

Original Research Article

A Study on Evaluation of ASHAs for their Knowledge, Attitude and Practice towards Newborn Care in RHTC area of District Jhansi in Uttar Pradesh

Mrigen Deka¹, B.P.Mathur²

¹3rd year Post graduate, ²Professor and Head,
Department of Community Medicine, M. L. B. Medical College Jhansi, U.P., India.

Corresponding Author: Mrigen Deka

Received: 20/05/2014

Revised: 09/06/2014

Accepted: 19/06/2014

ABSTRACT

Introduction: Activity of ASHAs (Accredited Social Health Activists) is one of the key components in the National Rural Health Mission. They can play an important role in newborn care. The basic rationale for conducting this Study was to evaluate knowledge, attitude and practices of ASHAs towards newborn care. Such studies in this part of the state have not been done earlier so that proper interventions in the form of refresher training sessions could be undertaken to improve upon their deficient fields.

Objectives: To assess the knowledge, attitude and practice of ASHAs towards newborn care.

Materials and Methods: Data were collected from ASHAs working in RHTC, Chirgaon area of District Jhansi (U.P.).The study sample consisted of 140 ASHAs working in RHTC, Chirgaon who fulfilled the inclusion criteria. A predesigned pretested semi structured questionnaire of ASHA module 6 was used to collect data in the study.

Results: The mean age of ASHAs was 27.9 years. Only 58(41.4%) had received secondary level education. Only 40 % of ASHAs had good practice regarding hypothermia and procedure of warmth the baby after delivery. Only 40% and 54.3% provide good knowledge towards interval of breastfeeding and position, attachment of breast feeding respectively. Only 34.3 % had good knowledge and practices on newborn that had birth weight of <2.5kg.Only 46.4 % had good knowledge about pneumonia as a danger sign. Only 25.7% and 32.9% of the ASHAs provide good eye and fever care respectively. Association of their state of knowledge, attitude and practice for newborn care has also been looked with their personal characteristics.

Conclusion & Recommendations: In the present research, it has been found that the ASHAs performance is unsatisfactory towards newborn care. There are still lacunae left in their knowledge and practices on various aspects of newborn care. This should be taken up with enthusiasm to identify key areas of thrust during training procedures which need to be done timely, properly and effectively.

Key words:- ASHAs, Newborn, Breastfeeding, Diarrhoea, Pneumonia

INTRODUCTION

Every year in India over one million newborns die before they complete their first

month of life, accounting for 30% of the world's neonatal deaths. ^[1] Prematurity, sepsis and birth asphyxia contribute to 85%

of neonatal mortality. [2] In India, The neonatal mortality rate was 32 per 1000 live births in the year 2010, a high rate that has not declined much in the last decade. [3] In UP, the neonatal mortality rate is 50 per 1000 live births and in Jhansi it is 33 per 1000 live births. [4]

Despite having a comparatively higher neonatal mortality rate, rural public health facilities across the country are having a difficult time attracting, retaining, and ensuring regular presence of highly trained medical personnel especially the gynaecologists and paediatricians that are epochal in ensuring and promoting newborn health. One of the ways to address these issues under National Rural Health Mission (NRHM) could be by utilizing Accredited Social Health Activists (ASHAs) for providing newborn care. Under the guidelines of NRHM, it is mentioned that states could explore the possibility of involvement of ASHAs in providing care for newborn through graded training. [5] This study was done to assess the Knowledge, Attitude and Practice of ASHAs in newborn care after training on Comprehensive Child Survival Programme (CCSP) and ASHA module 6-Skill that save lives.

The basic rationale for conducting this study was to evaluate Knowledge, Attitude and Practice of ASHA workers in relation to newborn and this type of study had never been done in Jhansi so that proper interventions in the form of refresher training sessions could be undertaken to improve their knowledge in any deficient fields. Also, this study will help program managers in formalizing the future training sessions of newly recruited ASHA workers so they can focus on areas in which Knowledge, Attitude and Practice gap is identified.

To assess the Knowledge, Attitude and Practice of ASHAs towards newborn care.

MATERIALS & METHODS

The study area was Primary Health Centre (PHC) Chirgaon which is under the Rural Health Training Centre (RHTC) of Centre for Community Medicine (CCM), Maharani Laxmi Bai Medical College & located in the Chirgaon block in Jhansi district of Uttar Pradesh.

The cross-sectional study was conducted from September 2013 to December 2013 after gaining permission from the Medical officer in charge of the primary health centres, who introduced us to the ASHA workers at the time of their monthly meetings and also helped to achieve rapport with the ASHA workers. All the ASHAs fulfilling the inclusion criteria were included in the study i.e. 140 ASHAs were included. The inclusion criteria is the ASHA workers who are a) trained for the newborn care, b) available at the time of data collection c) willing to participate in the study. A pre-tested, questionnaire was designed for ASHA workers regarding newborn care after thoroughly studying the ASHA Training Module 6. [6] Each of the ASHA workers was then contacted individually after having the aim of the study explained, was interviewed face to face using the questionnaire. Chi-square test has been used to associate the work experience with the variables. Informed consent was taken from each of the study participants. Each of the study participants was assured by the authors that the study findings would not have any impact on their job. The study findings are categorized knowledge, attitude and practice into Good and Poor after asking every broad question in to depth.

Objectives

Good knowledge, attitude or practice: If the answers are satisfactorily according to the module.

Poor knowledge, attitude or practice: If the answers are not satisfactorily and can't able to say anything according to the module

RESULTS

All the 140 ASHAs belong to the local community and acted as a affected link people in the delivery of new born health services. All of the study participants despite training wouldn't able to display the satisfactory correct knowledge and practices towards new born care.

In socio demographic profile, the mean age of subjects is 27.9 years. Out of the total 140 ASHA workers, majority were in the age group of 25-29 years 43.6%. A total of only 41.4% had received secondary

level of education and rest 58.6% of the ASHAs were educated below the secondary school level.84(60%) had a work experience more than 2 years. Workers from every castes has participated showing majority from OBCs and General (Table1).All the ASHAs are married and Hindu by religion (not shown in table).

Table1: Socio Demographic parameter of ASHA.

Socio-demographic parameter		N	(%)
Age group (years)	20-24	14	10.0
	25-29	61	43.6
	30-34	49	35.0
	35-39	16	11.4
Education (class)	Primary	22	15.7
	Middle	60	42.9
	Secondary	58	41.4
Work experience (years)	<2	56	40.0
	>2	84	60.0
Caste	General	48	34.2
	OBCs	52	37.1
	SCs	36	25.7
	STs	4	2.8
Total		140	100

Table 2. Knowledge, Attitude and Practice of ASHA workers regarding Breast feeding.

S.no.	Details of Breast feeding	No. of participants (n=140)				Association with their work experience	Association with their Education
		Good		Poor		p-value	p-value
		Number	%	Number	%		
1.	Encourage mother for breastfeeding	120	85.7	20	14.3	<0.05	<0.05
2.	Early initiation of breastfeeding	124	88.6	16	11.4	<0.05	<0.05
3.	Position and Attachment	76	54.3	64	45.7	<0.05	<0.05
4.	Problem regarding breastfeeding	44	31.4	96	68.6	>0.05	<0.05
5.	Interval of breastfeeding	56	40.0	84	60.0	>0.05	<0.05
6.	Advantages of breastfeeding	96	68.6	44	31.4	<0.05	<0.05

In Table 2, Among ASHA workers regarding breastfeeding they have good knowledge for early initiation of breastfeeding 88.6%.But around 54.3%, 31.4%, 40.0% of ASHA Workers have shown good knowledge towards position and attachment of breastfeeding, problem regarding breastfeeding and interval during

breastfeeding respectively.85.7% of ASHAs perform good practices for encouragement of mother towards breastfeeding. On seeing association, majority of the variables show significant association with the work experiences of ASHA workers. All the variables of breastfeeding are significantly associated with their educational status.

Table 3. Knowledge, Attitude and Practice of ASHA workers regarding newborn Health.

S.no	Details of Newborn Health	No. of participants (n=140)				Association with their work experience	Association with their Education
		Good		Poor		p-value	p-value
		Number	%	Number	%		
1.	Danger sign of Diarrhoea	76	54.3	64	45.7	<0.05	>0.05
2.	Pneumonia as danger sign	65	46.4	75	53.5	<0.05	<0.05
3.	If baby is < 2.5 kg	48	34.3	92	65.7	>0.05	<0.05
4.	Care of Asphyxiated babies	84	60.0	56	40.0	<0.05	>0.05
5.	Care of eyes	36	25.7	104	74.3	<0.05	<0.05
6.	Care of newborn during fever	46	32.9	96	68.6	>0.05	<0.05
7.	Hypothermia and Kangaroo mother care	56	40.0	84	60.0	>0.05	<0.05

In Table 3, Regarding newborn health, ASHAs have only 54.3% and 46.4% of good knowledge towards danger signs of diarrhoea and pneumonia as danger sign respectively. 60.0% of ASHAs performs good practices for care of asphyxiated babies followed by 40.0% of good practices for hypothermia and kangaroo mother care

followed by care for low weight babies 34.3%, care of newborn during fever 32.9% and care for eyes 25.7% .On seeing association majority of the variables shows significant association with their work experience and education.

Table 4. Knowledge, Attitude and Practice of ASHA workers regarding their Performance.

S.no	Details of Newborn Care	No. of participants (n=140)				Association with their work experience	Association with their Education
		Good		Poor		p-value	p-value
		Number	%	Number	%		
1.	Proper steps of Hand washing	48	34.3	92	65.7	>0.05	<0.05
2.	Proper measurement of weight of New born	90	64.3	50	35.7	<0.05	>0.05
3.	Perform the procedure of warming the baby after delivery	60	42.9	80	57.1	>0.05	<0.05
4.	Perform proper home visits	84	60.0	56	40.0	<0.05	<0.05
5.	Preparation of ORS	60	42.9	80	57.1	>0.05	<0.05

In table 4, for proper step of hand washing and preparation of ORS, ASHAs have 34.3% and 42.9% of good knowledge respectively.64.3%,42.9%,60.0% of ASHAs have positive attitude towards proper measurement of weight of new born, perform the procedure of warming the baby after delivery and for performing proper home visits respectively. The proper measurement of weight of new born and

performing proper home visits have shown significant association with their work experience. All the variables shown significant association with their educational status except proper measurement of weight of new born.

DISCUSSION

All of the ASHAs belonged to the local community and acted as effective link

people in the delivery of new born care. In the present study, it was found that approximately 10 % of the ASHA workers were below the age of 25 years, contrary to the fact that as per guidelines, ASHAs should be in the 25-45 years age group. [7] Also, 58.9 % of the ASHAs were educated below a secondary school level despite the requirement that ASHAs be educated to at least an 8th class standard. [7] In a study conducted in Surendranagar, 70% of the ASHAs had an education level that was between the 8th and 12th class, while in the present study it was approximately 41.1%. [8] Probable reasons could be low levels of literacy in the local area and a non-availability of educated women. Proper fulfillment of criteria during ASHAs enrolment should be strictly maintained because with increase in education and age, there will be better knowledge and practices towards newborn care, that is seen in this present study. The current study also showed that with increase in their work experience the good knowledge, attitude and practice also increased towards new born care in many of the variables.

CONCLUSION

In the present research, it has been largely observed that the ASHAs performance is unsatisfactory towards newborn care. There are still lacunae left in their knowledge related to various aspects of breastfeeding and newborn health. Also the practice towards various aspects of newborn health requires further improvement.

Recommendations:

Training is the main source of skills building and functioning of ASHAs. This should be taken up with enthusiasm to identify key areas of thrust during training procedures. It has to be ensured during training that ASHAs are well aware about their job responsibilities and are capable to fulfill their job responsibilities.

So frequency and quality of training for ASHA workers must be strengthened and also there is need to increase their financial incentives as a motivating factor. However, in most cases it is well evident that CCSP training has been taken up well by the ASHAs and better performance and procedural correction is just a matter of reinforcement.

REFERENCES

1. USAID. Maternal and Child Health – 2004. USAID Battles Neonatal Deaths in India. (Online) 2005: Available from: http://www.usaid.gov/our_work/global_health/home/News/ghachievements.html. Accessed March 23, 2010.
2. Bang AT, Paul VK, Reddy HM, Baitule SB. Why do neonates die in rural Gadchiroli, India? (Part I): primary causes of death assigned by neonatologist based on prospectively observed records. *J Perinatol*. 2005;25:s29-s34.
3. Registrar General of India, “Compendium of the vital statistics,” in India (1970–2007: Sample Registration System), pp. 1–212, RGI, Ministry of Home Affairs, New Delhi, India, 2009.
4. Annual health survey 2010-11, fact sheet, Vital Statistics Division Office of the Registrar General & Census Commissioner, India New Delhi Website : www.censusindia.gov.in.
5. Ministry of Health and Family Welfare. Government of India. National Rural Health Mission. Guidelines on Accredited Social Health Activist. Available from: http://www.mohfw.nic.in/NRHM/RCH/guidelines/ASHA_guidelines.pdf. Accessed April 12, 2010.

6. cghealth.nic.in/ehealth/2013/M.../Ma-teranal.../ASHA_Module6.pdf.
7. Government of India. NRHM-ASHA (2005) Guidelines. NewDelhi: Ministry of Health and Family Welfare, 2005.
8. Mahyavanshi DK, Patel MG, Kartha G, Purani SK, Nagar SS. A cross

sectional study of the knowledge, attitude and practice of ASHA workers regarding child health (under five years of age) in Surendranagar district. Healthline 2011; 2(2): 50.

How to cite this article: Deka M, Mathur BP. A Study on Evaluation of ASHAs for their Knowledge, Attitude and Practice towards Newborn Care in RHTC area of District Jhansi in Uttar Pradesh. Int J Health Sci Res. 2014;4(7):43-48.

International Journal of Health Sciences & Research (IJHSR)

Publish your work in this journal

The International Journal of Health Sciences & Research is a multidisciplinary indexed open access double-blind peer-reviewed international journal that publishes original research articles from all areas of health sciences and allied branches. This monthly journal is characterised by rapid publication of reviews, original research and case reports across all the fields of health sciences. The details of journal are available on its official website (www.ijhsr.org).

Submit your manuscript by email: editor.ijhsr@gmail.com OR editor.ijhsr@yahoo.com