A Study On Knowledge And Practice Of Home Based New Born Care Among ASHAs In Banaskantha District Of Gujarat

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INTRODUCTION

- Banaskantha is a District of the Gujarat State of India. The administrative headquarters of the district is at Palanpur which is also its largest city

- The district is located in the Northeast of Gujarat and is presumably named after the West Banas River which runs through the valley between Mount Abu and Aravalli Range, flowing to the plains of Gujarat in this region and towards the Rann of Kutch

- The district is divided into fourteen Talukas.

- Total no. of ASHAS In district are 2773

- Out of Total 2773 ASHAs 2746 are trained in Module 6 and 7

- In district last refresher training conducted in January.

RESEARCH QUESTION

What is the current Knowledge and Practices of ASHAs in providing Home based Newborn Care at Banaskantha District of Gujarat?

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General Objectives

- To assess the Knowledge of ASHAs regarding Home Based New Born Care.

- To assess the Practice of ASHAs regarding Home Based New Born Care

Specific Objectives

- To assess the Knowledge of ASHAs on HBNC kit.
- To assess the Knowledge of ASHAs on HBNC visit.
- To assess the Knowledge of ASHAs on kangaroo mother care.
- To assess the Practice of ASHAs on measuring temperature.
- To assess the Practice of ASHAs on weighing the baby.
- To assess the Practice of ASHAs on hand washing

RATIONALE

- In Banaskantha district after training of module 6 and 7 of ASHAs there has been no attempt to have a systemic assessment of Knowledge retained on different variables and activities being carried out by ASHA for HBNC or on any assessment on correct practice. In order to initiate any program intervention to provide effective HBNC it was imperative to assess the current situation of knowledge and practice of ASHAs

RESEARCH METHODOLOGY

- **Study Design:** The study design is Cross Sectional Descriptive Study.
- **Study Duration:** 3 months (February to April 2017)
- **Study Area:** The study was conducted in three high priority blocks of Banaskantha district namely Amirgarh, Deesa and Danta
- **Study Participants:** ASHAs of Amirgarh, Deesa and Danta block who have undergone Modules 6&7 training

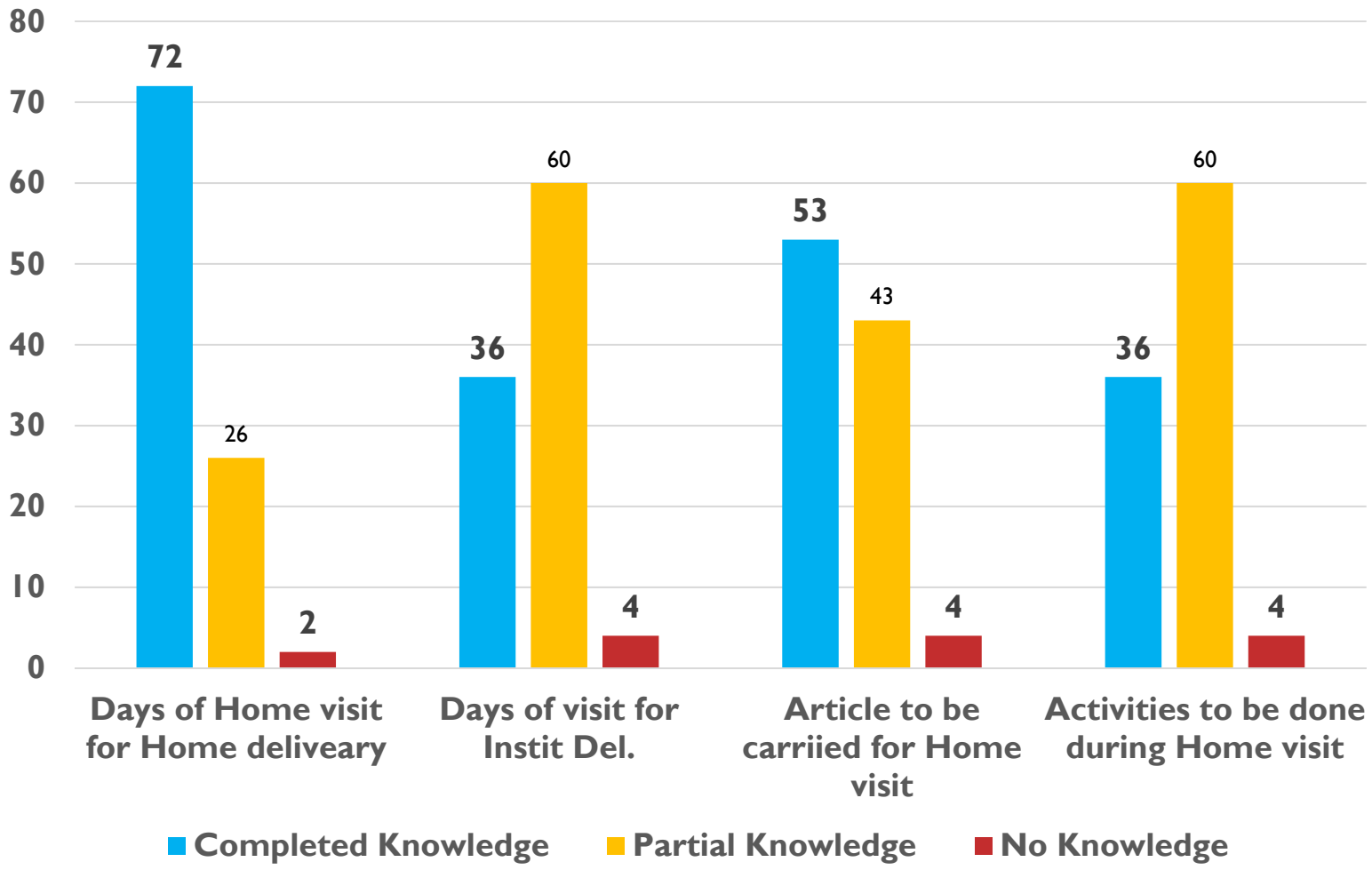
Sample selection process-

Amirgarh,Deesa and Danta blocks (25%) selected out of 12 high priority blocks by random sampling and from each block 50% Sub-Centre selected randomly(108 total) and one working ASHAs selected purposely (best performing ASHA) of this Sub-Centre were taken as Sample and interviewed (Total 108 sub-Centre)

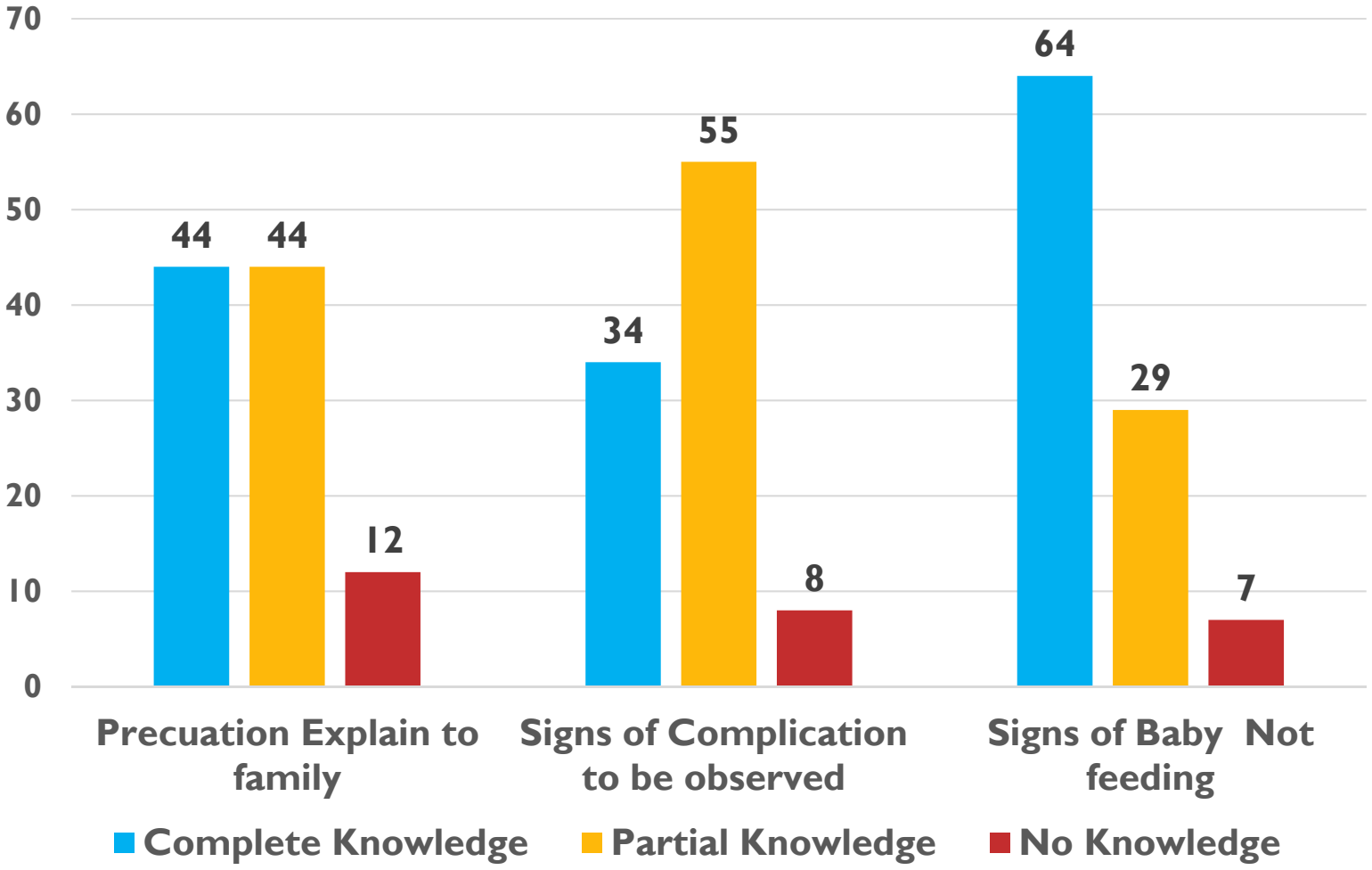
- **Sample size- 108** ASHAs
- **Data collection-** 20 visits were undertaken for personal interview and observe ASHA providing HBNC . The tool for assessing knowledge of ASHAs was Structured questionnaire and data of knowledge was collected by personal interview and practice by check list

Status of Knowledge of ASHA on Number of visit/days, Article to be carried and activities to be performed during Home Visit

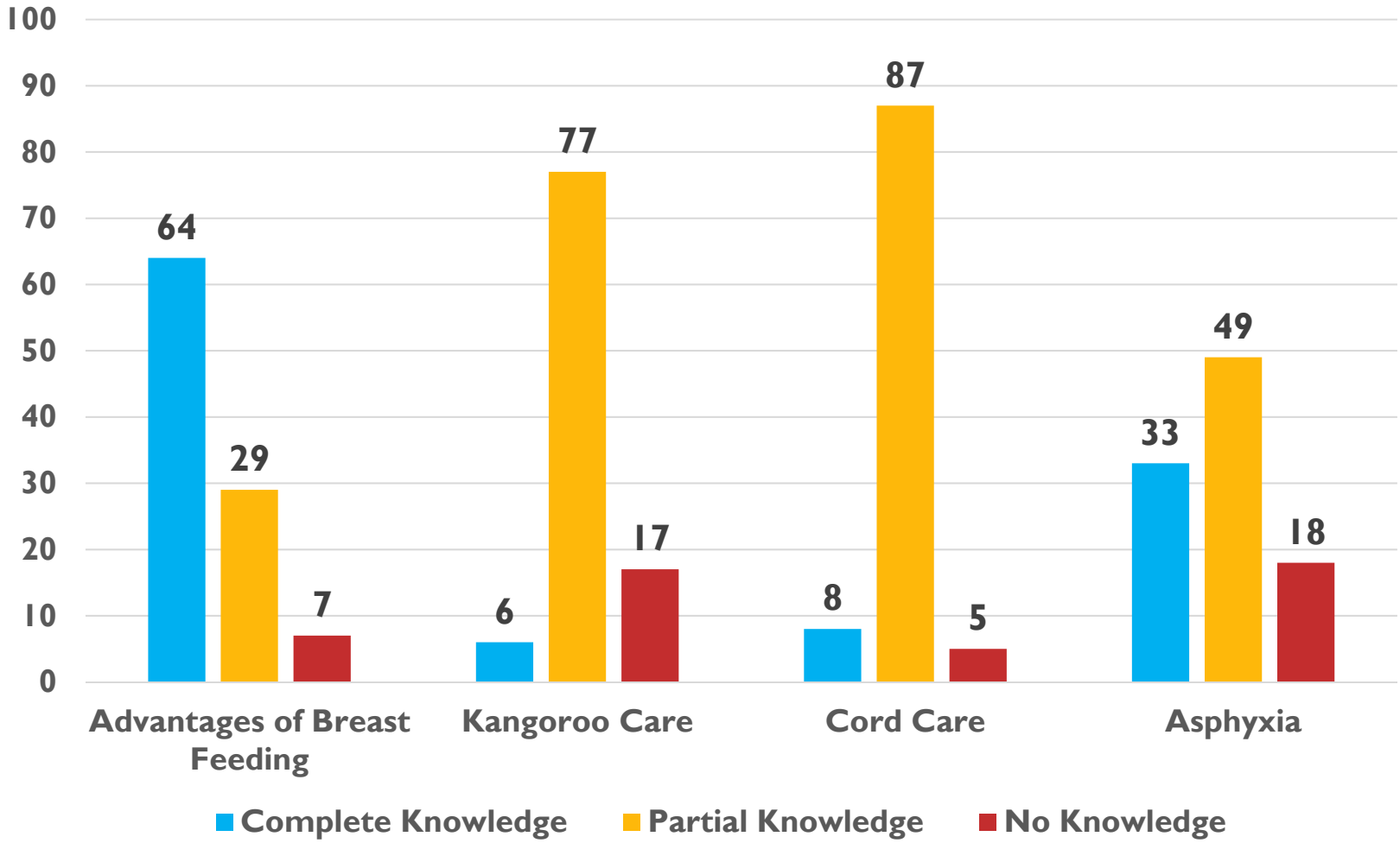
(fig in %)



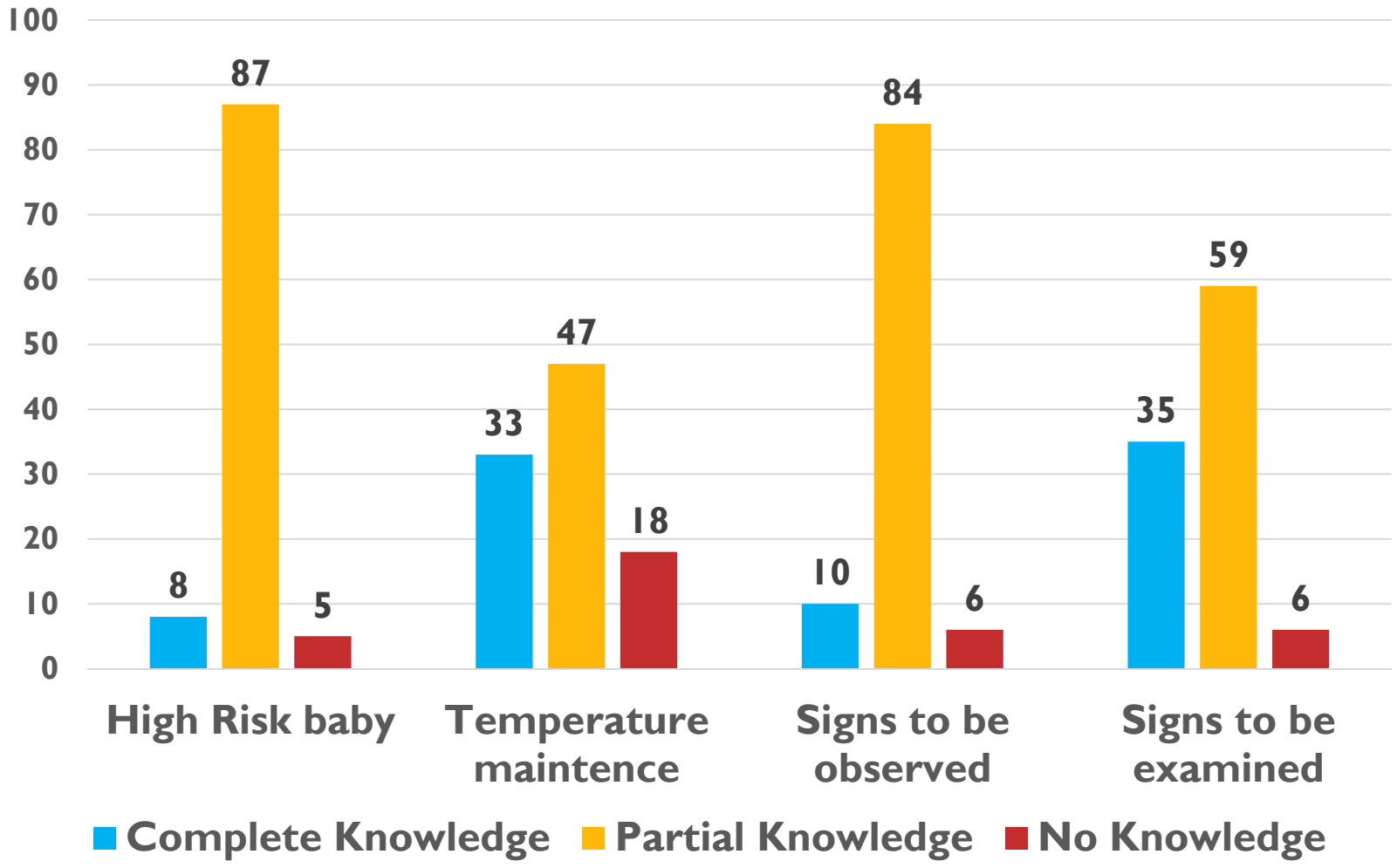
Knowledge Status of ASHAs on selected Variables of New Born Care (fig in %)



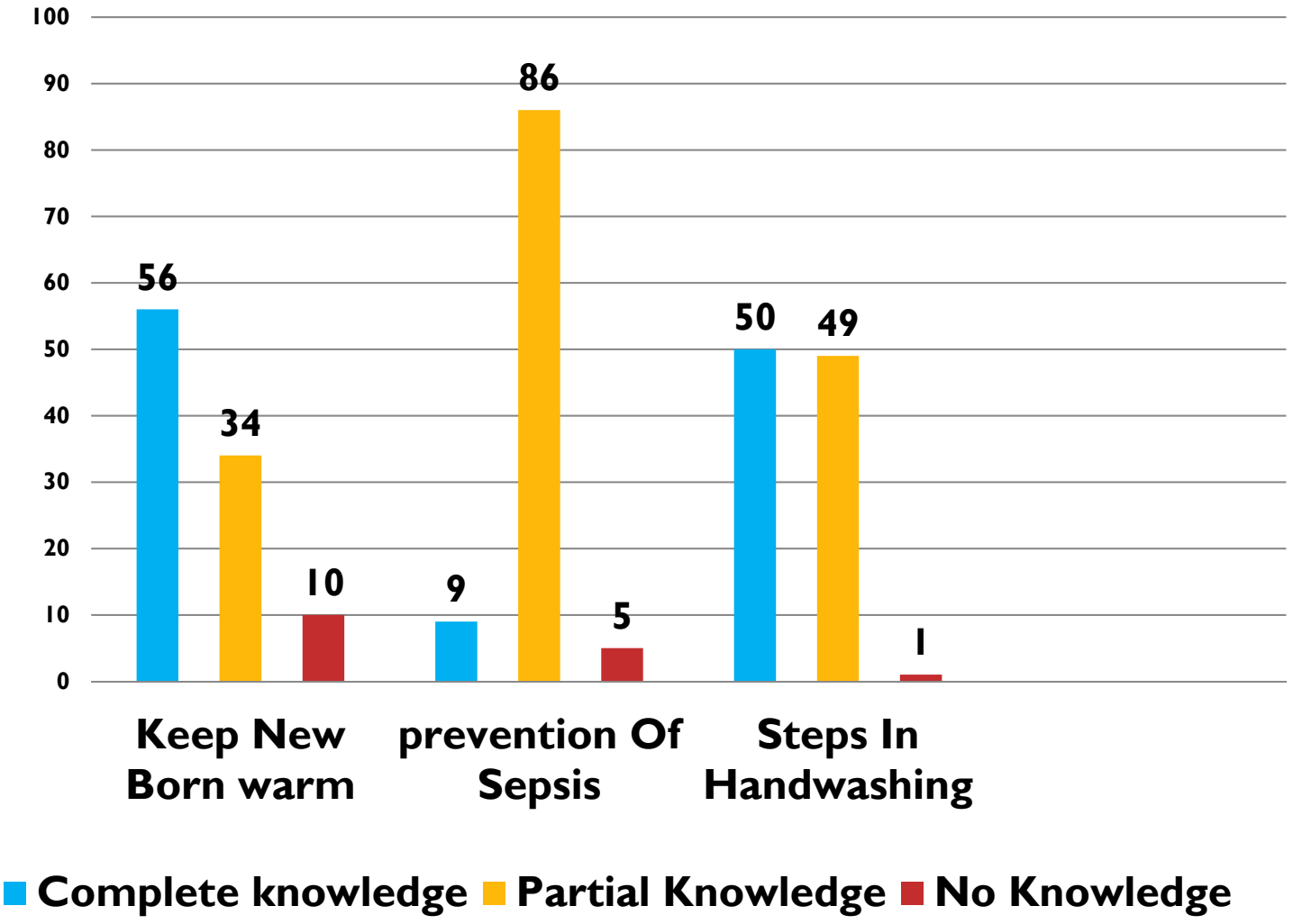
Status of Knowledge of ASHAs on advantages of Breastfeeding, Kangaroo Care, Cord Care and Asphyxia (fig in %)



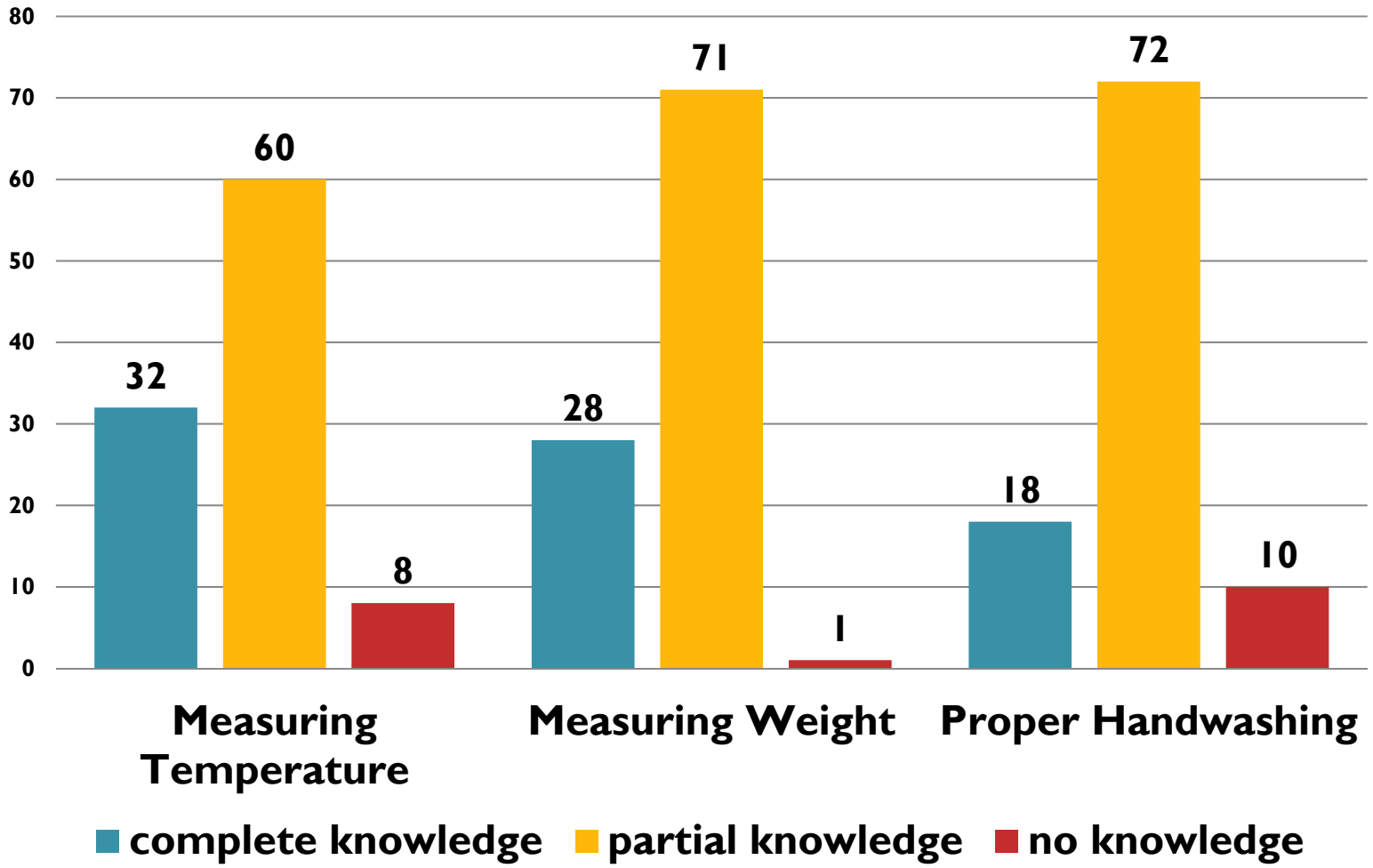
Knowledge Among ASHAs On High Risk Baby, Temperature Maintenance, Signs To Be Observed And Examined (fig in%)



Knowledge among ASHAs on Baby In High Risk, temperature maintenance, Prevention Of Sepsis, Steps In Proper Hand Washing and keep new born warm (fig in%)



Practice among ASHAs on Measuring Temperature, Weighing the Baby And Hand washing(fig in%)



CONCLUSION

- Most of ASHAs had partial knowledge about articles to be carried and expected to do during HBNC so need to improve
- Around 18% of ASHAs don't know about Kangaroo mother care Asphyxia so need of strengthening.
- Around 87% ASHAs had Partial knowledge about cord care,high Risk baby, signs to be observed in new born baby
- Around 50% ASHAs had correct knowledge about steps of Hand Washing but only 18% completely practice properly.
- It is evident from the result that thorough knowledge level is average and they are not efficient when it comes to practicing the services

RECOMMENDATION

- Ensuring skill- based Training to all the ASHAs
- Provision of Refresher training twice in a year
- Regular Supportive Supervision
- Systemic Assessment of ASHAs

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