



A Study of Knowledge and Practice of Ashas and Pregnant Women Regarding Antenatal Care in Tijara Block of Alwar District, Rajasthan

AnantaVerma^{*1}, Ravi Kumar², Niraj Kumar³, Arun Kumar³

¹Assistant Professor, Dept of Community Medicine, Lord Buddha Koshi Medical College and Hospital, Saharsa.

²Medical officer.

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***Corresponding Author**
AnantaVerma

Assistant Professor, Dept of
Community Medicine, Lord
Buddha Koshi Medical
College and Hospital,
Saharsa.

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ABSTRACT

Introduction: The knowledge and practices for Anti Natal Checkup during pregnancy is a key indicator of Health care facility in a community. The study was conducted in a Tijara block of Alwar district, Rajasthan about Anti Natal Care among ASHAs and Pregnant females. **Materials and Methods:** The study was cross sectional study. Total 50 ASHAs and 105 pregnant females were studied about knowledge and practices during ante-natal care checkup. **Result:** It was found that knowledge regarding Ante-natal care was good among ASHAs, while it was poor among pregnant female. There was inadequate knowledge regarding JananiSurakshaYojana (Monetary benefit).

Keywords: Ante-natal Care, JananiSurakshaYojana, knowledge, Practices.

INTRODUCTION

Ante-natal care is the care of women during pregnancy. The primary aim of ante-natal care is to achieve a healthy mother and a healthy baby at the end of pregnancy. The objectives of ante-natal care are to promote, protect and maintain the health of mother during the pregnancy. Ante-natal care helps to detect high risk cases, to foresee complications and to remove anxiety and dread associated with delivery.

Knowledge is the understanding of any given topic (1). In this study it refers to ASHAs and pregnant female's understanding of components of ante-natal care which include minimum number of ANC visits, TT injection, IFA tablets, institutional delivery, JSY benefits.

Practices are defined as the observable actions that could affect ante-natal care. It includes assistance during ANC checkup, TT injection, institutional delivery, information about JSY benefits for ASHAs. It also includes actions of a pregnant female to go to the hospital for ante-natal checkup, how she is making the arrangement to attend hospital, did she counseled about institutional delivery and JSY scheme.

With this background the present study was conducted among ASHAs and pregnant females to find out the knowledge and practice about ante-natal care.

Aims and Objectives

1. To assess the knowledge about antenatal care in ASHAs and pregnant women of Tijara block of Alwar district, Rajasthan.
2. Evaluate the practice of ASHAs and pregnant women of Tijara block of Alwar district, Rajasthan regarding antenatal care.

3. To find out the factor affecting full ANC coverage in Tijara block of Alwar district, Rajasthan.
4. To find out awareness of ASHAs regarding programme related to antenatal care in Tijara block of Alwar district, Rajasthan.

Materials and Methods

The study was conducted after institutional ethical committee approval and written informed consent from the participants. The study was designed as a cross sectional study in rural area of Tijara Block of Alwar District, Rajasthan for 3 weeks (28 December 2020 to 16 January 2021). Study population was Fifty (50) ASHAs and one hundred and five (105) pregnant females recruited randomly visiting the primary health facilities with inclusion criteria:

1. ASHAs and pregnant female of these 8 PHCs willingly participate in the study.
2. ASHAs and pregnant female present on the same day.

Tijara			
Chopanki Jhiwana	Baghor Roopbas	Dotana Jairoli	Jalalpur Isroda

Sampling technique

Out of 16 Primary Health Centres, 8 Centres were selected randomly according to geographical distribution. There were 73 ASHAs associated with these Primary Health Centres and 50 were interviewed among them. Out of 305 pregnant females, 105 were interviewed.

Data collection

A semi structured interview schedule was used for data collection. ASHAs and pregnant females were questioned regarding minimum number of ante-natal checkup visits and its interval, TT injection interval, IFA tablets, institutional delivery, JSY benefits. They were also asked about practices like assistance during Ante-natal checkup, TT injection and information about JSY incentives, institutional delivery, non acceptance and refusal of ANC.

Data analysis

The collected data was entered, tabulated and analyzed by using software like Excel and SPSS version 23. Frequency tables and cross tabs were generated, average and percentage were calculated. Total 18 questions about knowledge and 23 questions about practices were asked to ASHAs. Similarly pregnant female were interviewed with 18 questions about knowledge and 22 questions about practices.

RESULTS

A total of 155 participants (50 ASHAs and 105 pregnant women) completed the study. The demographic profile is depicted in Table 1 & 2.

Out of 50, 38% (19) of ASHA's that participated in the study were from the age group of 25-30 years while the other 12 (24%) were in between 30-35 years. only 1 ASHA was in between 50-55 year age group. No ASHA was there from the age group of 45-50 years. Out of 5 interviewed ASHA, 76% (38) were Muslims while the rest 24% are Hindus. Majority of ASHAs (21 out of 50) have studied till High School. 36% (18) had completed junior high school. 2 (4%) ASHAs were graduated whereas only 1 (2%) obtained a professional degree. 41 ASHA out of 50 caters population more than 1000 while the rest 9 visits population less than 1000. 16 (32%) ASHAs were highly experienced and had an experience of more than 10 years while the rest have experience less than 10 years.

Table 1: Socio demographic profile of ASHA workers in the block of Tijara, Alwar district, Rajasthan

Categories	ASHA
Age	
25-30 year	19(38%)
30-35 year	12(24%)
35-40 year	15(30%)
40-45 year	3(6%)
45-50 year	0(0%)
50-55 year	1(2%)
Religion	
Hindu	12(24%)
Muslim	38(76%)

Education qualifications	
Junior high school	18(36%)
High school	21(42%)
Intermediate school	8(16%)
Graduation	2(4%)
Any professional degree	1(2%)
Population catered by ASHA	
< 1000 population	9(18%)
>1000 population	41(82%)
Experience as ASHA worker	
0-5 years	23(46%)
5-10 years	11(22%)
> 10 years	16(32%)

Out of 105, 61 (58.09%) of respondents participated in study was from the age group 20-25 years. 13 (12.38%) individuals were from 15–20 years. Very few i.e 5 (4.76%) belongs to the group of 30-35 years of pregnant females. Majority of the surveyed respondents were Muslims (62 out of 105) and the rest remaining 43 were Hindu pregnant females. 33 (31.43%) pregnant females have studied till junior high school while 37 (35.24%) have completed their high school. 7(6.67%) pregnant females had completed their graduation and 3 (2.85%) holds a professional degree.

Table 2: Socio demographic profile of pregnant females in the block of Tijara, Alwar district, Rajasthan

Categories	Pregnant female
Age	
15-20 year	13 (12.38%)
20-25 year	61 (58.09%)
25-30 year	26 (24.76%)
30-35 year	5 (4.76%)
Religion	
Hindu	43(41%)
Muslim	62(59%)
Education qualifications	
Junior high school	33(31.43%)
High school	37(35.24%)
Intermediate school	25(23.80%)
Graduation	7(6.67%)
Any professional degree	3(2.85%)

Knowledge of ASHAs regarding Ante-natal Care:

ASHAs were asked about the knowledge regarding ANC and the result is shown in table 3. Most of them (41, 82%) were aware about the minimum number of ANC visits, first ANC check up in the first trimester, TT injection and IFA tablet. Although complete knowledge regarding minimum number of ANC visits (85%), ANC interval (60.97%), TT injection interval (68.29%), IFA tablets and its scheduling (75.60%) among them. Further on asking about JSY, all of them had knowledge that delivery at health facility is eligible for JSY benefits, but some of them (11, 22%) mentioned that even delivery at home entitled for JSY benefits. Most of them (47, 94%) told that delivery at public health facility will entitled JSY benefit. Complete knowledge regarding the incentive breakdown for visit wise ANC was seen only in 14% (7) of respondent. Most of them (90%) said that they get incentive through direct benefit transfer. One important thing came out about the delay in receiving JSY incentives (52%).

Table 3: Knowledge of ASHA workers regarding Ante-natal care in the block of Tijara, Alwar district Rajasthan

Knowledge		Frequency (n=50)	Percentage (%)
Knowledge of ASHA regarding minimum number of ANC visits, first ANC check-up in the first trimester, TT injection, IFA tablets	Yes	41	82
	No	9	18
Knowledge of ASHA regarding minimum number of ANC visits	Complete knowledge	35 (n=41)	85.36
	Partial knowledge	6 (n=41)	14.64
Knowledge of ANC interval	Complete knowledge	25 (n=41)	60.97

	Partial knowledge	16 (n=41)	39.03
Knowledge of TT injection interval	Complete knowledge	28 (n=41)	68.29
	Partial knowledge	13 (n=41)	31.71
Knowledge about IFA, When and for how many days it should be taken	Complete knowledge	31 (n=41)	75.60
	Partial knowledge	10 (n=41)	24.40
Delivery at home is eligible for JSY benefit	Yes	11	22
	No	39	78
Delivery at health facility is eligible for JSY benefit	Yes	50	100
	No	0	0
From which health facility you get JSY benefit	Public health facility only	47	94
	Private health facility only	0	0
	both	3	6
Knowledge of incentive breakdown ANC visit wise	Complete knowledge	7	14
	Partial knowledge	43	86
In which form you get incentive	Direct benefit transfer	45	90
	cheque	5	10
Any delay in receiving JSY incentive	Yes	26	52
	No	24	48

Practice of ASHAs regarding Ante-natal Care:

ASHAs were asked about the practice regarding ANC and the result is shown in table 4. Most of them (44, 88%) were assist pregnant female during their ANC visit at primary health facilities. They also assist pregnant female for TT injection i.e (34, 68%). Most of the ASHAs (35, 70%) were predetermine the place of delivery on the basis of distance and complication of pregnancy. Practice of staying at health facilities till discharge along with the beneficiary were very less i.e only (6, 12%). The practice of sharing information about the incentive to the pregnant were also very less (11, 22%). Only (9, 18%) ASHAs were receive training on ANC/ JSY in the last three years it shows that less number of refreshable training were conducted in past 3 year. ASHAs were invited in the community meetings regarding immunization of children, full coverage of ante-natal care, institutional delivery and non communicable disease etc. after interviewing we found that (40, 80%) were attended the community meetings only 20% are not able to attend the meetings due to work pressure or at that time they involve in other work by ICDS department. 37 (74%) ASHAs out of 50 said that walking is the main mode of transport for all the routine activity. They use public transport for their meetings at block level. Some of them approx 13 (26%) use their own vehicle for their routine work. (37, 74%) said that they get supportive supervision from ANM mainly for full coverage of ANC, taking IFA tablet, taking two dose of TT. (11, 22%) said that they get supportive supervision by ANM through weekly meetings. Mostly (34, 68%) ASHAs said that the reason for non-acceptance / refusal for ante-natal care were wage loss.

Table 4: Practice in the field by ASHA workers regarding Ante-natal care in the block of Tijara, Alwar district Rajasthan

Practice		Frequency (n=50)	Percentage %
Assistance for 4 ANC check up	Yes	44	88
	No	6	12
Predetermine the place of delivery	Yes	35	70
	No	15	30
Assistance in TT injection	Yes	34	68
	No	16	32
Stay after delivery till discharge	Yes	6	12
	No	44	88
Information about incentives to	Yes	11	22

mother	No	39	78
Training on ANC/JSY in last 3 years	Yes	9	18
	No	41	82
Are you the part of community meetings	Yes	40	80
	No	2	4
	No such meetings	8	16
Mode of transport	Walk	37	74
	Motor cycle	13	26
Supportive supervision from ANM	Weekly/ fortnightly meetings	11	22
	Motivate pregnant women for ANC , IFA, TT	37	74
	Discuss danger signs	2	4
Non-acceptance/ refusal of ANC	No felt need	7	14
	Transportation issues	2	4
	Unfriendly staff behavior	5	10
	Wage loss	34	68
	others	2	4

Knowledge of Pregnant female regarding Ante-natal Care:

Pregnant females were asked about the knowledge regarding ANC and the result is shown in table 5. Most of them (81, 78%) were aware about the importance of ANC visits for mother and baby health both. 44 (41.9%) out of 105 had knowledge about the minimum 4 visits during Ante-natal care but only 11 out of 44 have complete knowledge of 4 ANC visit intervals. 24 (22.8%) were aware about first ANC check-up in first trimester i.e with in three month. Out of 24 only 7 were know about the ANC interval between four visits. 42 (40%) were aware about the TT injection during pregnancy but only 7 out of 42 know the exact interval between 2 TT injections. 44 (41.9%) out of 105 were aware about the IFA supplements from which only 10 out of 44 were know when and for how many days it should be taken.

84 (80%)out of 105 pregnant female were know about the JSY scheme but the knowledge of incentive as per norm is very poor as only 23 (27.4%)out of84 have some knowledge about the incentive or monetary benefit come under JSY.

Table 5: Knowledge of Pregnant female regarding Ante-natal care in the block of Tijara, Alwar district Rajasthan

Knowledge of pregnant women on ANC		Frequency (n=105)	Percentage %
Importance of ANC visits	For healthy baby	17	16
	For mother health	2	2
	Monetary benefit	5	4
	All of the above	81	78
Awareness about minimum number of ANC visits	Yes	44	41.9
	No	61	58.1
Knowledge regarding minimum number of ANC visits	Complete knowledge	11 (n=44)	25
	Partial knowledge	33 (n=44)	75
Awareness about first ANC check-up in first trimester	Yes	24	22.8
	No	81	77.2
Knowledge of ANC interval	Complete knowledge	7 (n=24)	29.2
	Partial knowledge	17 (n=24)	70.8
Awareness about TT injection	Yes	42	40
	No	63	60
Knowledge regarding TT injection schedule	Complete knowledge	7 (n=42)	16.7
	Partial knowledge	35 (n=42)	83.3
Awareness about IFA supplements	Yes	44	41.9
	No	61	58.1
Knowledge about IFA, When and forhow many days it should be taken	Complete knowledge	10 (n=44)	22.7
	Partial knowledge	34 (n=44)	77.3

awareness of pregnant women about JSY incentives	Yes	84	80
	No	21	20
Knowledge of incentive as per norm	Complete knowledge	23 (n=84)	27.4
	Partial knowledge	61 (n=84)	72.6

58 (55.2%) respondents out of 105 confirmed that ASHA assisted them throughout during their ANC check-up. 79 (75.2%) out of 105 mentioned that ASHA counseled them about institutional delivery and its benefits whereas the rest 32 (30.5%) refuses about the same. 63 (60%) of the surveyed pregnant females were escorted by ASHA during their previous deliveries. Only 10 (9.5%) females mentioned that the ASHA stayed with them till their discharge while the other 68 (64.8%) females denies the statement and mentioned that ASHA didn't stayed till their discharge. 90 out of 105 walked to the healthcare facility as it was situated nearby. On the other hand 15 females out of 105 used motor cycle as the mode of transport for visiting the health facility.

68 out of 105 females were registered in the healthcare facility while the other 37 females were not registered. Out of 68, 29 got themselves registered in their 1st trimester, 37 in their 2nd trimester and the remaining 2 got themselves registered in their last trimester.

62 (59%) females received injection TT during their Anti natal phase. 45 (42.8%) out of 105 pregnant females were not taking any IFA tablets while the other 60 (57.2%) were regularly taking their medications during pregnancy. 32(30.5%) denied the fact that ASHA accompanied them to their registration whereas 73 (69.5%) confirms that ASHA help them to get themselves registered.

Table 6: Practice of pregnant female during pregnancy regarding Ante-natal care in the block of Tijara, Alwar district Rajasthan

Practice of pregnant women		Frequency (n=105)	Percentage %
Did you get registered	Yes	68	64.7
	No	37	35.3
If yes, When did you get registered	First trimester	29 (n=68)	42.6
	Second trimester	37 (n=68)	54.4
	Third trimester	2 (n=68)	3
Have you received TT injection	Yes	62	59
	No	43	41
Are you taking IFA tablets	Yes	45	42.8
	No	60	57.2
ASHA assist you in registration of ANC	Yes	73	69.5
	No	32	30.5
ASHA assist you in all your ANC check-up	Yes	58	55.2
	No	47	44.8
ASHA counsel you about institutional delivery	Yes	79	75.2
	No	26	24.8
ASHA assist you for TT injection	Yes	73	69.5
	No	32	30.5
Did ASHA escort you to a health facility for your previous delivery	Yes	63	60
	No	15	14.3
	Not applicable	27	25.7
Did the ASHA stay with you till the discharge	Yes	10	9.5
	No	68	64.8
	Not applicable	27	25.7
Mode of transport	Walk	90	85.7
	Motor cycle	15	14.3

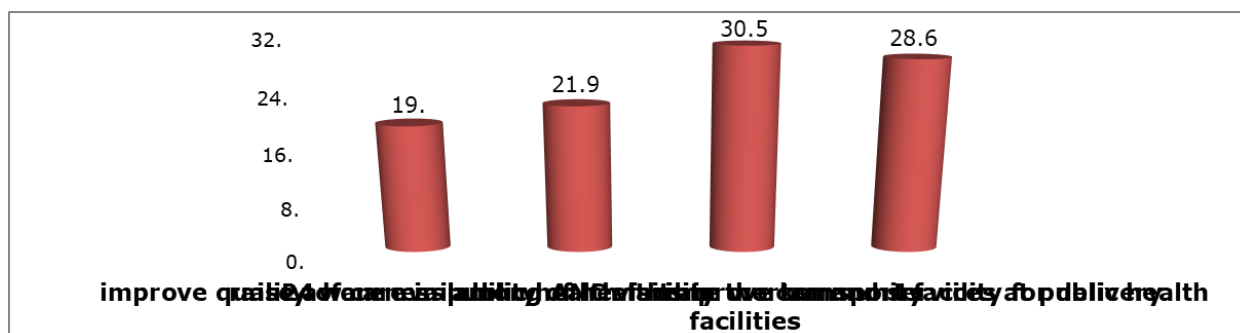


Figure 1: Suggestion to improve full Ante-natal care visit at primary health facilities

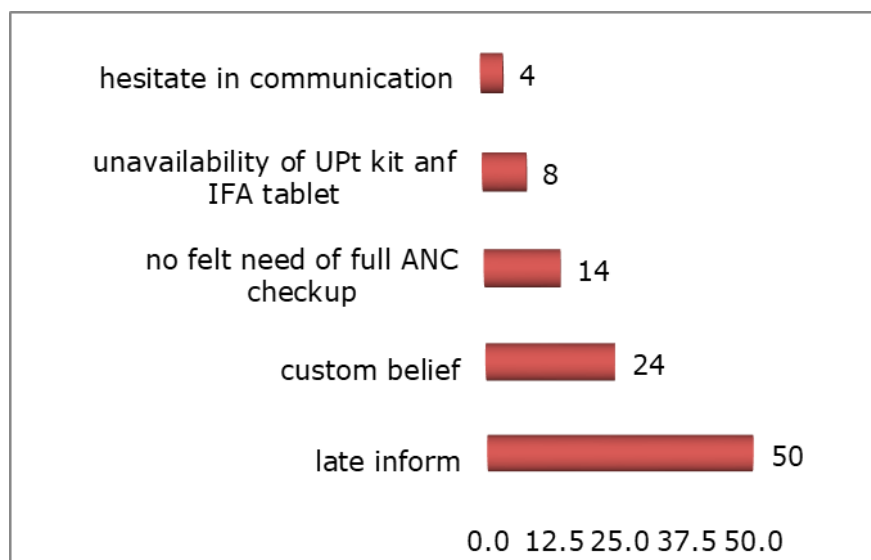


Figure 2:

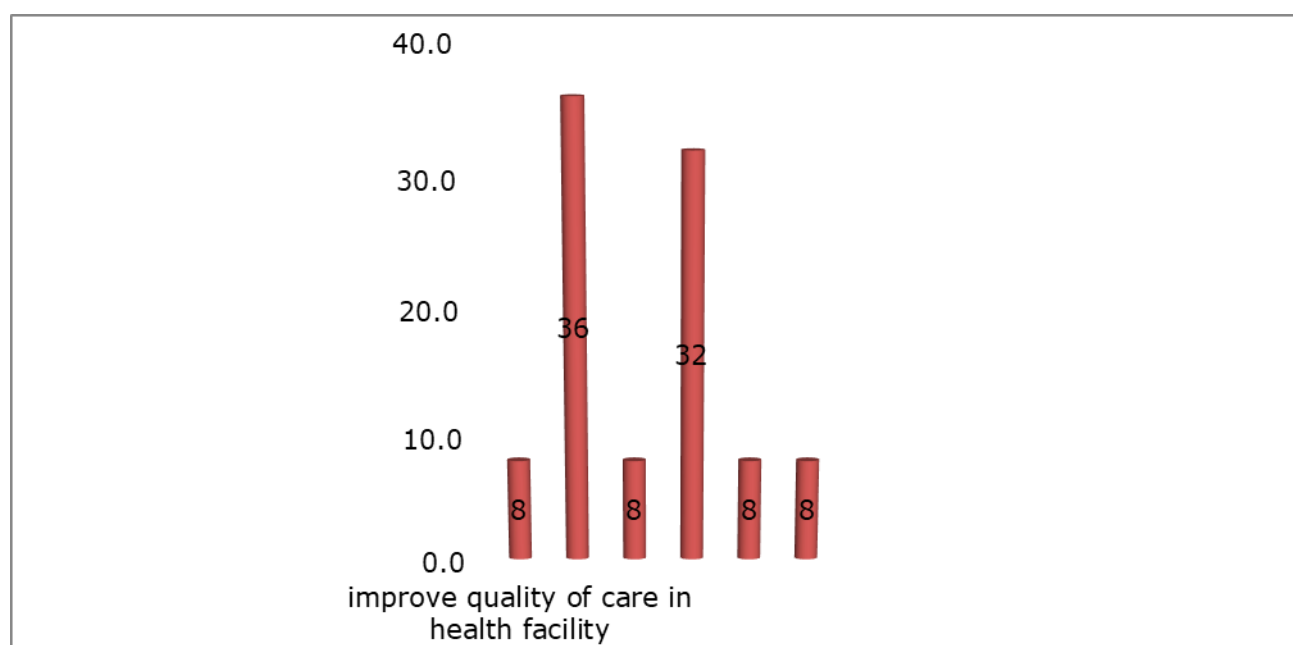


Figure 3:

DISCUSSION

This knowledge and practices study was conducted in health care facilities in Tijara block of Alwar district in Rajasthan. It was found that knowledge and practices about antenatal care was adequate among ASHAs and pregnant females.

In our study we found that the knowledge of ASHAs were better wherein 75.60% knew about the iron and folic acid tablets to be taken during pregnancy, 86% knew about JSY. These findings were better than by a study done among health workers in Jamnagar district, KaushikLodhiya K *et al.*, [1] where 47.71% knew about the strength and dose of IFA tablets, 80.73% knew about JSY and its beneficiary. In another study carried in Mangalore, AnushaRashmi [2] supported our result, with 100% knew about the tablets to be taken in pregnancy, 86.4% knew about JSY.

In our study the knowledge of health workers with regards to antenatal check-ups was good being 85.36%, 68.29% had correct knowledge regarding TT injections. Which was inferior than the study done in Gujarat, Naresh R Makhwana [3] which showed that though 95.2% of the health workers had correct knowledge about ANC visits and 93.7% of them knew about the number of TT injections. Another study by AnushaRashmi [2] reported 81% had correct knowledge about ANC visits and 100% of them had correct knowledge regarding TT injections.

With regards to pregnant women, A study by Ibrahim HK *et al.*, [4] found that 85.3% of pregnant women had a high knowledge regarding antenatal care but in our study, it was nearly 30% having complete knowledge and rest of them had partial knowledge. Another study by Mumbare SS [5] done among 2 tribals which showed that 83.78% were aware of ANC services.

While a study by Patel BB [6] found that 58% women attending an antenatal clinic in a tertiary care hospital had adequate knowledge regarding antenatal care. In the same study 70% women practicing antenatal care adequately. While it was 42.6% in our study.

A study by Gupta RK *et al.*, [7] found that 10.9% female knew that >3 antenatal care visits were essential. In our study, 25% of the pregnant women knew about the minimum number of antenatal care visits are necessary. Regarding the knowledge about the antenatal care services 86.2% knew about early registration (Preferably before 16 weeks) to be done to have proper antenatal care. 94.3% had adequate knowledge about the importance of tetanus toxoid injection during pregnancy. In our study 22.8% pregnant women knew about early registration and 40% pregnant females were aware about tetanus toxoid doses required to immunize against tetanus during pregnancy, but only 16.7% had knowledge regarding tetanus toxoid schedule.

Shafqat T *et al.*, [8] reported that 80.85% women had knowledge regarding iron and folic acid supplementation during pregnancy, while in our study 41.9% pregnant females were aware about iron and folic acid but only 22.7% (10) among them had complete knowledge regarding when and for how many days it should be taken.

Previous studies show that illiteracy, increasing age and poor socio economic status, increasing birth order have an effect on ANC and that utilization of services was more where there was associated medical problems and lack of awareness about available services was one of the reasons for non-utilization. This emphasizes the need for education to increase the awareness and utilization of services by the community.

The limitations of the present study were we could visit the near villages of the PHCs due to time constraints. At some places we could not interviewed enough ASHAs due to their meetings and other field works.

To conclude, the study detected Most of the ASHAs in Tijara block of Alwar district have knowledge regarding minimum 4 antenatal care visits. They were aware about the iron folic acid supplementation and TT immunisation during pregnancy. They also visit house to house for ANC registration and successive visits. However, it was observed that most of the pregnant were not completing their full ANC visits. Various reasons came in light for the incomplete check-ups. There was inadequate knowledge regarding JananiSurakshaYojna. Lack of awareness regarding monetary benefit (Splitwise per visit) under JSY. Some of the ASHAs reported of not getting full payment of JSY, because many of the pregnant women prefer private facility for delivery.

The study recommends Refresh training of ASHAs is required on JananisurakshaYojana. Regular and adequate supply of Nischay kit (UPT) and IFA tablet. Adequate supply of stationary (JSY form).JSY payment to the beneficiary in their husband's account. JSY payment through Cheque to clear the back log and it will also motivate to opening of account.

Suggestion:

- Refresh training of ASHAs is required on JananisurakshaYojana.
- Regular and adequate supply of Nischay kit (UPT) and IFA tablet.
- Adequate supply of stationary (JSY form).
- JSY payment to the beneficiary in their husband's account.

- JSY payment through Cheque to clear the back log and it will also motivate to opening of account.

Limitations:

- Due to time constraints, we could visit the near village of the respective PHCs.
- At some places, we could not interviewed enough ASHAs due to their meetings and other field works.

REVIEW OF LITERATURE

1. A descriptive cross-sectional study was conducted to assess the knowledge and practices for maternal health care delivery among Accredited Social Health Activist (ASHA) workers in North-East district of Delhi. The name of the study was “Knowledge and practice of Accredited Social Health Activists for maternal healthcare delivery in Delhi” by Kohl *et al.*, 2015. The study found that in provision of maternal health services most of the ASHAs workers were aware of their role. (94.5%) ASHAs workers were aware of their work of bringing mothers for antenatal check-up, counseling for family planning (96.4%), and (89.1%) knew that accompanying them for hospital for delivery . Around 87% of ASHAs were aware that iron tablets have to be taken for minimum 100 days during pregnancy. Most (92.7%) ASHAs reported that they used to maintain antenatal register. The inquired about the problems faced, ASHAs reported that while working in community shortage of staff at health center was a common problem (16.4%), no transportation facility available (14.5%), no money for emergency, and opposition from local dais (12.7% each). The study concluded that despite ASHAs having good knowledge their practices were poor due to number of problems faced by them which need to be addressed through skill based training in terms of good communication and problem solving. Monitoring should be made an integral part of ASHA working in the field to ensure that knowledge is converted into practices as well.
2. A study was published in 2019 titled “Assessment of knowledge and practices of ASHA workers related to maternal-child health and their performance affecting factors: a mixed method study in Deganga block, North 24 parganas district, West Bengal, India ” by Pal *et al.*, It was a mixed method study. Quantitative portion was descriptive, cross-sectional and qualitative part was focus group discussion (FGD). The study found that 64.7% and 50.5 % ASHA’S had fairly good knowledge and practice score regarding maternal-child health and family planning respectively, however they had poor knowledge in updated dosage schedule of iron folic acid tablets, proper attachment techniques for successful breast feeding, missed doses of OCP, ECP, IUCD and safe period. Areas where their performance was less efficient were counselling about harmful effects of addiction during pregnancy, birth preparedness and complication readiness, colostrum feeding, weaning, ECP and MTP. Factors hindering their performance were mainly inadequate remuneration and lack of job satisfaction were. The study concluded that frequent refresher courses, monitoring regularly and supportive supervisions by respective higher authority and administrative steps were required for combating their dissatisfaction and improving their performance.
3. A study was published in 2019. The same of the study was “A study on impact of training programme on knowledge of maternal health care among ASHA workers in a tribal population of Tamil Nadu””. It was a Community based interventional study. The researchers used a pretested semi structured questionnaire to elicit the knowledge of ASHA in regard to maternal health care. After the initial assessment, an intervention training programme was conducted based on a module prepared in their native language and post training assessment was done after two months. The results of the study were that around 60% of ASHA knew about the core ANC, which statistically ($p < 0.05$) improved after the training programme. Regarding danger signs of pregnancy less than 10% knew about vaginal bleeding (3.8%), swelling of legs (4.8%), visual disturbances (6%) which also statistically ($p < 0.05$) improved after the training. The study concluded that before the training programme the knowledge of ASHAs on various aspects of maternal health care was moderately adequate and it improved significantly after the training programme, which indicated that there was a need for regular fixed training programme to maintain the performance of ASHA.
4. A study was published in 2015 titled "A Cross-sectional Assessment of Knowledge of ASHA Workers." by Koore *et al.*, It was a cross sectional study which was conducted in the Barai block rural area of Gwalior district and as per the eligibility criteria 88 ASHAs were included in the study. The study found that 88.6 % and 85.2% of ASHAs responded for abdominal pain and bleeding respectively as complications during pregnancy. Regarding complications during delivery 88.6% and 85.20% ASHAs responded for obstructed labor and excessive bleeding as complications during delivery. 73.8% ASHAs responded for antenatal care counseling followed by family planning (70.4%). The study concluded that there was a need to revise and update the knowledge of ASHA workers regularly. To develop necessary knowledge and skills with recent updates on the job trainings of the ASHAs should be in process. The block level meetings should be utilized for the feedback, enhancing knowledge and solving the problem faced by the ASHAs.

RATIONALE

According to District Health Survey (DHS) meeting done on 28 December 2020 at DRDA Hall, The target of pregnant women were highest in Tijara block i.e 8750 from april 2020 to November 2020 while in other 13 block it is less. In this block number of PW registered for ANC were 104.69% but the % of 4 ANC checkup is only 34.13%.

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