

DISSERTATION

**A Study to assess Knowledge and
Practices of ASHA in providing HBNC
at
Bahadurpur Block of Allahabad
Uttar Pradesh**

**Under the guidance of
Maj (Dr.) Vinod Kumar SV (MD)**

**By
Dr. Atul B. Rairker**

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Introduction

- Reducing infant and child mortality is one of the foremost goals of NHM.
- A high proportion of the infant death burden is related to new born deaths.
Allahabad-IMR-81, NMR-60 AHS 12-13
- Despite the increasing number of institutional deliveries a substantial proportion of neonatal deaths occur in the home.
- Thus the provision HBNC is critical. For effective promotion HBNC, NHM offers several platforms which include the presence of trained ASHA in every village.
- GoI released HBNC guidelines in 2011 with revision in 2014 to increase access to newborn care through ASHAs.
- The guidelines expect ASHAs to make home visits to promote essential newborn care, identify illness, and refer infants if needed.⁷

Research Question

What are the **Knowledge** and **Practices**
of ASHA

in providing HBNC in Bahadurpur block of Allahabad, UP ?

Objectives

1. To assess the Knowledge of ASHA regarding HBNC.
2. To assess the Practices of ASHA in providing HBNC.
3. To study various factors influencing the effective provision of HBNC services.

Methodology

- Study Design- Descriptive cross sectional study
- Study Area- Bahadurpur block of Allahabad (High Priority District)
- Study Participants- ASHA
- Inclusion Criteria-
 - Active ASHAs
 - ASHAs willing to participate in the study
 - Undergone HBNC / ASHA Module 6 & 7 training before 3 months

Sampling

- A focused Block (Bahadurpur) was selected out of 4 focused Blocks by Simple Random Sampling.
- Bahadurpur has 245 actively working ASHAs
- No. of ASHA to be interviewed is 150 (Sample size calculation)
- 3 / 5 clusters were selected Randomly to study 150 ASHAs
- 4 ASHAs did not want to be part of the study
- So, final sample size of ASHAs interviewed was 146

Data Collection and Analysis

- Data Collection Technique-Personal Interview
- Data Collection Tool- Interview Schedule
- Data Analysis Plan- Through MS Excel/SPSS for further analysis.

Results — Knowledge (N=146)

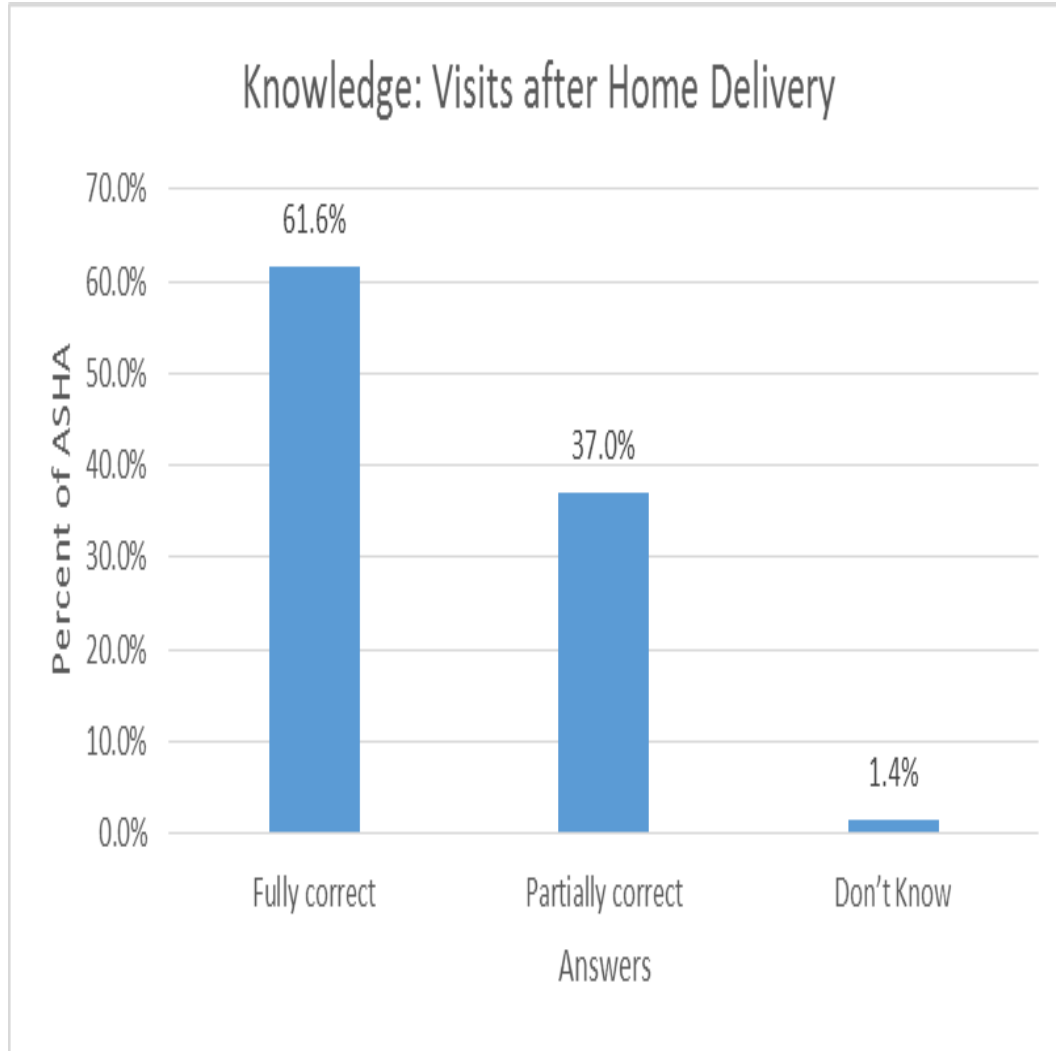


Fig. 1 (N=146)

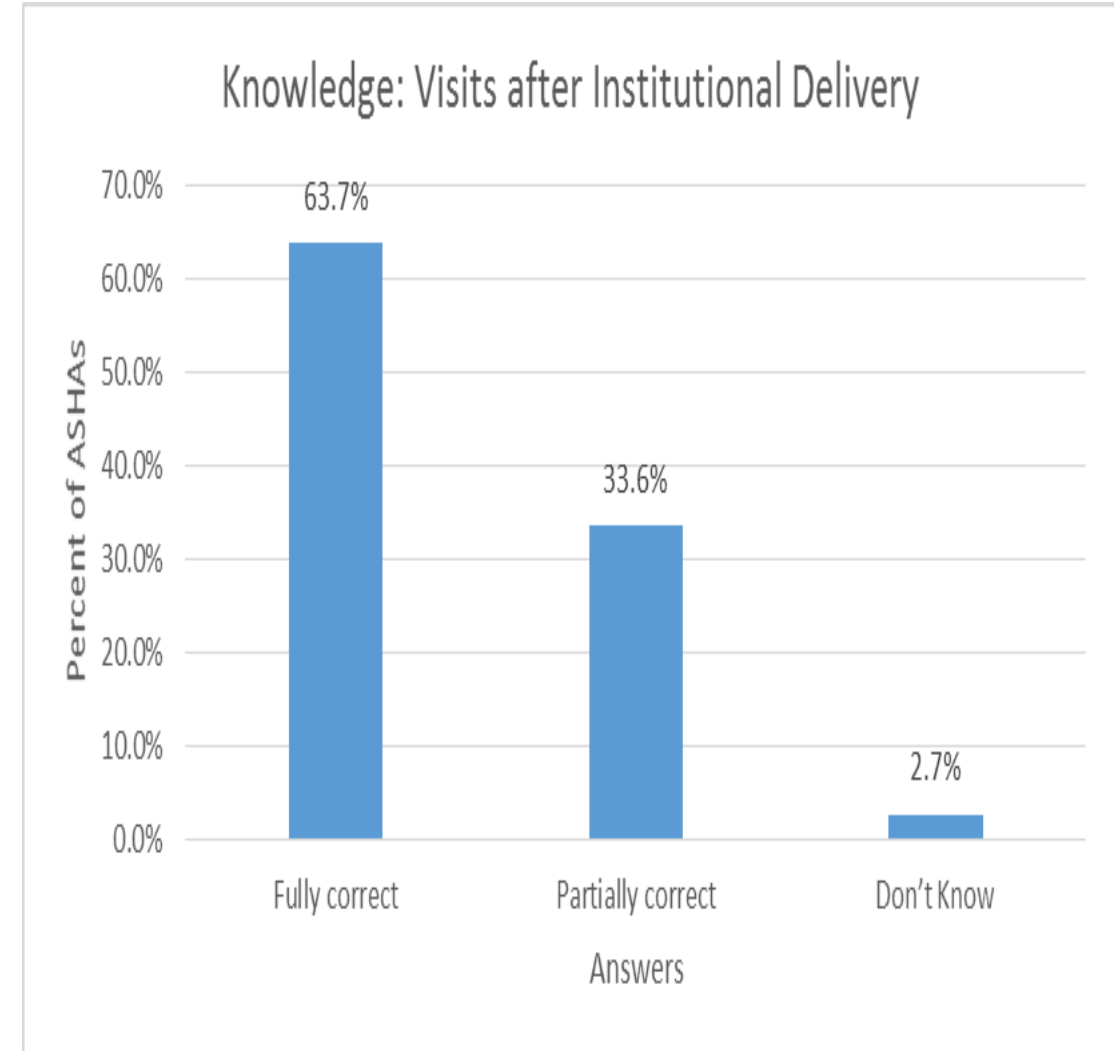


Fig. 2 (N=146)

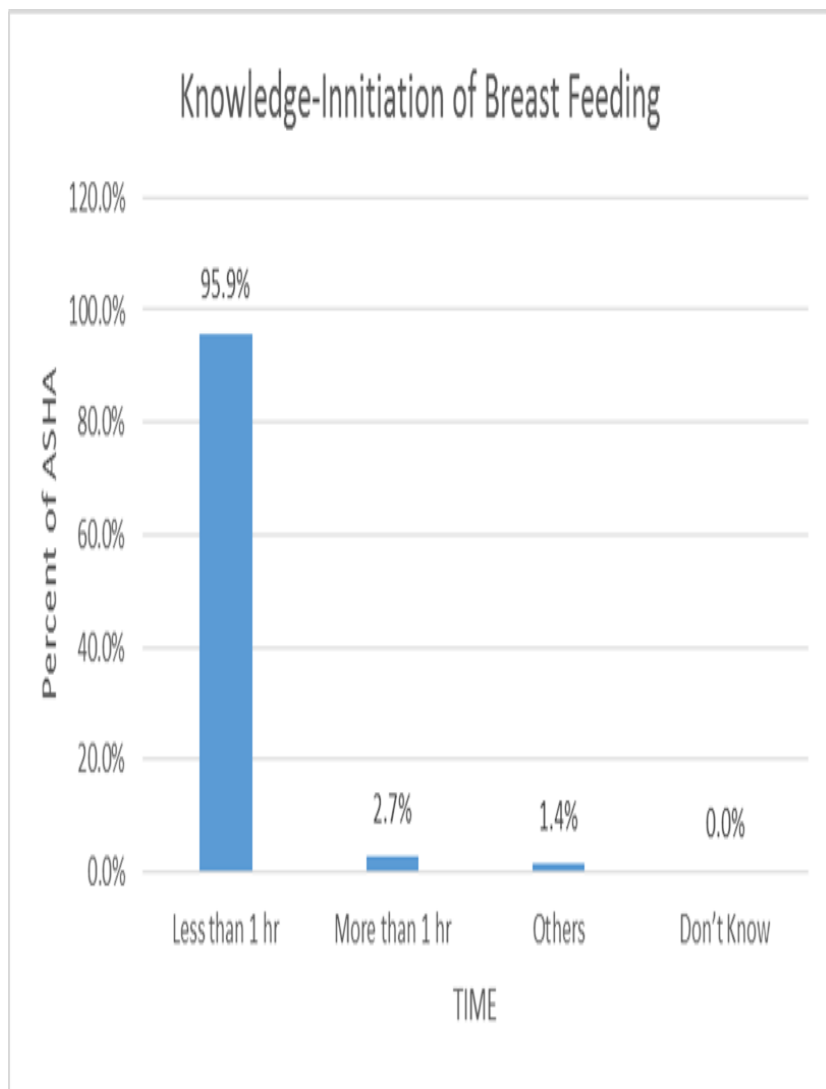


Fig. 3 (N=146)

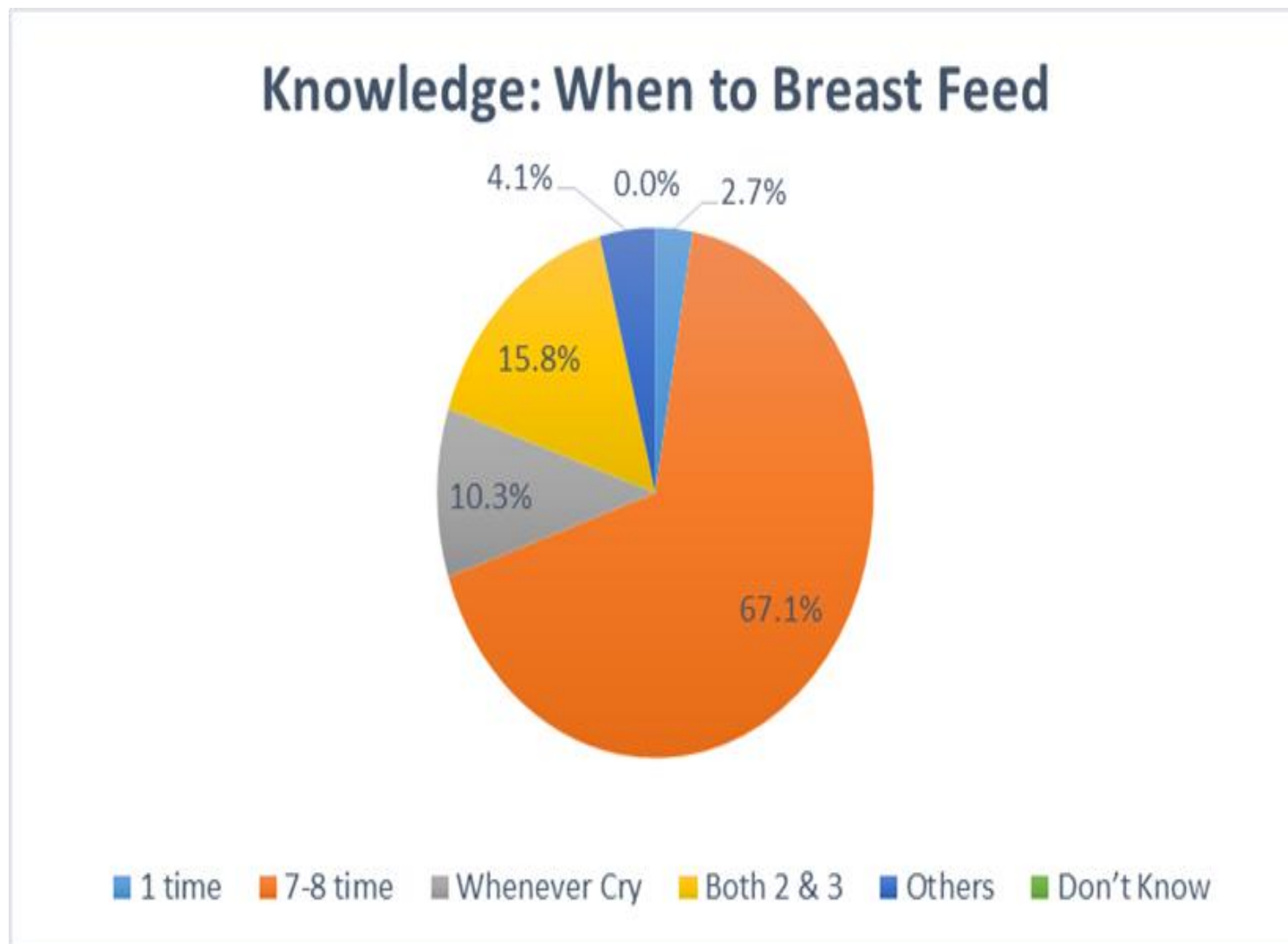


Fig. 4 (N=146)

Results – Practice (N=146)

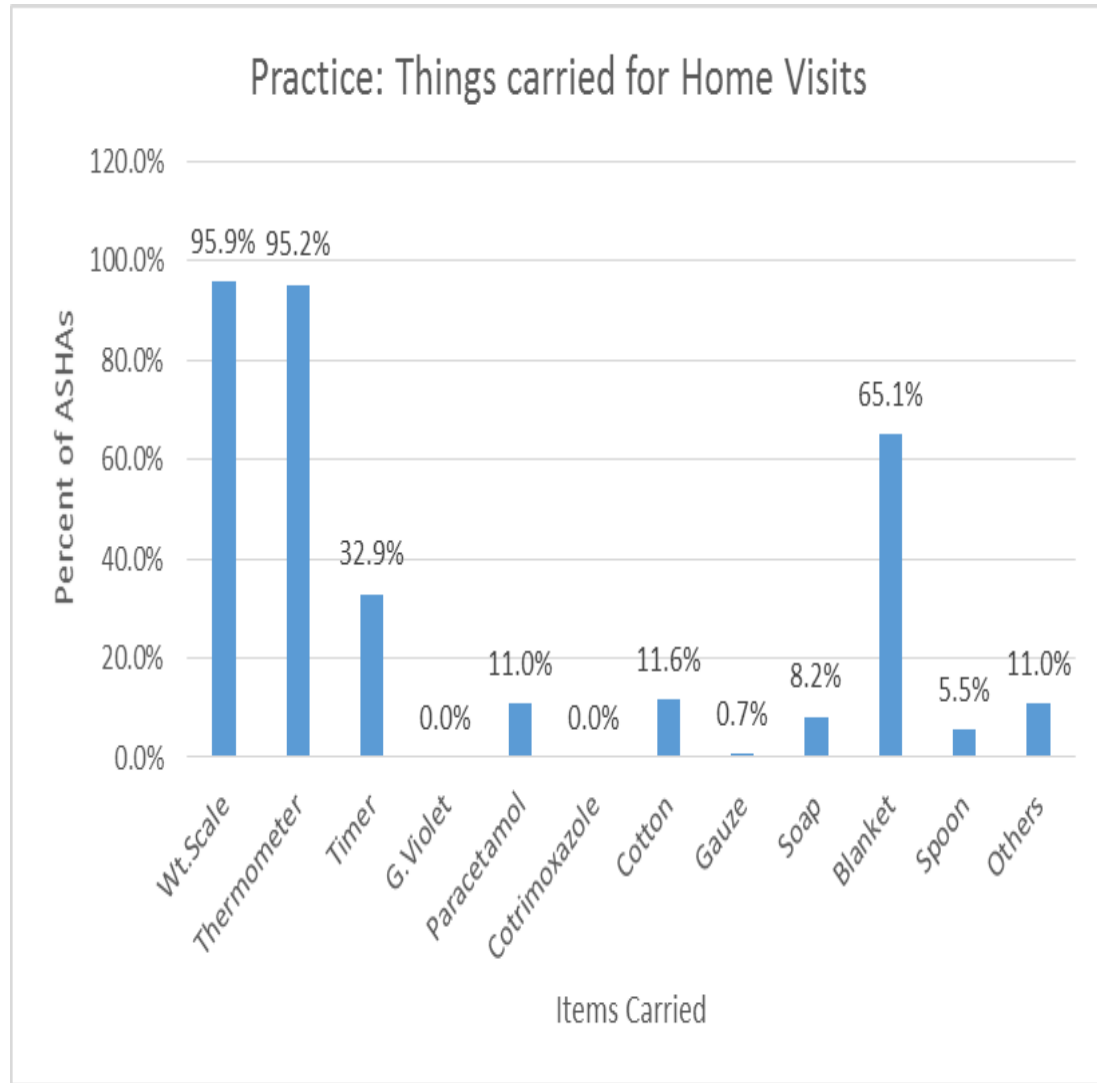


Fig. 5 (N=146)

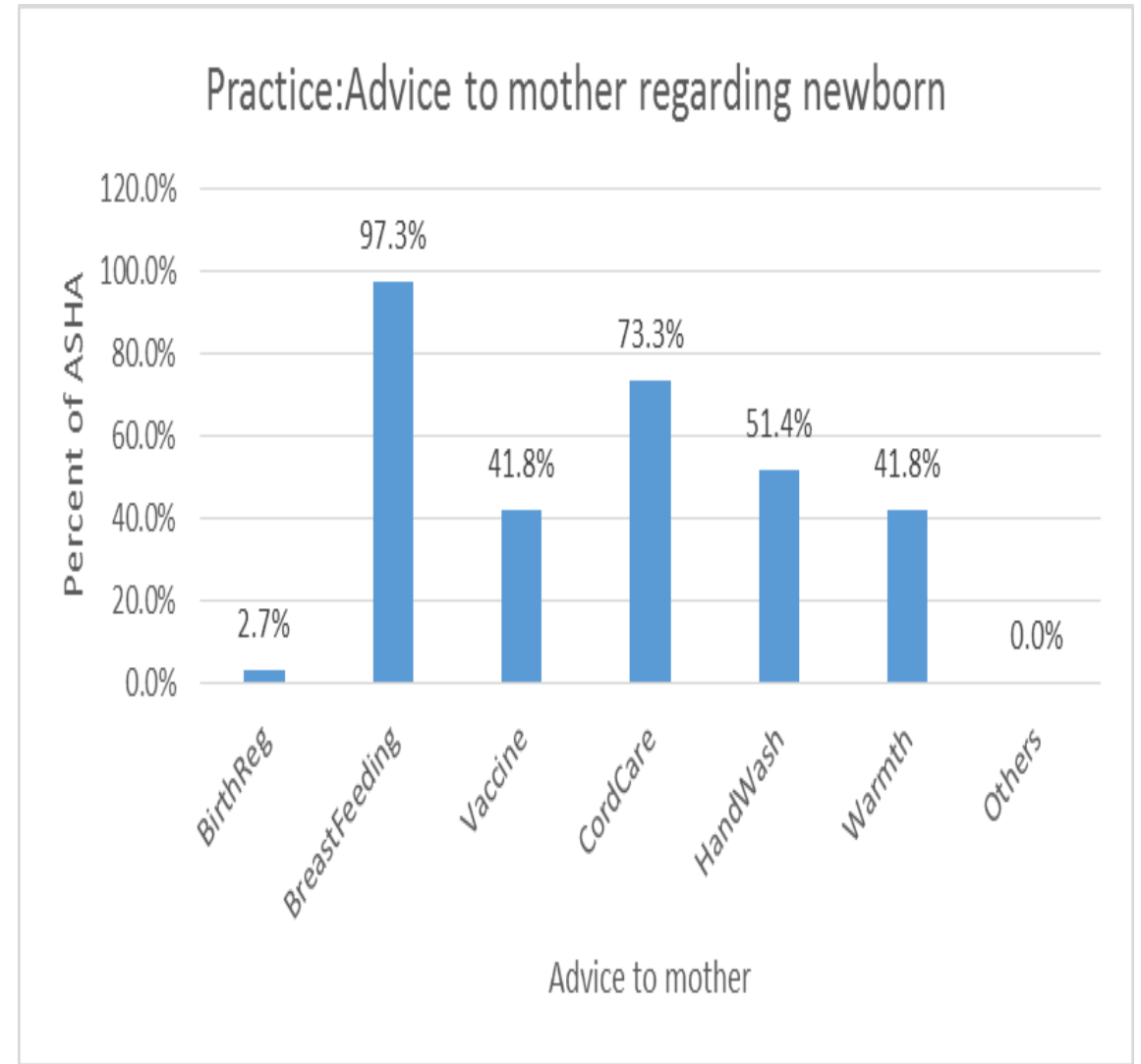


Fig. 6 (N=146)

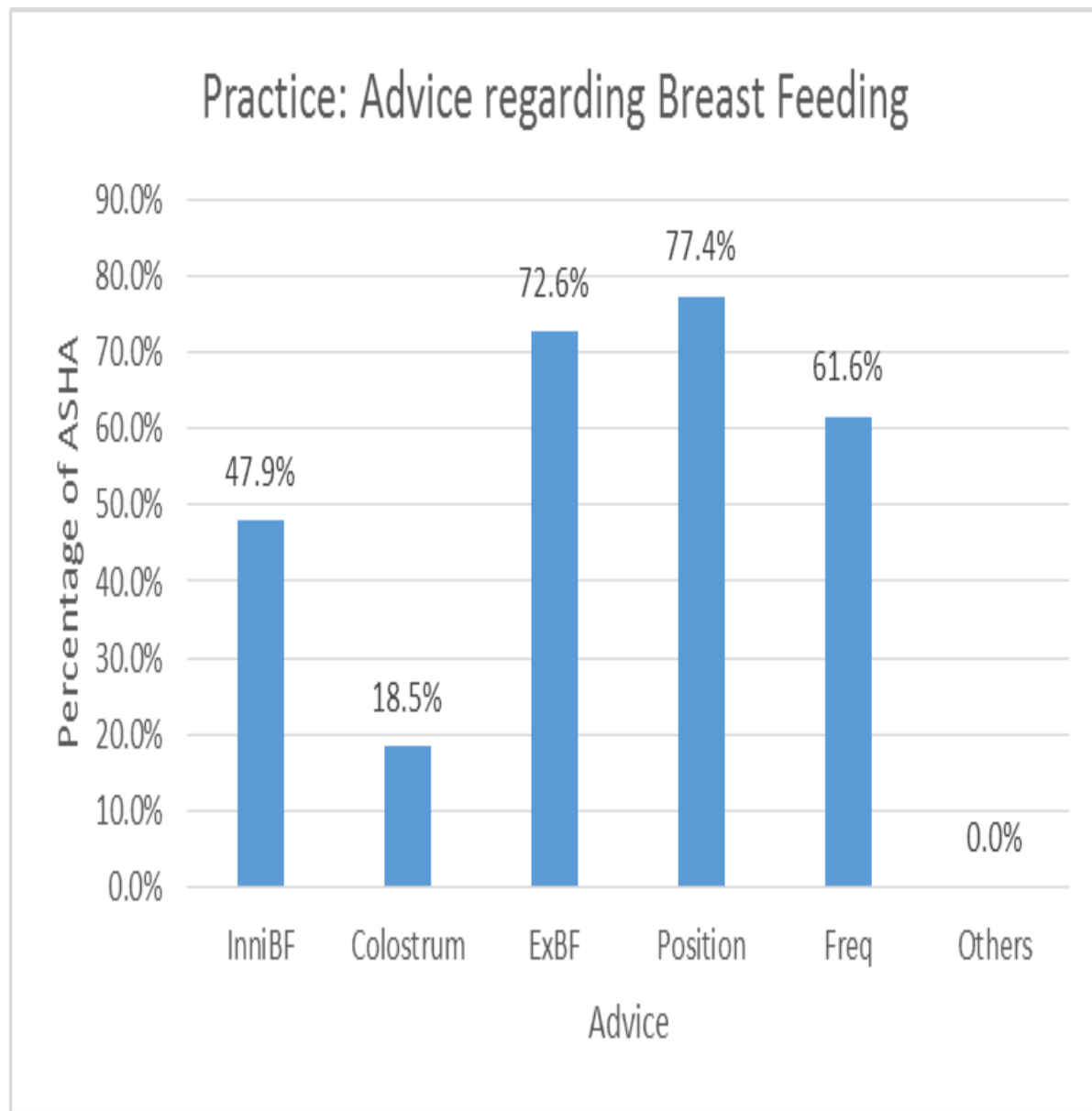


Fig. 7 (N=146)

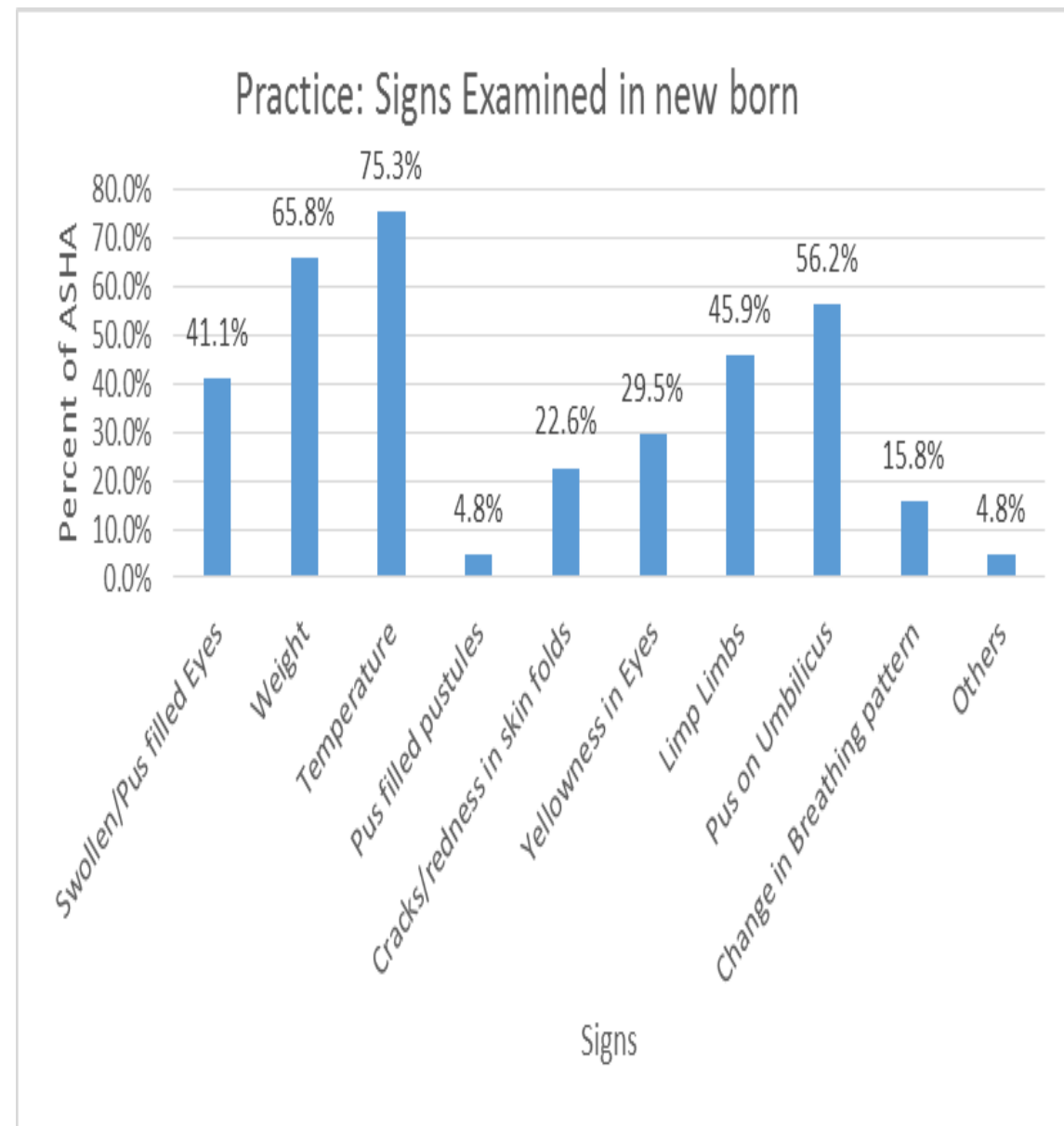


Fig. 8 (N=146)

Results - Influencing Factors

	Response	Number of ASHAs	Percent
Received Checklist N=146	Yes	96	65.8
	No	50	34.2
Filling of Checklist N=96	Yes	80	83.3
	No	16	16.7

Table. 1

Problems faced by ASHAs	Number of ASHAs	Percent
Don't listen	12	27.9
Conveyance	5	11.6
On time Incentive	26	60.5
	N=43	

Table. 2

Association Between Receipt of HBNC Checklist and Signs Checked during Home visits (N=96)

Signs Checked by ASHAs who received Checklist	Yes	No
Swollen/Pus filled Eyes	41.7	58.3
Weight	66.7	33.3
Temperature	81.2	18.8
Pus filled pustules	7.3	92.7
Cracks/redness in skin folds	26.0	74.0
Yellowness in Eyes	28.1	71.9
Limp Limbs	36.5	63.5
Pus on Umbilicus	57.3	42.7
Change in Breathing pattern	11.5	88.5

There is an association in case of Temperature, Pus filled pustules, Limp Limbs, Change in breathing pattern (i.e. $p < 0.05$)

Table. 3

Conclusion

- Most of the ASHAs had correct knowledge regarding the number of Home visits to be made for HBNC.(Fig. 1 & 2)
- Most of the ASHAs carry weighing machine and thermometer during home visit but leave other important items like Paracetamol, cotton, gauze, timer device, soap, spoon etc.(Fig. 5)
- Most of the ASHAs gave advices on Breast Feeding, Care of cord and Hand Washing practices but less than half of the ASHAs advice included other important issues like vaccination, maintenance of temperature & birth registration of new born. (Fig. 6)
- Most of the ASHAs had knowledge regarding early initiation of Breast Feeding.(Fig. 7)
- Advice regarding intake of colostrum remained a neglected practice by most of the ASHAs.(Fig. 7)
- Just half of the ASHAs advice regarding Kangaroo Mother Care.
- During home visits, checking weight and temperature was done by majority of ASHAs but rest other signs of the new born were examined by half or less than half of the ASHAs only, which showed there was a need of capacity building. (Fig. 8)
- Lack of supplies of HBNC checklists and delayed payments of incentives to ASHAs also affected the provision of HBNC services. (Table 1&2)

Recommendations

- Ensuring Training of all the ASHAs
- Provision of refresher training
- Ensuring supply of checklist to all ASHAs
- Regular supportive supervision
- Timely payment of incentives

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THANK YOU

