ABSTRACT

Under National Rural Health Mission, Accredited Social Health Activist (ASHA) has been identified as an effective link to address the poor utilization of Maternal and Child Health (MCH) services by rural pregnant women. The present study was undertaken to achieve the following objectives:

1. Assess the knowledge, attitude, role performance and satisfaction of ASHAs' in rendering MCH services.

2. Find the relationship between knowledge, attitude, role performance and satisfaction of ASHAs' in rendering MCH services.

3. Determine the relationship between ASHAs' knowledge, attitude, role performance and satisfaction in rendering MCH services as per their age, education and years of experience category.

4. Assess and compare role performance of ASHA in rendering MCH services as expressed by Auxiliary Nurse Midwives & Beneficiaries.

5. Assess and compare satisfaction level of Auxiliary Nurse Midwives and Beneficiaries regarding MCH services rendered by ASHA.
Methods
Survey approach with descriptive correlational design was used for the study. The setting of the study included the Primary Health /Maternal and child Welfare Centers, selected conveniently from the nine district of Delhi. Multi stage sampling technique was used to collect the data. Districts were selected firstly by total enumeration method, Primary Health /Maternal and child Welfare Centers were selected conveniently. Sample size was calculated by power analysis and estimated the number of subjects to be recruited from each setting. ANMs were selected conveniently and ASHAs and Beneficiaries were selected randomly. A total of 500 ASHAs, 115 ANMs, and 1000 beneficiaries were selected for data collection. A structured knowledge questionnaire, attitude scale, structured performance rating scale and satisfaction scale were developed to collect data from ASHAs. An opinionnaire and satisfaction scale was developed for collecting the data from ANM and Beneficiaries. The tools were validated by expert's opinion, item analysis was done and reliability was established statistically. Factor analysis was performed to extract the dimensions of attitude, role performance and satisfaction. Try out and pilot study was conducted. Final study was conducted with the help of eight trained female field investigators and data analysis was done by using descriptive and inferential statistics in SPSS.

Results
Most of the ASHAs (89.6 %) had good knowledge, majority of ASHAs (93.2 %) revealed very positive attitude in rendering MCH services, 94.8% of ASHAs were found to be highly functional and majority over a half (78%) of ASHAs were found to be fully satisfied with their MCH services. No significant relationship was found between knowledge level of ASHAs and their age and education, however significant relationship was found between knowledge of ASHAs and their years of experience. ASHAs' up to two years of experience demonstrated higher knowledge than the ASHA with more than two years of experience. ASHAs' attitude was found to be significantly related to their education level as ASHA s with higher education more than 10th standard exhibited more positive attitude than the ASHAs with education up to tenth standard. Similarly role performance of ASHA was found to be significantly related to the education level and years of experience as ASHA with more than 10th
standard education with less than two years of experience found to be highly consistent in their role performance. Significant relationship between satisfaction of ASHAs' in rendering MCH services and level of education was observed as ASHAs with more than 10th standard education were found to be more satisfied with their services. Comparison between ASHA, ANM and Beneficiaries with regard to opinion on role performance of ASHA in rendering MCH services showed significant difference in their opinion regarding accompanying mothers, ensuring routine ante natal checkups, counseling mothers, distribution of IFA tablets, condoms, oral pills, enquiring side effects of FP methods, reminding mothers for immunization, distribution of ORS, participation in pulse polio, camps and organization of monthly meetings. However ASHA, ANM and beneficiaries had no difference in their perception regarding role performance of ASHA in home visit, health education on diet in pregnancy, ante natal registration, teaching new born care, counseling of unsafe abortion and accompanying to registered center for safe abortion. ASHA being the individual concerned rated her performance higher than beneficiaries and ANMs rated her services less than ASHA and Beneficiaries. The Beneficiaries were more satisfied as compared to ANMs regarding the MCH services rendered by ASHA.

**Conclusion**
The present study found that ASHAs had good knowledge, very positive attitude which facilitated to perform their role consistently high with high level of satisfaction.

ANMs and Beneficiaries were expressed that ASHAs performed most of their responsibilities and Beneficiaries expressed more satisfaction on ASHAs role performance than ANMs. The study finding has significant implications in public health and community health nursing practices as it can be used for setting selection criteria, preparation of work manual for ASHA, planning and conducting need based training /refresher programs and involvement of ASHAs in various community level programs.