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## Effectiveness of Teaching Module on Knowledge Regarding Reproductive, Maternal, New-Born, Child and Adolescent Health (RMNCH+A) Programme Among Accredited Social Health Activist (ASHAs) at Selected Primary Health Centres (PHCs) and Community Health Centers (CHCs) in Puducherry



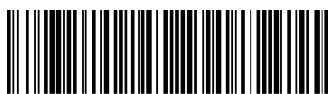
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### ABSTRACT

**Background:** The Government of India launched RMNCH+A - Reproductive, Maternal, New-born, Child and Adolescent Health programme in 2013 to reduce the maternal and child mortality ratio. National Health Mission introduced Accredited Social Health Activist (ASHAs) in 2005 for effective implementation of health programmes. **Objectives:** the main purpose of this study is to assess the Pre-existing level of Knowledge regarding RMNCH+A Programme among ASHAs, To Evaluate the Effectiveness of Teaching Module on Knowledge regarding RMNCH+A Programme among ASHAs and to associate the Post-test level of Knowledge regarding RMNCH+A Programme among ASHAs with their selected Socio demographic variables. **Materials and Methods:** The research approach used in the study was Quantitative in nature. Pre- experimental One group Pre-test Post-test design was used. Simple random sampling techniques was used to select the samples. A total of 87 ASHAs were selected for this study. Structured questionnaire was used to assess the knowledge level and Teaching Module using PPT was used for intervention and Post test was conducted. **Results and conclusion:** The result showed that majority of the ASHAs 77 (88.5%) had adequate level of knowledge, only 10 (11.5%) of ASHAs had moderately adequate knowledge during Pre-test. The calculated paired 't' value was  $t = 24.8$  and was found to be statistically significant at  $P < 0.001$  level. After intervention all 87 (100%) ASHAs had adequate level of knowledge in Post-test. There was no significant association between the Post-test level of Knowledge with selected demographic variables. The researcher concluded that Teaching Module was found to be effective.

## INTRODUCTION

The Government of India has implemented many schemes for the health sector specially to improve Maternal and New-born Health. In view of this goal the Ministry of Health and Family Welfare launched RMNCH+A programme in 2013. The RMNCH+A strategy is comprised of five components Reproductive, Maternal, Neonatal, Child and Adolescent Health. The main aim of this programme is continuous monitoring of health services and to provide appropriate interventions in various stages of life. This programme covers family planning services, antenatal services, home based newborn care, early detection of illness, prevention and management of communicable disease, immunization, RBSK, prevention of Anaemia and outreach activities. <sup>[1]</sup>

For effective implementation of the schemes and programmes at gross root level the NHM introduced Accredited Social Health Activist (ASHAs) in 2005. ASHAs are volunteer women health activists in the Community to create awareness about health. They must be resident of the village at the age group of 25-45 years with the educational qualification of 10th standard with good communication skills and leadership qualities. ASHAs are the first primary link between community and health services. One ASHA covers 1000 population. <sup>[2]</sup>

ASHA are selected by various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha. Finally, the National health mission and State health mission appoints ASHAs as per guidelines. Capacity building of ASHA is being seen as a continuous process. ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence. In Puducherry the state health mission, Directorate of health and family welfare services introduced ASHAs in 2018. One-month training has been given to the ASHAs about all health schemes and roles and responsibilities of ASHAs in community.

The vital role of ASHAs in RMNCH+A is to create awareness about nutrition, personal hygienic practices and other health issues. They will give information to the women about birth preparedness, Immunization, contraception, importance of institutional delivery, breastfeeding, prevention of sexually transmitted disease and child care. ASHAs will arrange escort for pregnant women and provide information about available health services in the community.

ASHAs can supply ORS, IFA tablets, oral pills, condoms and disposable delivery kits. Their main role is to prepare pregnant women for institutional delivery. <sup>[3][4]</sup>

ASHAs are the first level health workers in local community. They are the first port of call for any health problems in the community so it is essential to know about the schemes, health status, and how to utilize the family health services to the community. ASHAs will give health education about nutrition, basic sanitation & hygienic practices, healthy living and working conditions. <sup>[4]</sup>

The main aim of this study is to assess the knowledge level of ASHAs regarding RMNCH+A programme and also to assess the effectiveness of teaching module made by the researcher.

A research study was carried out in Anand District of Gujarat. In that 51% of ASHAs ranked average in performance while 49% ranked poor, none of the ASHA ranked good. <sup>[5]</sup>

The above study result shows that ASHAs knowledge and performance level was poor. Since ASHAs are gross root level workers with minimal education qualification, even though they receive training through NHM, it is essential to study, if ASHAs have adequate Knowledge as they are not from paramedical field. So, it is inevitable to educate ASHAs more and train them with sufficient knowledge. Many research studies need to be conducted to analyze the knowledge level and skills of ASHAs. Through this study, we can assess the ASHAs knowledge level and their coping strategies after intervention.

## **MATERIALS AND METHODS**

The official permission was obtained from the Directorate of health and family welfare services Puducherry. Formal permission was obtained from the medical officer and public health nurse of PHCs and CHCs in Puducherry. Informed Consent was obtained from all ASHAs who were participated in this study. The research approach used in the study was Quantitative in nature. Pre- experimental One group Pre-test Post-test design was used. Simple random sampling technique was adopted for this study. <sup>[6][7]</sup> A total of 87 ASHAs were selected. ASHAs who were active in the field for more than 6 months were included in this study.

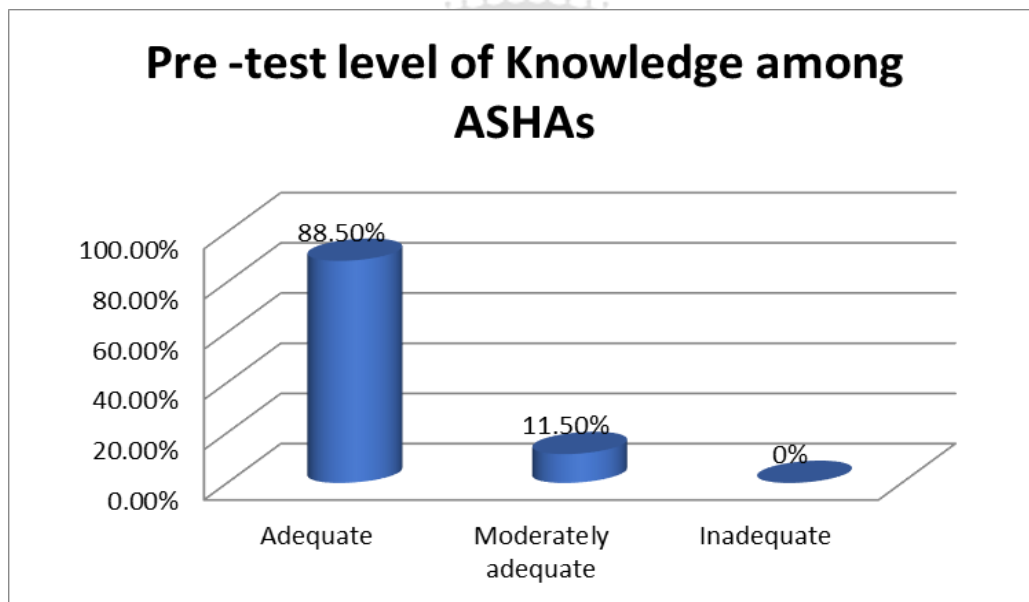
The tool used in the study was Structured questionnaire made by researcher based on RMNCH+A programme and got validated from Preventive medicine, Community health nursing

specialist. It included 2 sections. Section A consisted of demographic variables and Section B consisted of Knowledge questionnaire regarding RMNCH+A Programme., Teaching Module using PPT was used for intervention regarding RMNCH+A programme in local language (Tamil). The Post-test also conducted by same structured questionnaire. The collected data was then analyzed by using descriptive and inferential statistics.

## RESULTS AND DISCUSSION

Considering the distribution of ASHAs based on their demographic variable, with respect to age the majority 38 (43.7%) of ASHAs were in the age group of 31 to 40 years. With respect to education level majority 34 (39.1%) of ASHAs had completed secondary level education. Regarding work experience, all 87 of ASHAs have had experience of 1 year 2 months.

Regarding type of family, there were 55 (63.2%) of ASHAs belongs to nuclear families and rest of the ASHAs 32 (36.8%) were joint families. As per resident majority of ASHAs 48 (55.2%) of ASHAs were from urban. In relation to previous training and source, all 87(100%) ASHAs have received one-month training from NHM at 2018.



**Figure No. 1: Distribution of Pre -test level of Knowledge among ASHAs**

The figure 1 results revealed that the majority of the ASHAs 77 (88.5%) had adequate level of Knowledge only 10 (11.5%) had moderately adequate Knowledge in Pre-test.

According to the study findings, this result is supported by the study conducted by Charu Kohli, et.al in (2015) on Knowledge and Practice of Accredited Social Health Activists for Maternal healthcare delivery in Delhi. The researcher observed that 87% of ASHAs knew about IFA, 96.4% counselled about family planning. The researcher concluded that Knowledge level of ASHAs were good.<sup>[8]</sup>

**Table No. 1: Effectiveness of Teaching Module on Knowledge regarding RMNCH+A programme among ASHAs**

Level of knowledge	Frequency (n)	Mean	Standard deviation	Mean difference	Paired-t value	'p' value
Pre-test	87	79.103	7.6021	20.2069	(t= 24.8)	<b>P&lt;0.001***</b>
Post-test	87	99.310	1.2696			

Table 1 shows that the Pre-test and Post-test mean+SD score of the level of Knowledge regarding RMNCH+A programme was 79.103+7.6021 and 99.310+1.2696 respectively. The calculated paired 't' value was t = 24.8 and was found to be statistically significant at P<0.001 level. This clearly indicated that the Teaching Module regarding RMNCH+A programme has significantly increased the level of Knowledge among ASHAs in the Post test. This proves that Teaching Module was found to be effective to increase the level of Knowledge among ASHAs.

This result is supported by the study conducted by Parthasarathi, et.al (2014) on Knowledge regarding Reproductive and Child Health: intervention study among ASHAs in a block of West Bengal. The results showed that statistically significant difference in Pre-test mean+SD score was 7.71+3.17 and post-test mean+SD scores 20.00+1.92. was observed in the Knowledge level of ASHAs.<sup>[9]</sup> In post test, all the ASHAs 87(100%) had adequate level of knowledge.

With respect to association, none of the demographic variables had not shown statistically significant association with Post-test level of knowledge regarding RMNCH+A programme among ASHAs.

## CONCLUSION

ASHAs are first level health worker and first port of call for various health problem in the community. So, educating ASHAs in various health topics is important. Continuous training and refresher class need to be conducted for ASHAs to update the Knowledge. RMNCH+A programme teaching module covers all the topics needed for ASHAs within short duration. By this study, ASHAs get a clear explanation and updated their knowledge.

In the present study, the intervention has worked in a positive way in increasing the Post-test total score of the subjects. Therefore, it can be concluded that the present study results proved that Teaching Module has improved the Knowledge level of ASHAs and study was found to be effective. The researcher recommended that comparative study can also be conducted to find the Effectiveness of Teaching Module using PPT verses Informational Booklet, Similar studies can be done in various health topics and Skill based research studies can be done.

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<p><i>Image</i> <i>Author -2</i></p>	<p><b><i>Author Name– Corresponding Author: Prof. Dr. A. Felicia Chitra</i></b> <i>Author Affiliation: Pondicherry university</i> <i>Author Address/Institute Address: Principal, College of Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Pondicherry University, Puducherry, India</i></p>

