Assessment of Knowledge and Practice of Accredited Social Health Activists (ASHA) on Maternal Health

By

Neha Parveen

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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

IIHMR UNIVERSITY

This is to certify that **Ms. Neha Parveen** of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **National Health Mission, Gujarat** from 5th February 2018 to 5th May 2018.

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

I wish her all success in all her future endeavors.

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No.DHS/Health/NHM/ Dissertation Certificate/ 2018-2019
Office of the Chief District Health Officer
District Panchayat Bhavnagar, Gujarat
Date:- 14/05/2018.

Certificate of Completion of Dissertation

The certificate is awarded to

Ms. Neha Parveen

In recognition of having successfully completed her

Dissertation in the department of

Health and family welfare

and has successfully completed her Project on

Assessment of knowledge and practice of Accredited Social Health Activist (ASHA) on maternal health in Bhavnagar district of Gujarat

Duration of Study – 6th February to 8th May 2018

Organization- National Health Mission, Gujarat Dept.

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

We wish her all the best for future endeavours

Chief District Health Officer
District Panchayat Bhavnagar
Gujarat

Chief District Health Officer
District Panchayat
BHAVNAGAR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation, **Assessment of knowledge and practice of accredited social health activists on maternal health in Bhavnagar district of Gujarat** submitted by **Neha Parveen** Enrollment No- **IIHMR-U/03/2016-18/0451** under the supervision of **Dr. Arindam Das** for award of **MBA in Hospital and Health Management** of the University carried out during the period from **5th February 2018 to 5th May 2018** 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.

18.05.18

Signature

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I would take this opportunity to express my profound gratitude to our institute, Institute of Health Management and Research, for providing me a platform to gain enough knowledge and skills in different aspects of Health Management.

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Lastly, I wish to thank the participants for their patience and cooperation and people whose insights and experiences have shaped the content of this report.

Neha Parveen

TABLE OF CONTENTS

ACRONYMS/ ABBREVIATIONS

NHM	National health mission
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BMI	Body Mass Index
ICDS	Integrated Child Development Services
VHND	Village health nutrition day
LMP	Last menstrual period
EDD	Estimated delivery date
SC	Scheduled Caste
ST	Scheduled tribe
OBC	Other Backward Classes
KMC	Kangaroo mother care
STI	Sexually transmitted disease
RTI	Reproductive tract infection
ANC	Antenatal care
PNC	Post natal care
LBW	Low birth weight
PPH	Postpartum haemorrhage
HB	Haemoglobin
BP	Blood pressure
PHC	Primary health centre
CHC	Community health centre
SC	Sub centre
SDH	Sub district hospital
DH	District hospital
MO	Medical officer

Review of literature:

Author (year of pub.) journal	Title of the article	Place of study	Sample size	Methodology	Salient results
SV Gosavi et al; 2009	ASHAs awareness & perceptions about their roles an responsibilities	Wardha	7 In depth interviews	• Purposive sampling • In-depth interviews • 1st November 2009 to 31st December 2009	• Most of the ASHAs were aware about their roles and responsibilities regarding immunization, ANC, tuberculosis, leprosy,high risk pregnancy • No ASHA was having specific information about immunization schedule.
Abhishek singh et al;2013	An evaluation of ASHA workers awareness and practice of their responsibilities	Rural Haryana	105	• Interview using self designed semi structured tool • Data analyzed using spss	Majority of ASHAs were aware about helping in immunization, accompanying clients in delivery, providing ANC and family planning.
Dr. PB Desai; 4thapril 2016	Role of ASHAs in the improvement of health status of villagers under NRHM	Kolhapur, Maharashtra	107	• Convenience sampling • Based on primary and secondary source	Majority of women are belonging to age group of 26-40. ASHAs are not well aware about the other roles and improvements were brought in this case.
Charukohil et al;2015	Knowledge and practice of accredited social health activists for maternal healthcare delivery	Delhi	55	• Convenience sampling • Cross sectional study • Semi structured questionnaire • Data analyzed using spss	Most of the ASHAs were aware of their role in provision of maternal health services. Most of the ASHAs were aware of their work of bringing mothers for ANC.
Farah N Fathima et al;2015	Assessment of accredited social health activists- A national community health volunteer scheme	Karnataka	300	• Multistage sampling • Cross sectional study • Mixed method approach	Functionality of ASHAs in terms of carrying task was reasonably high. ASHA was found to be successfully operational in the villages selected.

Research Question:

1. What are the roles and responsibilities on an ASHA and her knowledge about the maternal health?
2. What are the practices of ASHAs for ANC ?

OBJECTIVES:

- To assess the knowledge and practice of ASHA worker on maternal health.
- To assess the knowledge of ASHA about her roles and responsibilities at the community level, Objective of the study is also to find the gaps at the community level from ASHA's side.

METHODOLOGY:

A descriptive cross sectional study was conducted in one block of Bhavnagar district in Gujarat among 130ASHA workers. Data was collected using a pretested semi structured questionnaire after taking the consent of the participants, the tool was translated from English to Gujarati for the better and effective result. The questions in the questionnaire were both quantitative and qualitative which included questions on socio-demographic characteristics of the participants, her roles and responsibilities being an ASHA, her knowledge on ANC, complications of pregnancy, high risk mothers, her practices for maternal health etc. The data is entered and analyzed using MS Excel. The study area was selected using convenience sampling. ASHA who attended the training on 6 & 7 modules were included in the study rest were excluded. The study period is of 90 days i.e 06/02/2018 to 08/05/2018.

Sample Size: There are total 10 talukas or blocks inBhavnagar district of Gujarat and there are total 1392 ASHAs in the district. This study was conducted in one taluka of Bhavnagar district which was suggested by the chief district health officer (CDHO) sir himself. All 130 ASHAs of one taluka who have attended the 1to5 and 6-7 module training were included in the study.

Sampling Technique: The study area was selected by convenience.

Study Area: This study was carried out in Bhavnagar Ghogha taluka in Bhavnagar district of Gujarat. The taluka is one of the poor performing talukas among all ten talukas of the district.

Study Period: This study completed in 90 days i.e 3 months it started from 6th February 2018 and completed on 8th May 2018.

Data Collection: Data was collected using a pretested semi structured questionnaire after taking the consent of the participants. Questionnaire had both qualitative and quantitative questions.

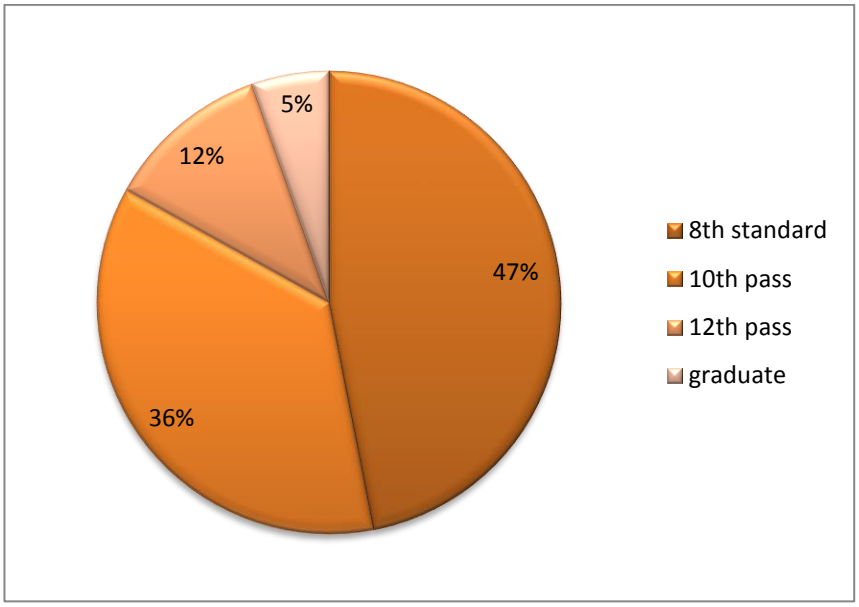
Data Analysis: Data was entered and analyzed using MS Excel.

FINDINGS

A. Knowledge Assessment of ASHA on Maternal Health

I. Educational Qualification of the ASHA: N=130

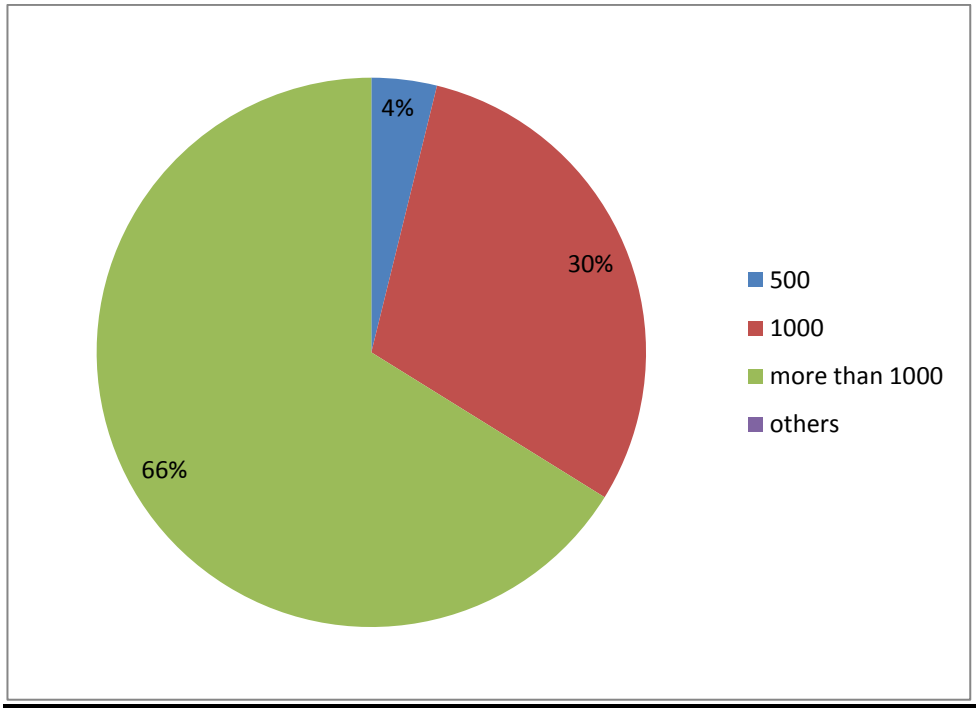
Fig. 1



The above chart shows the educational qualification of the participants. It further shows that out of 130 participants forty seven percent i.e 61 were 8^{th} pass, coming next to it thirty six percent i.e only 41 participants have completed their 10^{th} standard. A very small proportion of the participants were graduates i.e only seven out of 130.

II. Population served by the ASHA (N=130)

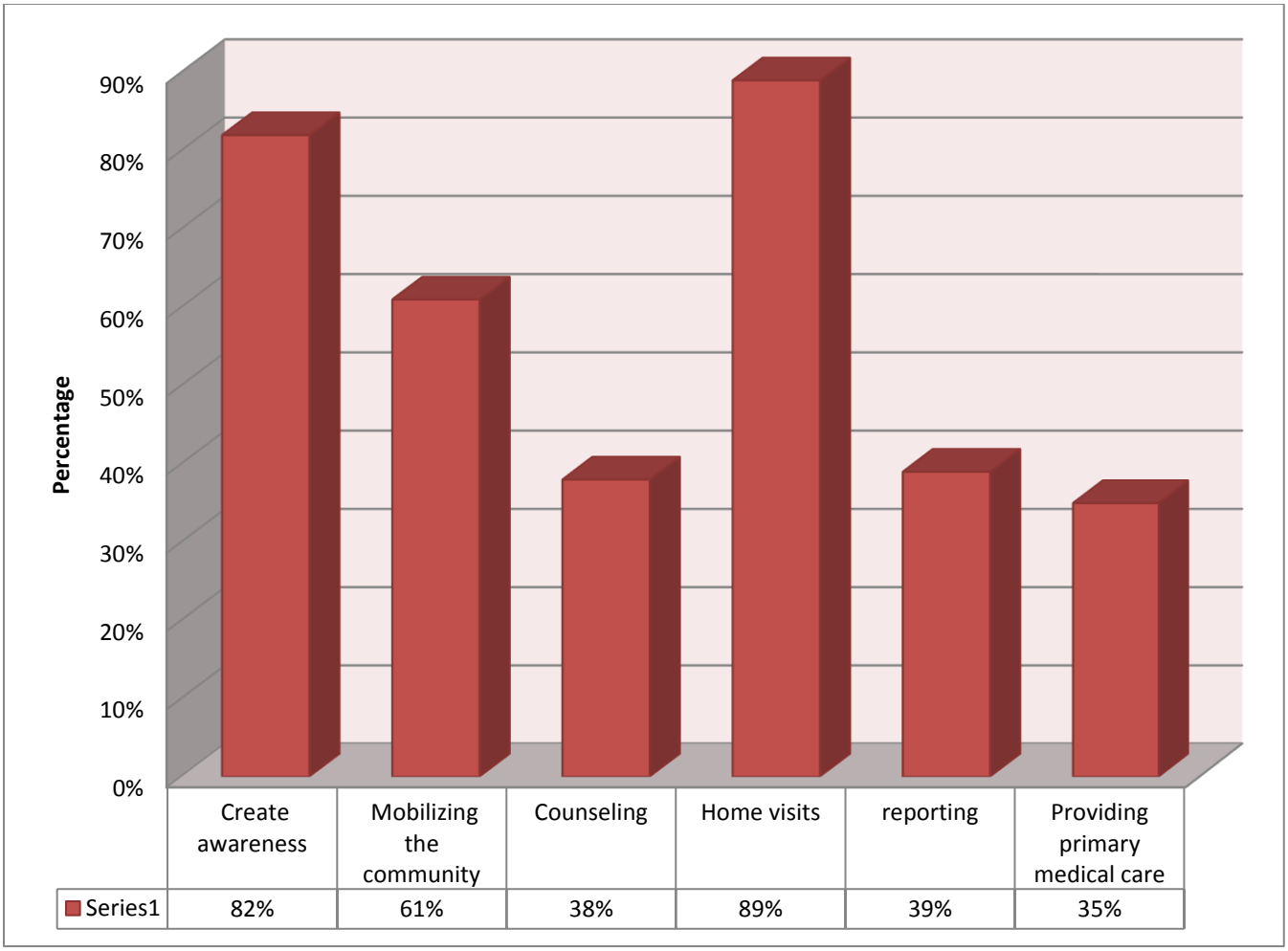
Fig. 2



As per the general norms an ASHA is supposed to serve to a population of 1000 in rural. In the above chart it is shown that the majority of the participants i.e sixty percent (86 out of 130) when asked about the population they serve the said they serve to population more than 1000, and only 30 percent (39 out of 130) said they serve to population of 1000.

III. Roles and responsibilities of ASHA (N=130)

Fig. 3

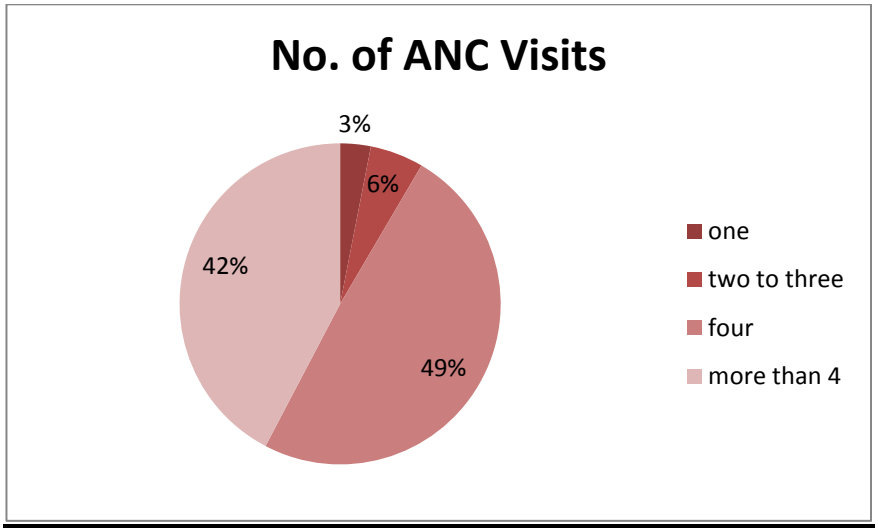


- *Multiple answers possible for the above question*

When asked about what the various roles and responsibility of an ASHA are, majority of the participants said that they create awareness among the community and go for the field visits, sixty one percent of the participants said that their role is to mobilize the community for providing various health services. The above graph further shows that only forty six out of 130 participants i.e thirty five percent said that they provide primary medical, which is very important responsibility of an ASHA.

IV. Knowledge about ANC (Antenatal Care) (N=130)

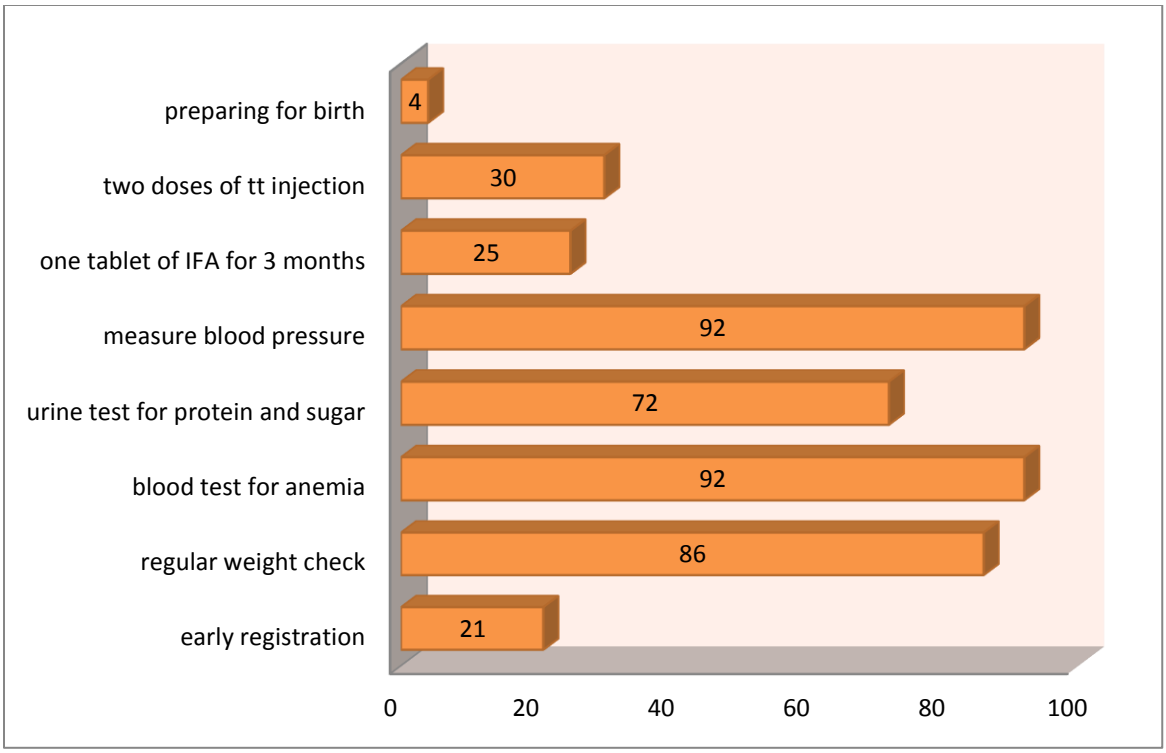
Fig. 4



All the participants (ASHA) were aware about of ANC when asked what is it, but when asked about the number of ANC visits during the pregnancy period, responses varied. Ideally four ANC visits should be done, the above chart shows that only half of the participants gave the ideal answer. Furthermore, nearly half i.e forty two percent (55 out of 130) said more than four visits should be done during the pregnancy period. The chart further shows that, nine percent (collectively) i.e 11 out of 130 participants were not aware of the number of ANC visits.

V. Essential components of ANC: (N=130)

Fig. 5



**multiple answers possible for the above question*

Ideally all of the above are the essential components of ANC as per the guidelines of NHM, but when asked about it to the participants not even one ASHA was able to tell all the components. The above graph shows that majority of the participants i.e seventy percent (92 out of 130) said that the essential components of ANC are measuring blood pressure and checking haemoglobin for anemia, furthermore , nearly one fourth of the participants i.e 30 out of 130 said that giving two dozes of tt injection and only 25 out of 130 said one IFA tablet for three months is an essential component of ANC. Surprisingly only three percent (4 out of 130) of the participants said that preparing for birth or birth preparedness is also an essential component of ANC.

VI. Knowledge about last menstrual period and estimated delivery date (N=130)

Fig. 6

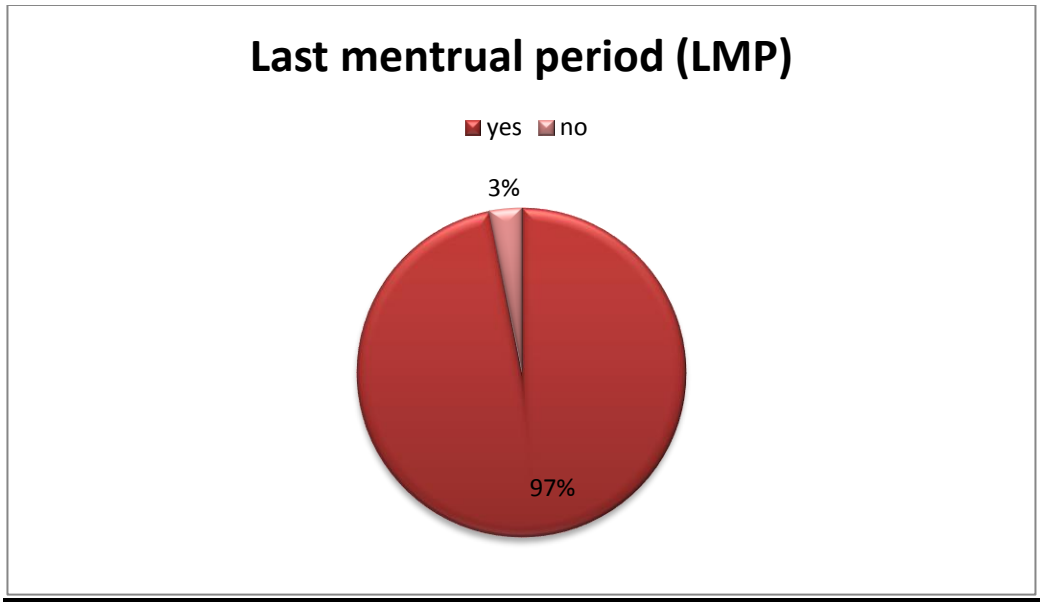
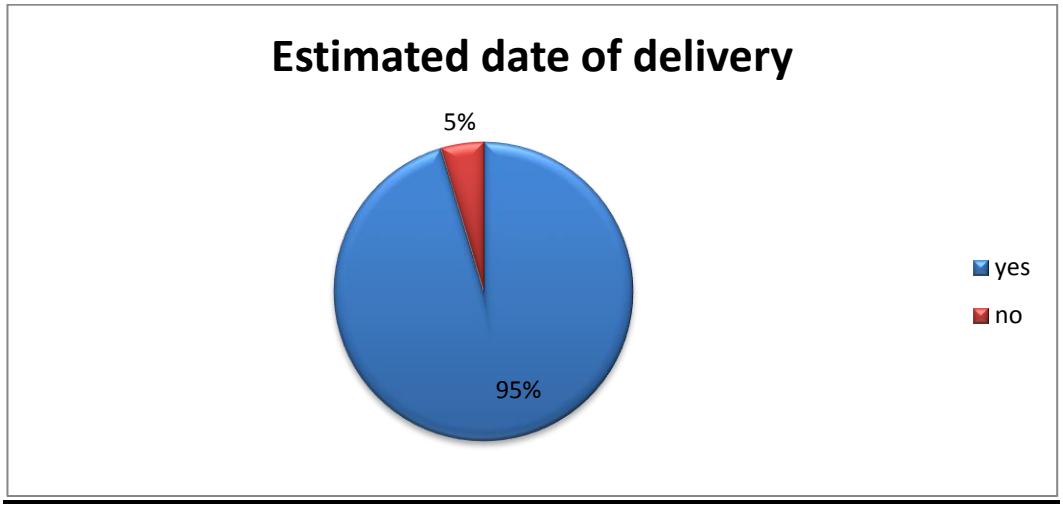


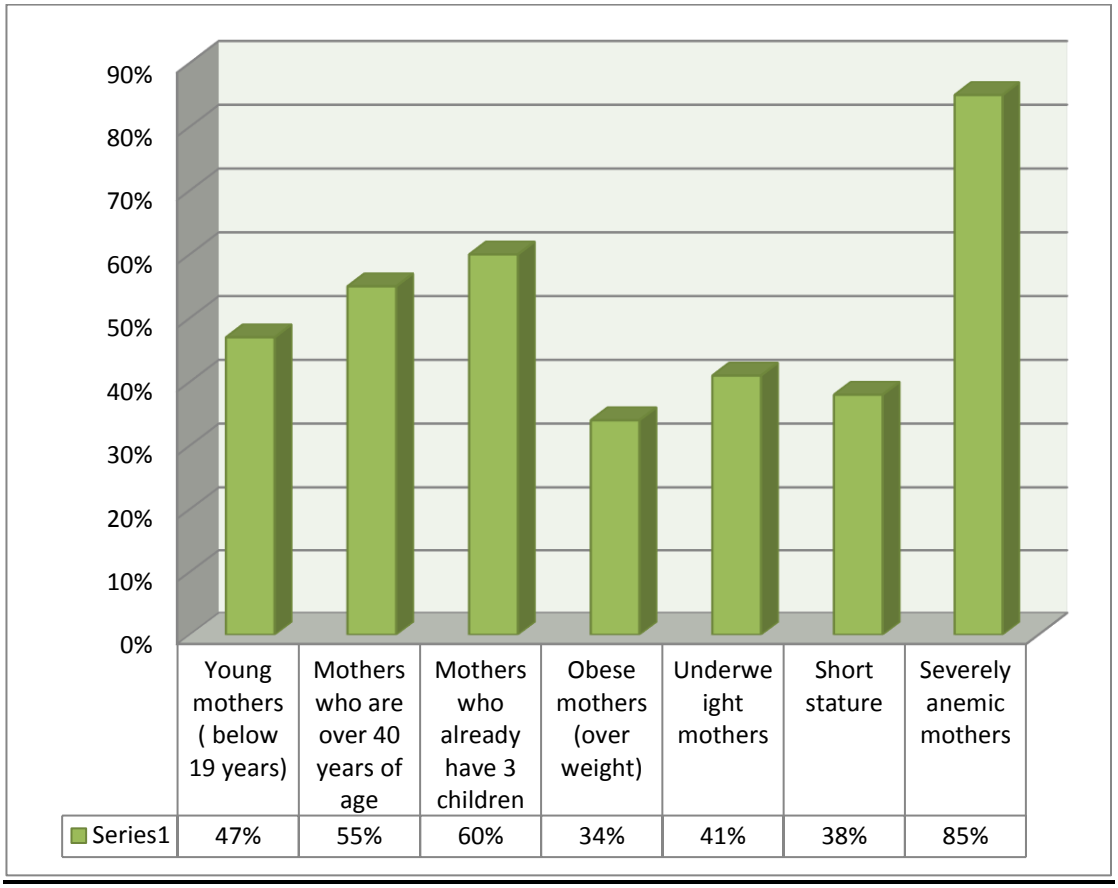
Fig. 7



Ninety seven percent (126 out of 130) were aware about LMP (last menstrual period) and ninety five percent (124 out of 130) of ASHAs were aware of estimated delivery date and they also knew the steps to calculate it.

VII. Knowledge about high risk mother (N=130)

Fig. 8

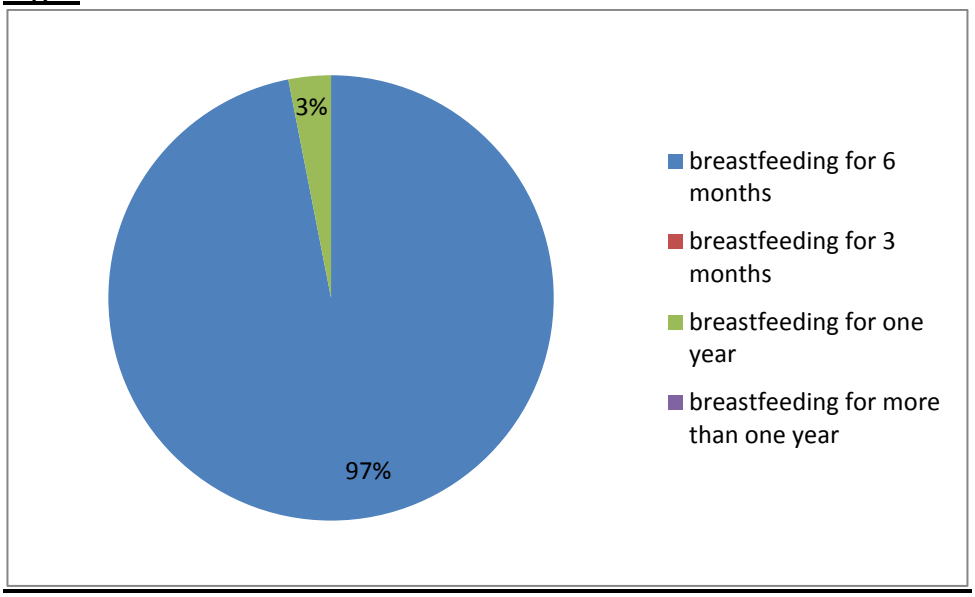


**multiple answers were possible for the above question*

The above graph shows that when asked about high risk mother or high risk pregnancy, nearly 85% (111 out of 130) ASHAs said those who are severely anemic are considered as high risk mother. Furthermore , sixty percent (78 out of 130) of the participants said that the mothers who already have three or more than three children are high risk mothers. The graph further shows that 61 out of 130 and 72 out of 130 ASHAs said that mothers below 19 years of age and mothers above 40 years of age are considered as high risk mothers respectively.

VIII. Knowledge about exclusive breastfeeding: (N=130)

Fig. 9



The above chart shows that almost all the ASHAs (126 out of 130) were aware of the exclusive breastfeeding and they gave the ideal answer and rest of the participants (ASHAs) said that breastfeeding for one year is exclusive breast feeding.

Almost all the ASHAs (98%) said that breastfeeding should be started within one hour of birth.

IX. Knowledge about severely anemic mothers:

All the ASHAs were well aware of the normal HB count of a pregnant women and HB count at which a women is considered as severely anemic, all the ASHAs gave ideal answer that 10-14 is the normal hb count and when a women has hb less than 7 she is considered to be severely anemic and becomes a high risk mother.

X. Knowledge about number of IFA tablets given during pregnancy period (N=130)

Table 1:

No. of IFA tablets	No of respondents
less than 100	**4**
100 to 150	**8**
180	**38**
More than 200	**80**

XI. Knowledge about TT injection given during pregnancy period (N=130)

Table2:

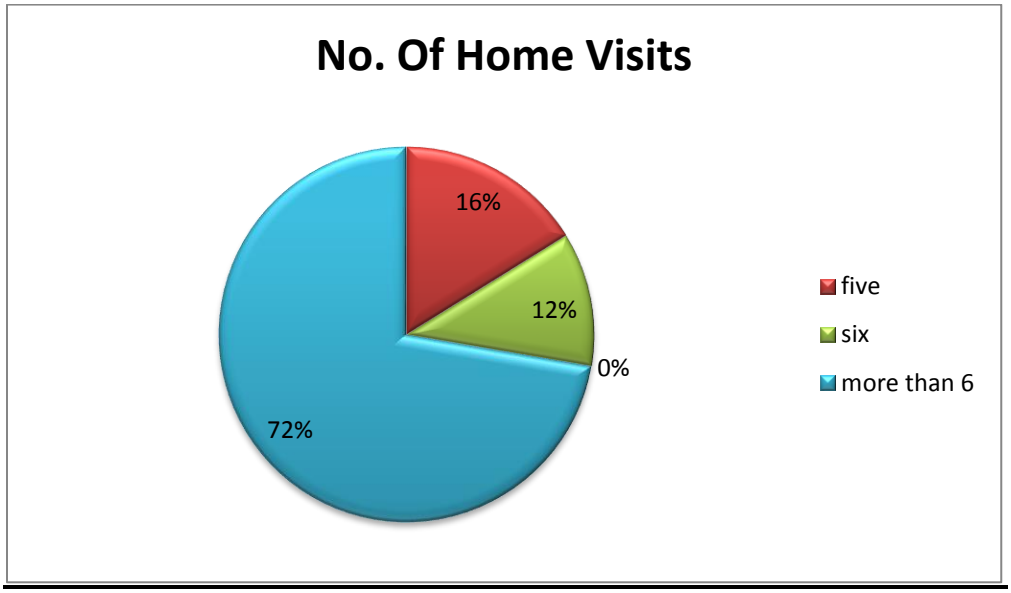
No. of TT Injection	No of respondents
One	**7**
Two	**123**
Three	**0**
More than 3	**0**

Table 1 and 2 shows that nearly thirty percent (38 out of 130) ASHAs said 180 IFA tablets should be given to a pregnant woman which is the ideal quantity, furthermore majority of the ASHAs i.e around sixty two percent of them said more than 200 tablets should be given to a pregnant woman. Moreover, the tables clearly suggest that 12 ASHAs gave wrong answers because they were not aware of the no. of IFA tablets that should be given. On the other hand, when asked about no. of TT injections, almost all the ASHAs i.e 123 out of 130 were aware of the no. of TT injections that should be given to a pregnant women, while seven of them were not aware.

B. Practices of ASHA on ANC (N=130)

a. Number of Home visits by an ASHA to pregnant women:

Fig. 10



The above chart shows that, majority of the participants (ASHAs) i.e 72 percent said that they do more than six visits to a pregnant woman.

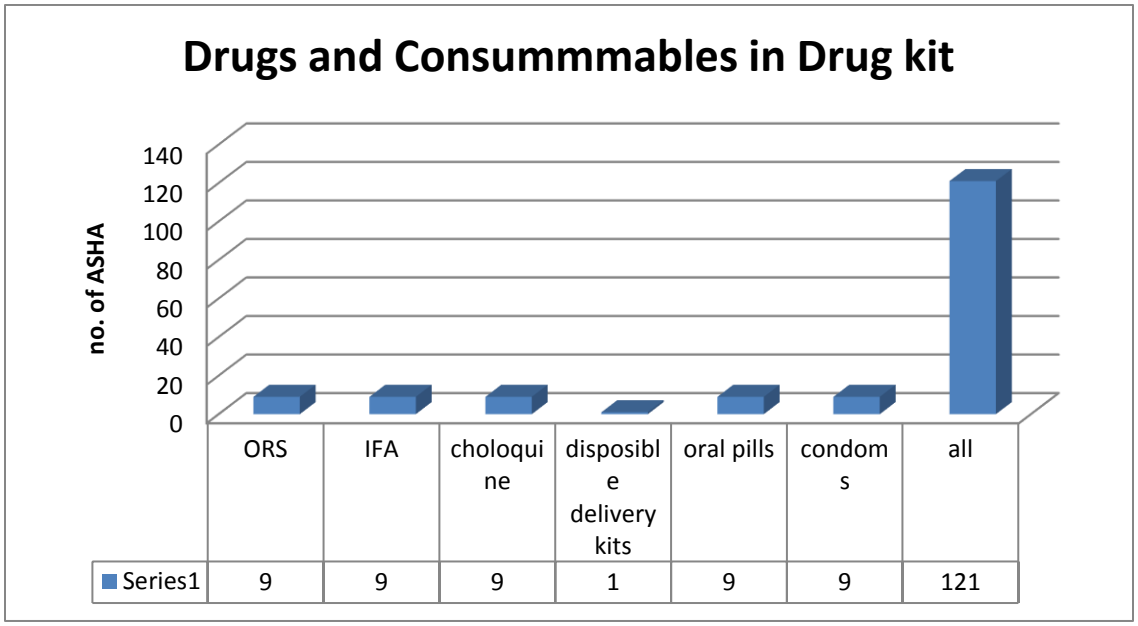
b. Register maintenance and record keeping N=130

Table 3:

s.no	Practices	No. of respondents
1	Maintenance of ANC register	126
2	Preparing birth micro plan	127
3	Make list of all pregnant women	121
4	Communicate the EDD with pregnant women and her faimly	126

c. Drug kit carried by ASHA (N=130)

Fig. 11



**multiple answers possible for the above question*

When asked about drug kit all the ASHAs said that they do carry drug kits, and when asked about the drugs and consumables they carry in their kits, ninety three percent of ASHAs said they carry all of the mentioned items. The graph further shows that rest of the ASHA chosen all the items instead of saying all of them.

d. No. of home visits by an ASHA during PNC:

Ideally ASHAs should visit on 3rd, 7th and 42nd day during postnatal period but when asked about the no. of home visit payed by them all the ASHAs said they go for more than four home visits in postnatal period

DISCUSSION:

The study was conducted to assess the knowledge and practices of ASHA on maternal health care delivery among 130 ASHAs of Bhavnagar. 85% of theASHAs were aware of about excessive vomiting, weakness and swelling of feet as complications of pregnancy and delivery. Most of the ASHAs were aware of their work of bringing mothers for ANC, counseling for family planning and escorting them tohospital for delivery. 72% ASHAs used to pay more than 6 home visits to pregnant women..

More than half of the ASHAs were in the age group of 30-39 (58%) and most of them were married (76%).The positive findings of the study was that all ASHAs belonged to local community. As clear from the findings of exclusive breastfeeding it is clear that almost all the ASHAs are aware of it and they also know how early it should get started. ASHAs were aware of the Kangaroo mother care and also they knew the benefits of it.

It was a descriptive study which explored the knowledge and practiceof ASHA workers on maternal health. This study helped in finding the loop holes/gaps in the training and supervision of ASHAs as well. The possible remedial measures may be supportive supervision in the community so that it is ensured that knowledge is materialized to practices as well. Communication and problem solving skills should be included in their training so that they can overcome the problems faced by them in the community and gain the faith of community. Administrative problems should be addressed like shortage of staff, transportation facility, and money for emergency situations. The study can be replicated on a larger scale which can give important inputs for future relevant policy changes in India. Among the study limitations, small sample size is major one. Effectiveness of ASHAs performance was not assessed from the community's perspectives.

CONCLUSION:

This study showed that the knowledge of ASHA worker is not up to the mark regarding all the danger signs and complications of pregnancy although when asked about the action they will take they said that they will refer the pregnant women to hospital for early treatment which is a very positive finding. ASHAs practices on maternal health was satisfactory they do keep the records and registers and they can calculate the EDD which efficiently make the birth microplans and they also share it with the family and MOs.Training is given to all the newly appointed ASHAs and once in a year they are given refreshers training but still there is not that efficiency among the ASHAs so a better supervision is needed and the training should be given more productively by the Medical Officers and NGOs should also be involved.

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ANNEXURES

VILLAGE NAME:

DATE:

QUESTIONNAIRE FOR ASHA WORKER

Sociodemographic characteristics of ASHA workers:

S.no	Question	Response	Response code
	Name of ASHA worker		
1	Age in completed years.	1. 20-29 2. 30-39 3. More than 40	
2	Religion	1. Hindu 2. Muslim 3. Jain 99. others	
3	Caste	1. General 2. OBC 3. SC/ST 99. others	
4	Educational qualification	1. 10^{th} pass 2. 12^{th} pass 3. Graduate 99. others	
5	Marital status	1. Married 2. Unmarried 3. Widow 4. Separated/divorcee	
6	No. of children (skip if unmarried)	1. one 2. two 3. three 4. more than 3	
7	Population served	1. 500 2. 1000 3. More than 1000 99. others	
8	For how long you are working as an ASHA? (in years)	4.	

1.Training of ASHA:

S.no	Question	Response	Response code
1.1	Have you attended training on 1 to 5 modules?	1. Yes 2. No	
1.2	Have you attended training on 6 & 7 module?	1. Yes 2. No	
1.3	Have you attended refreshers training?	1. Yes 2. No	
1.4	How many times refreshers training takes place in a year?	1. Once in a year 2. Twice in a year 3. Monthly 4. Quarterly 99. others	
1.5	How many times you have attended the refreshers training?		
1.6	What are the various topics covered in the training?		
1.7	Do you find the trainings useful?	1. Yes 2. No	
1.8	Do you want any improvements/changes in the training?	1. Yes 2. no	
1.9	If yes, what are those?		

2.Roles and Responsibilities of ASHA

S.no	Question	Response	Response code
2.1	What do you mean by ASHA?		
2.2	What are your roles and responsibilities as an ASHA (options not to be disclosed)	1. Create awareness 2. Mobilizing the community 3. Counseling 4. Home visits 5. Providing primary medical care 6. Reporting	
2.3	What awareness you create	1. Basic sanitation and hygiene	

	among the community?	practices 2. Nutrition 3. Healthy living 4. Give information about existing health services 5. Utilization of health services	
2.4	What is purpose of mobilizing the community?	1. Immunization 2. ANC 3. PNC 4. ICDS 99. others	
2.5	What counseling you do at the community level?	1. Birth preparedness 2. Safe delivery 3. Exclusive breastfeeding 4. Immunization 5. Contraception 6. RTIs/STDs 99. others	
2.6	What type of primary medical care you provide at community level?	1. Diarrhea 2. Fever 3. Minor injuries 4. First aid 99. others	
2.7	What kind of reporting you do?	1. Birth and deaths in village 2. Outbreak of disease 3. Rare disease 99. others	
2.8	Where do you report?	1. PHC/SC 2. CHC 3. District hospital 4. Sub district hospital 99. others	

3.Knowledge about maternal health

3.1	How can we diagnose pregnancy early?	1. Missed periods 2. Pregnancy tests 3. Both 99. others	
3.2	What is LMP?		
3.3	What is EDD?		
3.4	Do you know about ANC?	1. Yes 2. No	
3.5	How many ANC visits should be done in the pregnancy	1. One 2. Two to three	

	period?	3. Four 4. More than 4	
3.6	What are the essential components of ANC?	1. Early registration 2. Regular weight check 3. Blood test for anemia 4. Urine test for protein and sugar 5. Measure blood pressure 6. One tablet of IFA for 3 months 7. Two doses of tt vaccine 8. Preparing for birth 99. others	
3.7	Where are ANC services provided?	1. Anganwadi centre 2. Sub centre 3. PHC 4. CHC 5. District hospital	
3.8	What do you know about high risk mother?	1. Young mothers (below 19 years) 2. Mothers who are over 40 years of age 3. Mothers who already have 3 children 4. Obese mothers (over weight) 5. Underweight mothers 6. Short stature 7. Severely anemic mothers 99. others	
3.9	What are the complications that can occur during the ante natal period? (danger signs)	1. Excessive vomiting 2. Swelling of feet 3. Anemia/paleness 4. Excessive bleeding 5. Movement of fetus 6. Weakness 7. breathlessness 99. others	
3.10	What do you do when any pregnant women complains about any of these problems?	1. Consult ANM 2. Refer to hospital 3. Home based care/treatment 99. others	
3.11	What are the indications of referring a pregnant women to the hospital?	1. Vaginal bleeding 2. Convulsions 3. Labor pain before 8 months 4. Severe headache 5. Rupture of water bag 6. Loss of fetal movement 7. Loss of consciousness	

		8. Anemia 9. Swelling of feet 10. fever	
3.12	What should be the normal hb count for pregnant women?	1. 10-14 2. 9 3. More than 14 99. others	
3.13	At what hb count a pregnant women is considered as severely anemic?	1. Less than 10 2. Less than 7 3. Less than 7.9 99. others	
3.14	How many IFA tablets should be consumed by a pregnant women?	1. Less than 100 2. 100-150 3. 180 4. More than 200	
3.15	How many tt injections should be given to pregnant women?	1. One 2. two 3. Three 4. More than 3	
3.16	Do you know about kangaroo mother care?	1. Yes 2. No	
3.17	If yes, what is kangaroo mother care?		
3.19	For how long kangaroo mother care should be practiced?	1. 4 weeks 2. 8 weeks 3. 12 weeks 4. 1 year 99. others	
3.20	Who can give kangaroo mother care to the baby?	1. Mother 2. Father 3. Siblings 4. Grandparents 99. others	
3.21	What do mean by exclusive breastfeeding?		
3.22	When should breastfeeding be started after delivery?	1. Within one hour 2. After 3 hours 3. After 6 hours 4. After 1 day	

4.Practices of ASHA on Maternal health:

S.no	Question	Response	Response code
4.1	No. of home visits by you to the pregnant women?	1. 4 2. 5 3. 6 4. Less than 4 5. More than 6	
4.2	Do you maintain any register of ANC?	1. Yes 2. No	
4.3	Do you face any problem in providing ANC?	1. Yes 2. No	
4.4	If yes, what are those?	1. Opposition by family 2. Shortage of staff 3. No transport facility 4. No money for emergency 5. Opposition from local dai 6. No service at health center 99. others	
4.5	Do you make any list of all pregnant women?	1. Yes 2. No	
4.6	Do you know how to calculate EDD?	1. Yes 2. No	
4.7	If yes, what are the steps to find EDD?		
4.8	Do you communicate the EDD to the pregnant women?	1. Yes 2. No	
4.9	Do you help the families with pregnant women in making birth micro plan?	1. Yes 2. No	
4.10	Whom do you share birth plan with?	1. ANM 2. PHC MO 3. VHND 99. others	
4.11	Do you carry any drug kit?	1. Yes 2. No	
4.12	What do you carry in that kit?	1. ORS 2. IFA 3. Chloroquine 4. Disposable delivery kits 5. Oral pills 6. Condoms 99. others	
4.13	How many visits you do in post natal period?	1. One 2. Two	

		3. Three 4. Four 5. More than 4	
4.14	When do you visit?	1. 1^{st} , 3^{rd}& 40^{th} day 2. 3^{rd} , 6^{th}& 43^{rd} day 3. 3^{rd} 7^{th}& 42^{nd} day 99. others	
4.15	Do you have any suggestion?		

ગામનુ નામ :

તારીખ :

આશા બહેનો માંટેની પ્રશ્નાવલી

આશા બહેનોની સામાજિક વસ્તીવિષયક લાક્ષણિકતાઓ

ક્રમ	પ્રશ્ન	જવાબ(ઉત્તર)
આશા બહેનનુ નામ		
૧	ઉંમર (પુર્ણ થયેલ વર્ષ)	4. ૨૦-૨૯ 5. ૩૦-૩૯ 6. ૪૦ થી વધુ
૨	ધર્મ	4. હિન્દુ 5. મુસ્લીમ 6. જૈન 99. અન્ય
૩	જાતિ	4. જનરલ 5. ઓબીસી 6. એસ.સી / એસ.ટી. 99. અન્ય
૪	શૈક્ષણિક લાયકાત	4. ૧૦ પાસ 5. ૧૨ પાસ 6. ગ્રેજ્યુએટ 99. અન્ય
૫	વૈવાહિક સ્થિતિ	5. પરીણીત 6. અપરીણીત 7. વિધવા 8. અલગ / છૂટાછેડા
૬	બાળકોની સંખ્યા (જો અપરિણીત હોય તો અવગણો)	5. એક 6. બે 7. ત્રણ

		8. ત્રણ થી વધુ
૭	તમે કેટલી વસ્તી કવર કરો છો ?	5. ૫૦૦ 6. ૧૦૦૦ 7. ૧૦૦૦ થી વધુ 99. અન્ય
૮	તમે આશા તરીકે કેટલા સમયથી કામ કરી રહ્યા છો ? (વર્ષોમાં)	

૧.આશા તાલીમ

ક્રમ	પ્રશ્ન	જવાબ(ઉત્તર)
૧.૧	શું તમે 1 થી 5 મોડ્યુલ્સની તાલીમ લીધી છે?	3. હા 4. ના
૧.૨	શું તમે 6 અને 7 મોડ્યુલની તાલીમ લીધી છે?	3. હા 4. ના
૧.૩	શું તમે રિફ્રેશર્સ તાલીમમાં ભાગ લીધો છે?	3. હા 4. ના
૧.૪	એક વર્ષમાં કેટલી વખત રિફ્રેશર્સ તાલીમ થાય છે?	5. એક વર્ષમાં એક વખત 6. એક વર્ષમાં બે વખત 7. માસીક 8. ત્રી-માસીક Quarterly 99. અન્ય
૧.૫	તમે કેટલી વાર રિફ્રેશર્સ તાલીમમાં ભાગ લીધો છે??	
૧.૬	તાલીમમાં શું-શું (ક્યા-ક્યા) વિવિધ વિષયો આવરી લેવાયેલા છે?	
૧.૭	શુ તાલીમ તમને ઉપયોગી થાય છે ?	3. હા

		4. ના
૧.૮	શું તમે તાલીમમાં કોઈ ફેરફાર / સુધારો કરવા માંગો છો?	3. હા 4. ના
૧.૯	જો હા, તો શું ફેરફાર કરવા માગો છો ? તે જણાવો	

૨.આશાની ભૂમિકાઓ અને જવાબદારીઓ

ક્રમ	પ્રશ્ન	જવાબ(ઉત્તર)
૨.૧	આશાએટલે શું?	
૨.૨	આશા તરીકે તમારી ભૂમિકાઓ અને જવાબદારીઓ શું છે (વિકલ્પો જાહેર ન કરવા)	
૨.૩	તમે સમુદાયમાં શું જાગૃતિ ધરાવો છો?	
૨.૪	સમુદાયને ગતિશીલ બનાવવાનો હેતુ શું છે?	
૨.૫	સમુદાય સ્તર પર તમે શું સલાહ આપશો?	
૨.૬	તમે સમુદાય સ્તર પર કયા પ્રકારની પ્રાથમિક તબીબી સંભાળ પૂરી પાડો છો?	
૨.૭	તમે કેવા-કેવા પ્રકારના રીપોર્ટીંગ કરો છો?	
૨.૮	તમે કંઈ કક્ષા પર રીપોર્ટીંગ કરો છો ?	5. પી.એચ.સી./એસ.સી. 6. ડીસ્ટ્રીક્ટ હોસ્પિટલ 7. સબ-ડીસ્ટ્રીક્ટ હોસ્પિટલ 99. અન્ય

૩.માતૃ સ્વાસ્થ્ય વિશેની સમજણ

ક્રમ	પ્રશ્ન	જવાબ(ઉત્તર)
૩.૧	સગર્ભાવસ્થાને આપણે કેવી રીતે વહેલી તકે નિદાન કરી શકીએ?	4. ચૂકી ગયેલા સમય 5. પેશાબની લેબોરેટરી ચકાસણી 6. બંન્ને 99. અન્ય
૩.૨	LMPએટલે શું ?	
૩.૩	EDDએટલે શું ?	
૩.૪	શું તમે ANC વિશે જાણો છો?	3. હા 4. ના
૩.૫	ગર્ભાવસ્થાના સમયગાળામાં કેટલી ANCની મુલાકાત લેવી જોઈએ?	5. એક 6. બે થી ત્રણ 7. ચાર 8. ચાર થી વધુ
૩.૬	ANC ના આવશ્યક ઘટકો શું છે?	
૩.૭	ANC સેવાઓ ક્યાં પૂરી પાડવામાં આવે છે?	6. આંગણવાડી કેન્દ્ર 7. સબ સેન્ટર 8. પી.એચ.સી. 9. સી.એચ.સી 10. ડીસ્ટ્રીક્ટ હોસ્પીટલ
૩.૮	ઉચ્ચ જોખમવાળા માતા વિશે તમે શું જાણો છો?	
૩.૯	સગર્ભાવસ્તામુદત દરમિયાન જે જટિલતાઓ થઇ શકે છે તે ક્યા-ક્યા પ્રકારના હોય છે? (ભય સંકેતો) જણાવો	
૩.૧૦	જ્યારે કોઈ સગર્ભા સ્ત્રીઓ આમાંના	

	કોઈપણ સમસ્યાઓ વિશે ફરિયાદ કરે છે ત્યારે તમે શું કરો છો?	
૩.૧૧	સગર્ભા સ્ત્રીઓનો હોસ્પિટલમાં ઉલ્લેખ (રીફર) કરવાના સંકેતો શું છે?	
૩.૧૨	સગર્ભા સ્ત્રીઓ માટે નોર્મલ (સામાન્ય) એચબી (HB)કેટલુ હોવુ જોઈએ?	4. ૧૦-૧૪ 5. ૯ 6. ૧૪ થી વધુ 99. અન્ય
૩.૧૩	કેટલા પ્રમાણમાં એચબી (HB) ધરાવતી સગર્ભા સ્ત્રીઓને ગંભીર રીતે એનીમીક ગણવામાં આવે છે ?	4. ૧૦કરતાં ઓછુ 5. ૭કરતાં ઓછુ 6. ૭.૯કરતાં ઓછુ 99. અન્ય
૩.૧૪	સગર્ભા સ્ત્રીઓ દ્વારા કેટલી આઈએએફએ ગોળીઓ લેવી જોઈએ?	1. ૧૦૦કરતાં ઓછી 2. ૧૦૦-૧૫૦ 3. ૧૮૦ 4. ૨૦૦ થી વધુ
૩.૧૫	સગર્ભા સ્ત્રીઓને કેટલી ટી.ટી. ઇન્જેક્શન આપવા જોઈએ?	5. એક 6. બે 7. ત્રણ 8. ત્રણ થી વધુ
૩.૧૬	શું તમે કાંગારૂ માતાની સંભાળ વિશે જાણો છો?	3. હા 4. ના
૩.૧૭	જો હા, કાંગારૂ માતાની સંભાળ શું છે?	
૩.૧૯	કેટલા સમય સુધી કાંગારૂમાતૃત્વની પ્રેક્ટિસ કરવી જોઈએ?	5. ૪ અઠવાડીયા 6. ૮ અઠવાડીયા 7. ૧૨ અઠવાડીયા 8. ૧ વર્ષ

		99. અન્ય
૩.૨૦	બાળકને કાંગારૂની માતાની સંભાળ કોણ આપી શકે?	5. માતા 6. પીતા 7. ભાઈ-બહેનો 8. દાદા-દાદી 99. અન્ય
૩.૨૧	સરેરાશ સ્તનપાન એટલે શું ?	
૩.૨૨	ડિલિવરી પછી સ્તનપાન ક્યારે શરૂ કરવું જોઈએ?	5. એક કલાકની અંદર 6. 3 કલાક પછી 7. ૬કલાક પછી 8. ૧ દિવસ પછી

૪.માતૃત્વ સ્વાસ્થ્ય પર આશાનું વલણ

ક્રમ	પ્રશ્ન	જવાબ(ઉત્તર)
૪.૧	તમારા દ્વારા સગર્ભા સ્ત્રીઓની ઘરે કરવામા આવતી મુલાકાત ની સંખ્યા?	6. ૪ 7. ૫ 8. ૬ 9. ૪ કરતા ઓછી 10. ૬ થી વધુ
૪.૨	શું તમે ANC ના કોઈ પણ રજિસ્ટરને નીભાવો (જાળવો) છો?	3. હા 4. ના
૪.૩	ANC ને પૂરું પાડવામાં તમને કોઈ સમસ્યા થાય છે?	3. હા 4. ના
૪.૪	જો હા, તો કેવી સમસ્યા થાય છે તે જણાવો ?	7. પરિવાર દ્વારા વિરોધ 8. સ્ટાફની અછત 9. પરિવહન અગવડતા 10. ઈમરજન્સી નાંણાકીય સમસ્યા

		11. સ્થાનિક દાઇ તરફથી વિરોધ 12. આરોગ્ય કેન્દ્રમાં કોઈ સેવા નથી 99. અન્ય
૪.૫	શું તમે બધી સગર્ભા સ્ત્રીઓની કોઈ યાદી બનાવો છો?	3. હા 4. ના
૪.૬	ઇડીડીની કેવી રીતે ગણતરી કરવી શું તમે જાણો છો ?	3. હા 4. ના
૪.૭	જો હા, ઇડીડી ગણતરી માટેનાં પગલાં ક્યાં-ક્યાં છે?	
૪.૮	શું તમે ગર્ભવતી મહિલાઓને EDD માટેની વાતચીત કરો છો?	3. હા 4. ના
૪.૯	શું તમે સગર્ભા સ્ત્રીઓના પરિવારને જન્મ સૂક્ષ્મ યોજના (માઈક્રોપ્લાન) બનાવવા માટે મદદ કરો છો?	3. હા 4. ના
૪.૧૦	તમે કોની સાથે જન્મ યોજના (માઈક્રોપ્લાન) નીચર્યા (વહેચણી) કરો છો?	4. એ.એન.એમ. 5. પી.એચ.સી. મેડીકલ ઓફીસર 6. વી.એચ.એન.ડી. 99. અન્ય
૪.૧૧	શું તમે કોઈ ડ્રગ કીટ લઇ જાવ છો?	3. હા 4. ના
૪.૧૨	તમે તે કીટમાં શુ-શુ લઇ જાવ છો?	7. ઓ.આર.એસ. 8. આઈ.એફ.એ. 9. ક્લોરોક્વિન 10. નિકાલજોગ વિતરણ કિટસ 11. ઓરલ ગોળીઓ 6. કોન્ડોમ 99. અન્ય

૪.૧૩	જન્મ પછીની અવધિમાં તમે કેટલી મુલાકાતો કરો છો?	6. એક 7. બે 8. ત્રણ 9. ચાર 10. ચાર કરતા વધુ
૪.૧૪	તમે ક્યારે મુલાકાત લો છો?	4. પ્રથમ, ત્રીજા અને 40મા દિવસે 5. ત્રીજી, છઠા અને 43 દિવસે 3. ત્રીજા સાતમા અને 42 દિવસે 99. અન્ય
૪.૧૫	શું તમારી પાસે કોઈ સૂચન છે?	