

Original Research Article

To Assess the Knowledge & Practices Regarding Home Based Newborn Care among Accredited Social Health Activist (ASHA) in Rural Area

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Received: 06/11/2016

Revised: 23/11/2016

Accepted: 24/11/2016

ABSTRACT

Background: The aim of this study was to describe the demographic characteristics of ASHA, to assess the knowledge & practices regarding Home Based Newborn Care among ASHA, and to determine association between knowledge & practices and demographic variables. The present study was conducted in the rural area of Maharashtra.

Materials and Methods: The cross-sectional exploratory research design with survey approach was used, where 37 ASHA from rural area of Maharashtra were assessed. The tool, knowledge questionnaire & practices checklist regarding Home Based Newborn Care was used for data collection. After permission data collection had done with consent.

Results: Total 37 ASHA were assessed for knowledge & practices regarding home based newborn care, the majority of ASHA were belonging to the 31-40 years age group (48.6%), educated up to SSC (43.2%), had experience (59.5%) between 5-10 years, 94.6% of them had completed their training, 67.6% need not completed the HBNC training. The 5.41% of the ASHA had poor, 83.78% had average and 10.81% had good level of knowledge score respectively. The 16.22% of the ASHA had poor, 72.97% had average and 10.81% had good level of practice score respectively.

Conclusion: The study shows that the most of the ASHA's had average knowledge and Practices regarding home based newborn care and recommends that there is need for the competency based training to improve their skills.

Keywords: ASHA, Home Based Newborn Care, knowledge, Practices.

INTRODUCTION

Globally, over 130 million babies are born every year, and almost 4 million die in the first four weeks of life. Presently, the infant mortality rate (IMR) for India is 47 per 1000 live births, and the neonatal mortality rate (NMR) is 32 per 1000 live births. India aims for a two-thirds reduction in IMR, from the 1990 level of 84/1000 live births to 28/1000 live births by 2015. The NMR contributes to 68% of the IMR, and any further reduction in IMR can only come from a decline in NMR. ^[1]

The Accredited Social Health Activist (ASHA) represents the pivotal part in the NRHM, where the principal program of the government to achieve the health related MDG such as infant mortality rate, maternal mortality rate; and improvement of nutrition status of children and mothers. ^[2]

Home based newborn care to reduce newborn mortality and morbidity" for reform option HBNC, SEARCH, Gadchiroli, Maharashtra. It was observed that health service delivery in the region was so poor that in the area where around

54% of the neonates needed medical attentions, only 2.6% were able to receive medical attention and 0.4% were managed to get hospitalized. Achievements are reflected in Neonatal mortality rate: 70 percent reduction in 2001-03 as compared to control area. [3]

A descriptive cross sectional study was conducted to assess the awareness and practices of ASHA workers regarding child health in north east district of Delhi among 55 ASHA workers. Mean age of ASHAs was 31.84 + 7.2 years. 94.5% ASHA workers knew that exclusive breastfeeding should be continued till 6 months of age. 98.2% ASHAs were aware of their role of mobilizing children for immunization and 78.2% knew about their role in counseling mothers about child nutrition. 67.3% ASHA workers reported that they used to visit the newborn in their area within a week of birth. None of the ASHA workers were provided with drug kits. The present study showed knowledge is good in certain areas, but improvement is needed in other areas and skills and administrative support is needed to deliver child health services effectively. [4]

The Ministry of Health and Family Welfare, Government of India also initiated a multi-site pilot project in five states to replicate the HBNC model through the platform of government's flagship programme for children – the Integrated Child Development Services (ICDS). In 2010, the health ministry incorporated the HBNC approach as part of the training of Accredited Social Health Activists (ASHA). In 2011, the Ministry of Health & Family Welfare, Govt. of India has formally made Home Based Newborn Care an essential part of the mother and new born care service in the entire country. SEARCH has trained 200 trainers from different parts of the country to train the ASHA workers in HBNC. In 2009, the WHO, UNICEF and USAID published a global statement endorsing the HBNC approach as an effective, low-cost approach in developing countries to bring down IMR, especially in

areas where access to hospital care is not available. The HBNC approach has also been piloted by UNICEF Africa in six countries- Ethiopia, Malawi, Madagascar, Tanzania, Ghana and Uganda. It is also being replicated in Bangladesh and Pakistan. [5]

The cluster-randomized controlled trial conducted for community intervention to improve maternal and newborn health. In the intervention group, ASHAs supported women's groups through a participatory learning and action meeting cycle. Groups discussed and prioritised maternal and newborn health problems, identified strategies to address them, implemented the strategies, and assessed their progress. This trial randomly assigned 30 clusters and during the follow-up period identified 3700 births in the intervention group and 3519 in the control group. The neonatal mortality rate during this period was 30 per 1000 live births in the intervention group and 44 per 1000 live births in the control group (odds ratio [OR] 0.69, 95% CI 0.53–0.89). ASHAs can successfully reduce neonatal mortality through participatory meetings with women's groups. This is a scalable community-based approach to improving neonatal survival in rural, underserved areas of India. [6]

Therefore the investigator decided to undertake this research study, to assess the knowledge and practices of ASHA regarding Home Based Newborn care.

MATERIALS AND METHODS

A cross-sectional exploratory research with survey study approach was used to assess the knowledge & practices of ASHA regarding Home Base Newborn Care (HBNC). The study conducted in the rural area of Maharashtra during April 2016 to June 2016. The 40 ASHAs were selected by convenient sampling for this study. A structured knowledge questionnaire and practices checklist was used to assess the skills regarding Home Base Newborn Care. At the time study 37 ASHA workers present and participated in this study. With due

permission from authority, and followed by consent form ASHA data collection was done. The data analysis was done with the

help of inferential and descriptive statistics, based on the objectives of the study.

RESULTS

Table no.1: Distribution of ASHA according to their demographic characteristics. n=37

Demographic Variables	No. of ASHA (f)	Percentage (%)
Age (yrs)		
< 20 yrs	0	0.0
21-30 yrs	15	40.5
31-40 yrs	18	48.6
41-50 yrs	4	10.8
>50 yrs	0	0.0
Educational Status		
High School	15	40.5
SSC	16	43.2
HSC	3	8.1
UG	3	8.1
PG	0	0.0
Experience in years		
< 5yrs	15	40.5
5-10 yrs	22	59.5
10-15 yrs	0	0.0
15-20 yrs	0	0.0
>20 yrs	0	0.0
Residence/Native place		
Native	36	97.3
Outside	1	2.7
ASHA training completed		
Yes	35	94.6
No	2	5.4
Type/Duration(23 days of total 5 phases)		
1 st module	29	78.4
2 nd module	17	45.9
3 rd module	13	35.1
4 th module	13	35.1
5 th module	18	48.6
Knowledge about home based new born care		
Yes	32	86.5
No	5	13.5
Source of information		
Books	1	2.7
Training	4	10.8
Meeting	20	54.1
NET	7	18.9
Other	0	0.0
HBNC Training		
Yes	12	32.4
No	25	67.6
Duration of training		
<1 yrs	0	0.0
1-3 yrs	10	27.0
4-6 yrs	2	5.4
>6 yrs	0	0.0

Table no. 2: Distribution of ASHA with regards to knowledge regarding Home Based Newborn Care. n=37

Level of knowledge score	Score Range	Knowledge Score	
		Frequency	Percentage
Poor	<10	2	5.41
Average	10-15	31	83.78
Good	>15	4	10.81
Mean ± SD	12.08 ± 2.19		
Mean %	60.40 ± 10.95		
Range	7-18		

In this study, the distribution of ASHA according to their demographic attributes shows that, the majority 40.5% of 21-30, 48.6% of 31-40 years age group. Most of them educated 40.5% up to high school, 43.2% up to SSC. Majority of ASHA 59.5% has 5-10 years experience. The 97.3% of the ASHA were from native place. Most of ASHA 54.1% had meetings,

source of information. Majority ASHA 67.6% has not completed the HBNC training.

In this study, the frequency and percentage wise distribution of ASHA

according to level of knowledge regarding home based new born care. The most of ASHA 83.78% had average level of knowledge score respectively.

Table no. 3: Area wise distribution of ASHA with regards to knowledge regarding Home Based Newborn Care. n=37

Area	N	Minimum	Maximum	Mean	Std. Deviation
Concept of HBNC	37	3.00	7.00	3.94	1.05
ENC	37	1.00	7.00	4.18	1.30
BF Initiative	37	2.00	4.00	2.54	0.55
High Risk NB	37	.00	2.00	1.40	0.64
Total	37	7.00	18.00	12.08	2.19

In this study, the mean knowledge score of the ASHA for the area of concept of HBNC was 3.94±1.05, for Essential Newborn Care it was 4.18±1.30, for the area of Breast Feeding initiative it was 2.54±0.55 and for the area of high risk Newborn it was 1.40±0.64.

In this study, the frequency and percentage wise distribution of ASHA according to level of practices regarding

home based new born care. The majority of ASHA 72.97% had level of practice score.

Table no. 4: Distribution of ASHA workers with regards to practices regarding Home Based Newborn Care. n=37

Level of practice score	Score Range	Knowledge Score	
		Frequency	Percentage
Poor	<20	6	16.22
Average	20-30	27	72.97
Good	>30	4	10.81
Mean ± SD		23.81 ± 4.46	
Mean %		59.52 ± 11-16	
Range		16 - 36	

Table no. 5: Area wise distribution of ASHA with regards to practices regarding Home Based Newborn Care. n=37

Area wise practice score	N	Minimum	Maximum	Mean	Std. Deviation
Preparation	37	2.00	8.00	4.67	1.33
HBNC	37	5.00	14.00	9.21	2.04
BF Initiative	37	5.00	12.00	7.51	1.75
High Risk NB	37	0.00	4.00	2.40	1.21
Total	37	16.00	36.00	23.81	4.46

In this study, mean practice score of the ASHA for the area of preparation of HBNC was 4.67±1.33, for HBNC was 9.21±2.04, for the area of Breast Feeding initiative was 7.51±1.750.55 and for the area of high risk Newborn was 2.40±1.21.

There is association of knowledge scores with educational status of ASHA. The tabulated 'F' values was 4.31(df=3,33) which is much less than the calculated 'F' i.e. 3.30 at 5% level of significance. Also the calculated 'p'=0.032, which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that educational status of ASHA is statistically associated with their knowledge score.

In this study, it is interpreted that demographic variables of ASHA is not associated with their knowledge & practice score.

DISCUSSION

Despite the training given to ASHAs, lacunae still exists in their knowledge regarding various aspects of child health morbidity. Monthly meetings can be used as a platform for the reinforcement of various aspects of child health. Periodical refresher training should be conducted for all of the recruited ASHA. In the future training sessions, more emphasis should be given to high risk cases requiring prompt referral. [7] The ASHA workers gained the knowledge and skills on breastfeeding and complementary feeding after the training. [8] The study shows that, the ASHAs lack knowledge to perform their jobs, as most have not completed the stipulated 23 days of training as recommended by the MoHFW. This issue must be investigated further, the pictorial job aids and frequent refresher trainings are crucial to ensure that the ASHA retains her

skills. [2] The Asha is supplied with the HBNC kit at onset of training to familiarize her in its use. The ASHA is to be provided on the job support and mentoring by the facilitators. To ensure accurate application of skills by the ASHA to provide HBNC. [9] Ashas has average knowledge and practices of home based newborn care, and need for time to time training.

CONCLUSION

ASHAs do provide constellation of service and plays a potential role in maternal and child health care, but they need to improve the knowledge and practice regarding home based newborn care and put into the practices while providing the care and advice to negotiate health care for poor newborn from rural area. The study recommends that, there is need for the competency based training to improve their skills.

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How to cite this article: Pandit SB, Boricha BG, Mhaske A. To assess the knowledge & practices regarding home based newborn care among accredited social health activist (ASHA) in rural area. *Int J Health Sci Res*. 2016; 6(12):205-209.
