Assessment of ASHAs knowledge on National Iron plus Initiative program at Narmada district, Gujarat

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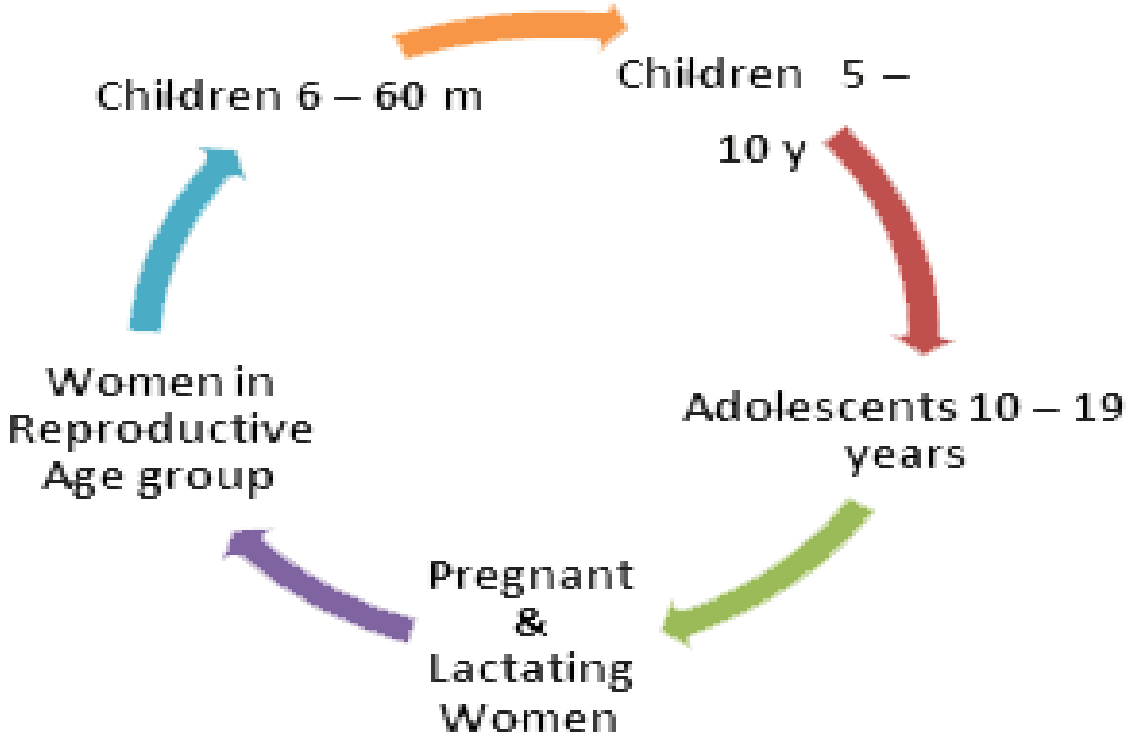
Introduction

- Anaemia, a manifestation of under nutrition and poor dietary intake of iron is a serious public health problem among pregnant women, infants, young children and adolescents. NFHS 4 data reflects a higher prevalence of anaemia (among children and women in reproductive age) in our country.
- Taking cognizance of ground realities discussed above, the Ministry of Health and Family Welfare (GOI) took a policy decision to develop the National Iron+ initiative. This initiative will bring together existing program (IFA supplementation for pregnant and lactating women and children in the age group of 6- 60 months) and introduce new age groups. Thus National Iron+ Initiative will reach the following age groups for supplementation or preventive programming through a **Life Cycle Approach:[1]**


Children 6 – 60 m
Children 5 – 10 y
Adolescents 10 – 19 years
Pregnant & Lactating Women
Women in Reproductive Age group

Rationale

- The National Family Health Survey NFHS-4(2014-15) data for Gujarat has stated anaemia as a major health problem in Gujarat, especially among women and children. It can result in maternal mortality, weakness, diminished physical and mental capacity, increased morbidity from infectious diseases, prenatal mortality, premature delivery, low birth weight, and (in children) impaired cognitive performance, motor development, and scholastic achievement.
- Not only NFHS, but also state government's School Health Program (SHP) has indicated the number of anaemic and malnourished children on a rise. As per the latest SHP report for the year 2015-16, the number of anaemic children is 6.06 lakh that increased from 5.13 lakh in 2014-15[.6,7]

– **Research Question:**

- What is the knowledge level of National Iron plus Initiative Program among Accredited Social Health Activist (ASHA's) in Narmada district of Gujarat?

- **Objective:** To assess the knowledge level of National Iron plus Initiative Program among Accredited Social Health Activist in Narmada district of Gujarat.

- **Research design:**
- **Study design:**
- The study Design is cross-sectional descriptive study design to assess the existing Knowledge among Accredited Social Health Activist On National Iron plus Initiative Program.

- **Study setting**
- This study was conducted in all the blocks (Nandod, Tilakwada,sagbhara,Dadiapada and Garudeshwar) of Narmada District Gujarat.

Study population:

- The entire Accredited Social Health Activist (ASHAs) of Narmada District Gujarat.

- **Duration of study's**
- Three months Duration from 5thFebruary 2018 to 6th May 2018.

Sampling:

- **Sampling technique:** Purposive Sampling.
- **Sample size:** Total 672 ASHA's are currently working in all blocks of Narmada District. From each block randomly 10% ASHAs selected from these in each block Nandod, Tilakwada,sagbhara,Dadiapada and Garudeshwar
- respectively 14,21,11,12 and 12total 70 ASHAs selected as sample size

- **Source of data collection:** The source of data collected was primary in nature.
- **Data collection Technique:** Face to Face interview was conducted for data collection.
- **Data collection Tool:** A structured Schedule was used as a tool for data collection. It had two parts: Basic information and Knowledge of ASHA's regarding NIPI. **.**
- **Procedure:**
- First, from all blocks of Narmada 70 ASHA's were selected. Then data was collected personally by making personal visits to anganwadi centers. For ensuring proper implementation of the program, registers were also checked.
- **Data Analysis:** After the collection of data, it was compiled in Microsoft excel. Most of the data analysis was done on Microsoft excel

Results

Table 1. Knowledge of ASHA regarding Basics of NIPI			
Sr.No.	Indicators	Frequency	Percentage
1	About National iron plus initiative	60	86
2	Is implemented in her area	58	83
3	About fixed day approach	53	76

Table 2 Knowledge of ASHA regarding Medicines used in NIPI			
Sr.No.	Indicators	Frequency	Percentage
1	IFA for children 6 month- 5 year	40	51
2	IFA for children 5to 10 year	43	61
3	IFA for adolescents 10 to 19 year	38	54
4	IFA for pregnant and lactating woman	52	74
5	IFA for woman of Reproductive age group 15 to 49 year	47	67

Table 3 Knowledge of ASHA regarding dosage of Medicines used in NIPI			
Sr.No.	Indicators	Frequency	Percentage
1	Dose for children 6 month- 5 year	43	61
2	Dose for children 5 to 10 year	25	35
3	Dose for adolescents 10 to 19 year	23	32
4	Dose for pregnant woman	59	84
5	Dose for lactating woman	32	45
6	Dose for woman of Reproductive age group 15 to 49 year	35	50

Table 4 Knowledge of ASHA regarding regime of dosage of Medicines used in NIPI			
Sr.No.	Indicators	Frequency	Percentage
1	Regime of Dose for children 6 month- 5 year	43	61
2	Regime of Dose for children 5 to 10 year	26	32
3	Regime of Dose for adolescents 10 to 19 year	22	31
4	Regime of Dose for pregnant and lactating woman	51	72
5	Regime of Dose for woman of Reproductive age group 15 to 49 year	34	48

Table 5 Knowledge of ASHA regarding avail of medicines

Indicators	Frequency	Percentage
From where you can avail the medicines	38	54
Tablets are provided to school	31	44

Table 6 Knowledge of ASHA regarding side effects			
Sr.No.	Indicators	Frequency	Percentage
1	Most common side effect	14	20
2	Doing during the complications	13	18
3	About ERS	7	10

Table 7 Knowledge of ASHA regarding counseling			
Sr.No.	Indicators	Frequency	Percentage
1	Food suggest to beneficiaries	49	70
2	Can we give IFA along with calcium tab	15	21
3	Can take IFA with tea and coffee	12	17
4	condition not advised to take IFA	8	11

Table 8 Knowledge of ASHA regarding recording and reporting			
Sr.No.	Indicators	Frequency	Percentage
1	Responsible for manage records at AWC	59	84
2	Records and registers maintained at AWC	55	78
3	Responsible for managing stock of medicines.	58	82

Discussion:

- Narmada is a one of the high priority Tribal district in Gujarat. And now at grass root level RCH is majorly dependent on ASHA. NIPI is important program for reducing anaemia for all as per life cycle and continuum of care. As per the result in Narmada, NIPI implement in whole district.
- But when we got overall result of NIPI still 81 percent has knowledge regarding basic of NIPI.
- And if we talk about medicines/IFA used in NIPI 61 percent ASHA has knowledge. So from here it clearly indicate that if in Narmada district wants to implement in better way of NIPI needs to give training as refresher training in some duration of time in a year.
- In next dosage of medicines again more than 51 percent have knowledge. And in regime of dosage of IFA it was 49 percent

- About the where they can avail the medicines more 49percent knows but there are 51percent of ASHA those who don’t know anything about these.
- One of the major disappointed results in side effects only 16 percent of ASHA know about side effects and what they need to do during complications and side effects.
- Again in counselling part only 30 percent have knowledge regarding counselling.
- In recording and reporting result is quite good as compare to other indicators 81 percent have knowledge means they have responsibility regarding this.

- **Conclusion:**
- The overall knowledge of ASHA regarding NIPI program is Good in Narmada district as result shown, However, Majority of the ASHA have satisfactory knowledge in IFA medicines and their dosage and regime but they needs to improve about side effects from IFA and what needs to do during side effects and complications. Counselling part also has to improve. They have good knowledge in recording and reporting. Training is need in period of time for refreshing the knowledge. NIPI is the important program for reducing anaemia as life cycle