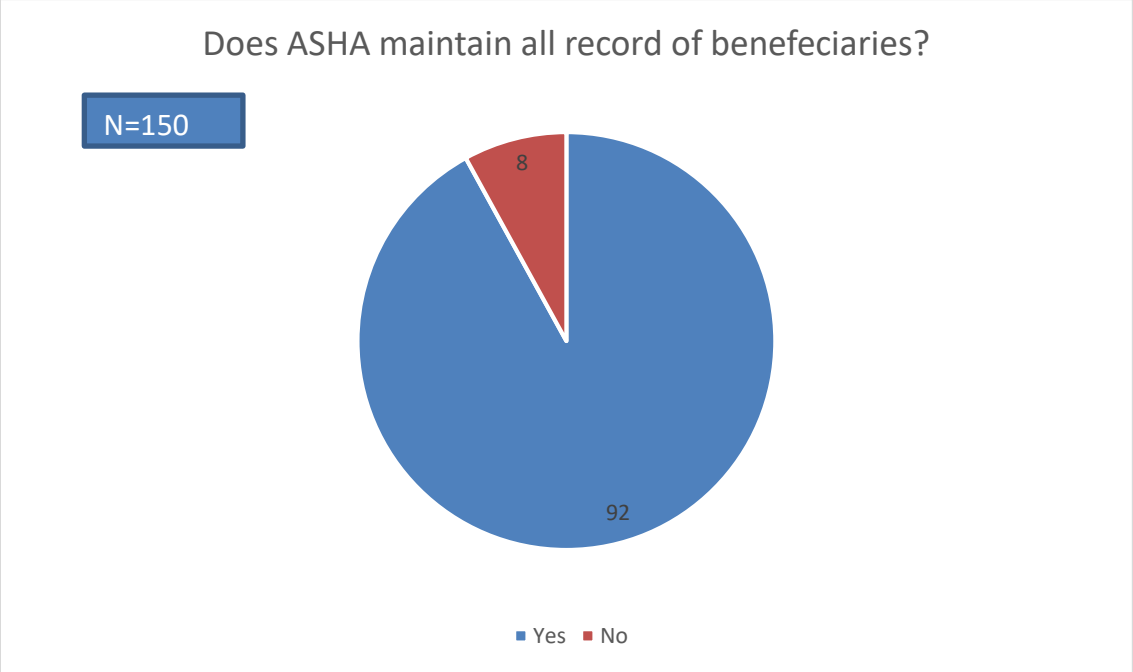
10. **The chart depicts that 53% of ASHAs didn't had any knowledge about full form of PAIUCD whereas 47 % ASHAs are having good knowledge about full form of PAIUCD**



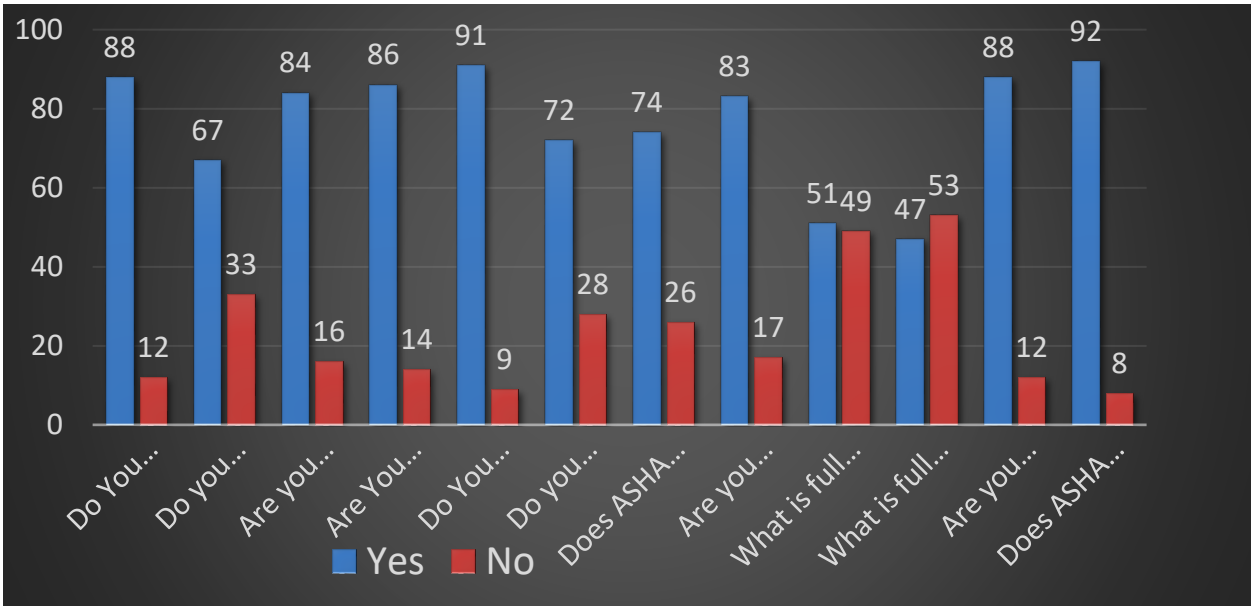
11. The chart depicts that 53% of ASHAs didn't had any knowledge about incentives whereas 47 % ASHAs are having good knowledge about Incentives



12. **The chart depicts that 8% of ASHAs didn't had any knowledge about maintain all record whereas 91 % ASHAs are having good knowledge about maintain all record**



Overall Analysis of knowledge of ASHAs regarding Contraceptive



Frequency of ASHAs Knowledge about Contraceptives

Contraceptive	Frequency (N=150)	Percentage
Antara	**132**	**88%**
Chhaya	**137**	**91%**
PPIUCD	**77**	**51%**
PAIUCD	**71**	**47%**

Discussion

Ahmedabad is a one of the developed districts in Gujarat. And now at grass root level RCH is majorly dependent on ASHA. Family planning is important program for reducing Abortion, unexpected pregnancy, Mortality for all as per life cycle and continuum of care the overall knowledge of ASHA regarding family planning program is good in Ahmedabad district as result shown. However, Majority of the ASHAs have limited knowledge about PPIUCD & PAIUCD whereas knowledge about ANTARA & CHHAYA is very good. They have good knowledge in recording and reporting.

Suggestions

- There are still a significant number of ASHAs are unaware about family planning and its methods, there should be periodic trainings in order to provide capacity building
- They should be given demonstrations of counseling on how to deal with various associated issues practically.
- ASHA should be made aware about the incentives as per the respective activities which will create a motivation factor for them.
- IEC material for ASHAs and a handbook containing important information for them to keep along.

Conclusion

The study concludes that still there is need to create awareness regarding importance of spacing method as well as limiting methods and to clear the myths regarding contraceptives but also among healthcare workers such as ASHAs. To achieve replacement level of fertility further motivation is needed. The overall knowledge of ASHA regarding family planning program is good in Ahmedabad district as result shown. However, Majority of the ASHAs have limited knowledge about PPIUCD & PAIUCD whereas knowledge about ANTARA & CHHAYA is very good. They have good knowledge in recording and reporting.

REFERENCES

- https://scientonline.org/open-access/knowledge-attitude-and-practice-of-family-planning-among-healthcare-providers-in-two-selected-health-centres-in-osogbo-localgovernment-osun-state.pdf
- https://www.researchgate.net/publication/328054420_A_study_to_assess_unmet_need_for_family_planning_and_contraceptive_choices_among_married_women_of_reproductive_age_in_rural.pdf_
- www.nhmguj.org.in
- www.pubmed.in
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