

# Knowledge assessment of accredited social health activist and anganwadi workers about the Rashtriya Bal Swasthya Karyakram in rural area of District Kathua

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## ABSTRACT

**Background:** The Rashtriya Bal Swasthya Karyakram (RBSK) program is technically known as Child Health Screening and Early Intervention Services. The main purpose of the program is to detect and manage 4Ds which are prevalent in children. **Objective:** The objective of the study was to assess the knowledge of ASHA workers as well as anganwadi workers about the RBSK in rural area of District Kathua using semi-structured questionnaire. **Materials and Methods:** The present study was a cross-sectional descriptive study conducted in the zone Budhi which is a field practice area of the Department of Community Medicine, GMC Kathua. The zone consists of 24 villages with 18 ASHA workers and 35 anganwadi workers and one mobile RBSK team available at Community Health Center, Parole. After obtaining ethical clearance, all the ASHA workers and anganwadi workers were included in the study as they were willing to participate. **Results:** The present study revealed that majority of the workers were between the age group of 20–40 years. About 71.42% of the anganwadi workers were 12<sup>th</sup> pass and majority of the ASHA workers were 8<sup>th</sup> and 10<sup>th</sup> pass. Majority of the anganwadi workers received training related to RBSK program and knew about the benefits of the RBSK program. About 82.85% of the workers knew about the equipment used by RBSK team members for screening. **Conclusion:** Anganwadi workers and ASHAs need to be made aware of their perceptions and role in the program so that their efficiency is increased and the percentage of child morbidity and mortality can further be lowered.


**KEY WORDS:** Rashtriya Bal Swasthya Karyakram; ASHA; AWW; NHM

## INTRODUCTION

The Rashtriya Ball Swasthya Karyakram (RBSK) launched by Government of India in 2013 under the National Health Program. The RBSK program is technically known as Child Health

Screening and Early Intervention Services. The main purpose of the program is to detect and manage 4Ds which are prevalent in children. These 4Ds are diseases in children, defects at birth, deficiency conditions, and developmental delays.<sup>[1]</sup> These 4Ds included 30 diseases which cover the age group of 0–18 years.<sup>[2]</sup> ASHA workers screen the newborns at home between the age group of 0 and 6 months. The ASHA workers are provided with study material with pictures so that they are able to detect these diseases and then report to the RBSK team.

Further, community-based screening at anganwadi centers for children 6 weeks to 6 years by block-level RBSK team and school-based screening for children 6–18 years in

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government and government aided schools by mobile RBSK teams takes place. After screening by the RBSK team, the referral treatment is then provided by the District Early Intervention Centre (DEIC) at the District Hospital.

## MATERIALS AND METHODS

The present study was cross-sectional descriptive in type, conducted in the zone Budhi which is the field practice area of the Department of Community Medicine, GMC Kathua. The zone consists of 24 villages with 18 ASHA workers and 35 anganwadi workers and one mobile RBSK team available at Community Health Center, Parole, for screening of the newborns and children. District Early Intervention Centre is available at the District Hospital Kathua.

After taking ethical clearance, all the ASHA workers and anganwadi workers were sensitized about the study and their personal verbal consent was taken before commencing the study. All the workers were interviewed at the Primary Health Centre, Budhi. After obtaining consent from them, the study was initiated by administering a semi-structured questionnaire to them. The questionnaire consisted of two parts. One part was composed of data related to age, educational status, and training received. Second part consisted of knowledge of ASHA and anganwadi workers about the program.

## RESULTS

The present study revealed that the majority of the workers were between the age group of 20 and 40 years. About 71.42% of the anganwadi workers were 12<sup>th</sup> pass and majority of the ASHA workers were 8<sup>th</sup> and 10<sup>th</sup> pass. The work experience

**Table 1:** Demographic variables (anganwadi workers  $n=35$ , ASHA workers  $n=18$ )

Variables	Anganwadi workers $n$ (%)	ASHA workers $n$ (%)
Age		
20–30 years	12 (34.28)	7 (38.88)
31–40 years	17 (48.57)	5 (27.77)
41–50 years	4 (11.42)	5 (27.77)
>50 years	2 (5.71)	1 (5.55)
Educational status		
8 <sup>th</sup> pass	-	9 (50)
10 <sup>th</sup> pass	7 (20)	7 (38.88)
12 <sup>th</sup> pass	25 (71.42)	2 (11.11)
Graduation	3 (8.57)	-
Work experience		
<1 year	1 (2.85)	-
1–5 years	5 (14.28)	3 (16.66)
5–10 years	17 (48.57)	7 (38.88)
>10 years	12 (34.28)	8 (44.44)

of majority of the anganwadi workers was 5–10 years and of ASHA workers work experience of more than 10 years [Table 1]. About 91.4% of the anganwadi workers had heard the name of RBSK program. Majority of the anganwadi workers received training related to RBSK program and knew about the benefits of the RBSK program.

About 82.85% of the workers knew about the equipment used by RBSK team members for screening [Table 2].

Table 3 revealed the knowledge of ASHA workers about the RBSK program. Majority of the ASHA workers had RBSK picture kit for screening purposes.

**Table 2:** Knowledge of anganwadi workers about the program

Knowledge variables	$n$ (%)
Have you ever heard of RBSK program	32 (91.4)
Benefits of the RBSK program	28 (80)
Training received	26 (74.28)
MHT visits your center	30 (85.71)
MHT visits your center number of times	
Once	6 (17.14)
Twice	18 (51.42)
Thrice	8 (22.85)
4 times	3 (8.57)
>4 times	-
Knew about the equipment used by RBSK team members for screening	29 (82.85)
Whether knew about the RBSK mobile health team members composition	21 (60)
Whether ever heard about the District Early Intervention Centre for referral purposes	26 (74.28)

MHT: Mobile health team, RBSK: Rashtriya Bal Swasthya Karyakram

**Table 3:** Knowledge of ASHA workers about the program

Knowledge variables	$n$ (%)
Have you ever heard about RBSK program	16 (88.88)
Do you have RBSK ASHA workers kit for screening	12 (66.66)
How often you visit the community for screening purposes	
Immediately when newborn was born	6 (33.33)
Once in a month	8 (44.44)
Once in 6 months	4 (22.22)
Once in a year	-
Training received	12 (66.66)
How often you visit the anganwadi center for further screening by MHT annually?	
Once	2 (11.11)
Twice	5 (27.77)
Thrice	7 (38.88)
4 times	3 (16.66)
>4 times	1 (5.55)

RBSK: Rashtriya Bal Swasthya Karyakram

## DISCUSSION

RBSK program launched by Government of India with the aim to screen the newborns as well as children up to the age of 18 years. The present study revealed the knowledge of anganwadi as well as ASHA workers regarding the RBSK program. It is revealed in the study that a fairly good proportion of anganwadi workers as well as ASHA's had heard of RBSK program (91.4% and 88.88%, respectively) indicating a good sign as the work profile of health workers is elephantine.<sup>[3]</sup>

Mobile health teams visiting the center was 85.71% which is in line with a few studies.<sup>[4]</sup> Although, there are a plenty of studies which indicates a good percentage about the knowledge component of ASHA's especially about MCH services<sup>[5-8]</sup> and also research regarding the magnitude of condition under the program,<sup>[9]</sup> a good impact of educational intervention on the knowledge component of ASHA workers<sup>[10]</sup> has been reported, but review of literature regarding their knowledge about the RBSK program; its operationalization, functioning, and various other aspects is meager as this is a novel study and more research needs to be undertaken on this particular topic.

### Strength and Limitations

Strength of the study was its unique nature. As much of the research has not been done on this topic, this study marks a stepping stone for others. Furthermore, it reveals a good knowledge of anganwadi workers and ASHAs about the program and its various aspects which are a good sign.

Limitation of the study is a small sample size and the fact that only rural workers have been taken; it would be intriguing to look for knowledge and perceptions of the urban workers as well.

## CONCLUSION

Role of the community health workers in our society is irreplaceable. ASHAs are the first port of call for any health-related events or demands of the underprivileged sections of the society, who struggle in various aspects of life and livelihood, finding it challenging to access even basic of health services. It, therefore, becomes necessary to make anganwadi workers and ASHAs aware of their perceptions and role in the program so that their efficiency is increased. It would, thus, be interesting to perform more research on RBSK and its unfolding so that the benefits can reach the masses freely.

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