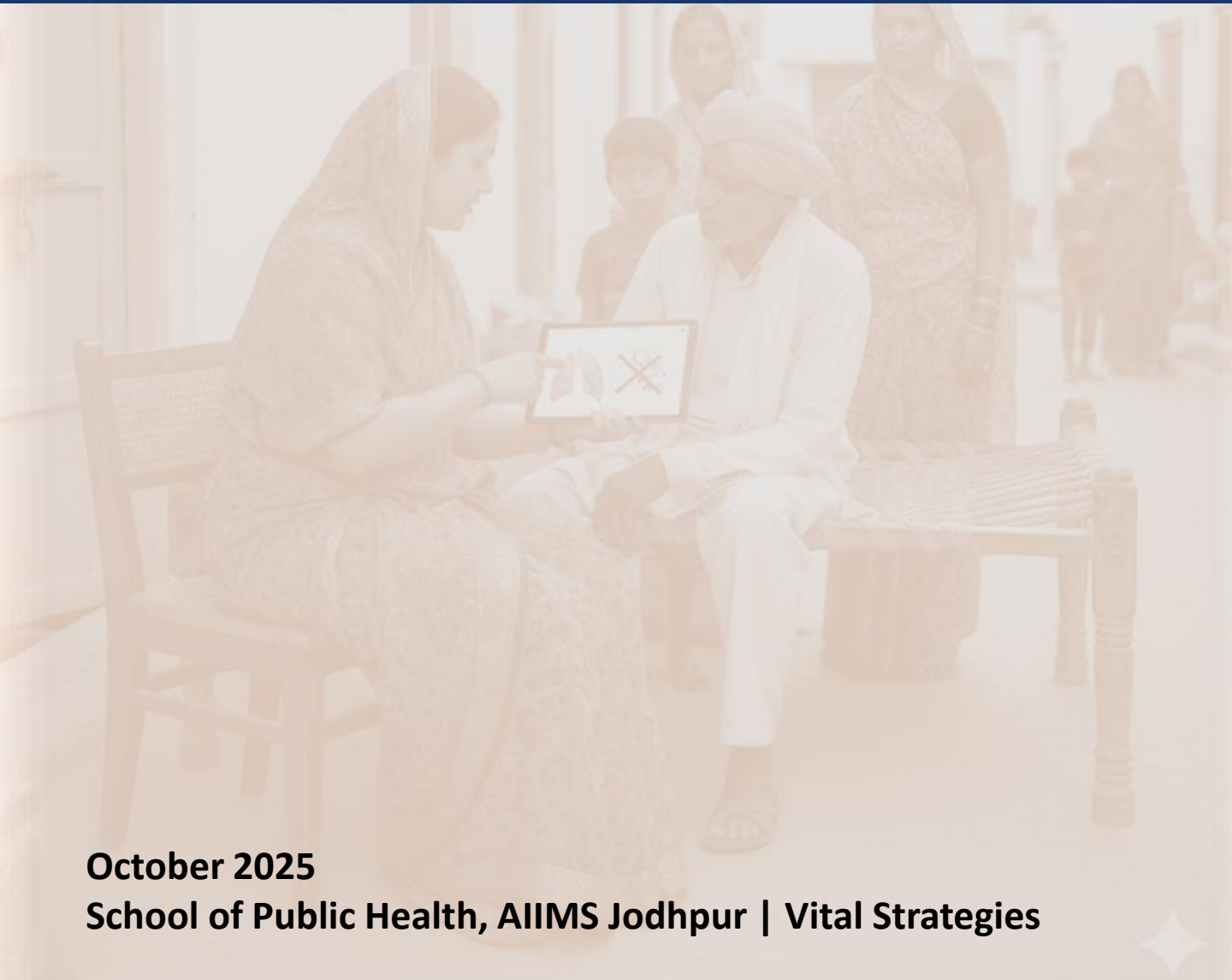


Accredited Social Health Activist's (ASHA) Knowledge, Readiness and Motivation for Brief Tobacco Cessation Integration: A Feasibility Study for Beedi Cessation



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School of Public Health, AIIMS Jodhpur | Vital Strategies



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Objectives

This study aims to assess ASHA workers' knowledge, motivation, and readiness to incorporate brief bidi cessation advice into routine health services, alongside identifying barriers and facilitators.

Methodology

- Building on the findings of a previous cost-effectiveness analysis, Brief Advice delivered by Accredited Social Health Activists (ASHAs) are one of the **most cost-effective** community based intervention for beedi cessation
- Study was undertaken to assess the feasibility of **integrating Brief Advice** into the routine work of ASHA workers.
- Cross-sectional, descriptive study was conducted amongst **77 ASHA workers** from a selected block of Jodhpur, Rajasthan during August 2025.
- Data was collected using a semi-structured Knowledge, Attitude, and Practice (KAP) assessment tool.
- Besides, ASHA workers' willingness, and motivation to provide brief advice on beedi cessation, and potential barriers, gaps, and facilitators influencing its implementation were identified and enlisted.

Key Findings :

- **61%** strongly agree beedi use is harmful and second-hand smoke affects family.
- **76%** believe most people in their community know the risks.
- **81%** recognize Quitline and ASHA advice as helpful for quitting.
- **70%** feel it is their duty to discuss beedi use and its harmful effects.

Ask

- **56%** always ask about tobacco use.
- **49%** always and **51%** often record tobacco use in registers.
- **55%** think people in the community are willing to quit with support.

Advice

- **57%** often give quitting advice.
- **71%** want additional training on tobacco cessation.

Referrals and Follow-up

- **57%** often and **42%** sometimes refer to Quitline/health workers.
- **21%** often, **57%** sometimes, and **22%** rarely follow up.
- **68%** strongly agree that incentives would increase willingness to provide support.



Proposed Impact of Integrating Brief Advice by ASHAs in the selected block of Jodhpur District

Total Bidi Users in Jodhpur Block	1,57,117.54
Cost of Implementation (₹ 210 per users)	₹ 3,29,94,682.56
Estimated Averted Annual Deaths in Block	688.44
Estimated Averted Annual DALYs in Block	16,850.86
Estimated Averted Annual Economic Losses in Block	₹ 2,83,03,37,132.84

Recommendations

- **Invest in Brief Advice – It Is Highly Cost-Effective:** The intervention costs only ₹210 per user, totaling about ₹3.3 crore for the block. In return, it could avert economic losses of ₹283 crore per year, making this a high-return public health investment.
- **Scale Up the cessation related services at primary health care level, based on demonstrated Cost-Effectiveness and health Impact.**
 - **Improving coverage via expansion of cessation services** by integrating Brief Advice in routine primary health care services.
- **Strengthening Capacity Building** of front-line workers/ primary health care workers on brief advice for tobacco cessation (30sec to 3 min intervention)
- **Strengthening recording, documenting and follow ups of tobacco users in the community and across national health programs.**
- **Strengthened referral options/facilities:**
 - Facilitating setting up TCCs at Medical, Dental and AYUSH institutions and quality services, as per guidelines by MoHFW, Gol.
 - Explore provision of state level quit line or integration with existing medical helpline or mental health helpline
- **Promotion of National Tobacco Quit line Services** (1800-11-2356) at all health facilities
- **Periodic reviews** of tobacco cessation services and quality care at specialised facilities at State and District level.
- Increase awareness and demand through **sustained strategic mass media campaigns/ IEC** for promoting tobacco cessation services in the state.



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