A study to assess the awareness and knowledge of ASHA regarding Home Based Newborn Care (HBNC) in Lakhimpur Kheri District of Uttar Pradesh

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Introduction

Reducing infant and child mortality is one of the foremost goals of National Health Mission (NHM). The country as a whole has made significant progress in reducing Infant Mortality Rates (IMR). IMR (Infant Mortality Rate) of Lakhimpur Kheri is 78 per 1000 live births whereas NMR (Neonatal Mortality Rate) is 55 per 1000 live births as per AHS (Annual Health Survey) 2012-13 which is way below national numbers (poor performing).

Thus, the provision of Home-based newborn care (HBNC) is critical for the survival of newborns. The Government of India (GOI) released HBNC guidelines in 2011 to increase access to newborn care through ASHAs. The guidelines expect ASHAs to make home visits (7 in case of home deliveries while 6 in case of institutional deliveries) to promote essential newborn care, identify illness, and refer infants if needed. ASHAs receive a performance payment for conducting the visits. Poor knowledge and practices of ASHAs, who happens to be the first point of contact for health services to the community can become one of the major reasons for poor health indicators related to neonatal health.

Methodology

- **Research Question**

Do the ASHAs have adequate knowledge and skills regarding the HBNC Programme for which they are the main point of contact for the beneficiaries?

- **Research Design**

A Descriptive Cross-Sectional Study.

- **Study Setting**

This study was conducted in the rural areas of 4 blocks, including Phardhan, Phoolbehed, Isanagar and nighasan of Lakhimpur Kheri District.

- **Study Population**

The ASHAs in the 4 blocks of Lakhimpur Kheri who have undergone HBNC training/ Module 6-7 training were selected as the respondents of the study.

- **Inclusion Criteria** – All the ASHAs working in these 4 blocks and have received the training of HBNC.
- **Exclusion Criteria** – New ASHAs that are appointed recently and have not received the training regarding HBNC.

Sample Size

Out of the total 1107 ASHAs in the 4 blocks, 286 ASHAs were selected randomly from the blocks, using following sample size formula.

$$\text{Sample size} = \frac{\frac{z^2 \times p\,(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p\,(1-p)}{e^2 N}\right)}$$

$$\text{Sample size} = \frac{\frac{(1.96)^2\,(0.5)\,(0.5)}{(0.05)^2}}{\frac{(1.96)^2\,(0.5)\,(0.5)}{(0.05)^2 \times 1107}} = \frac{384.16}{1.347028} = 285.19$$

Sample size was taken at 95% Confidence interval and 5% margin of error.

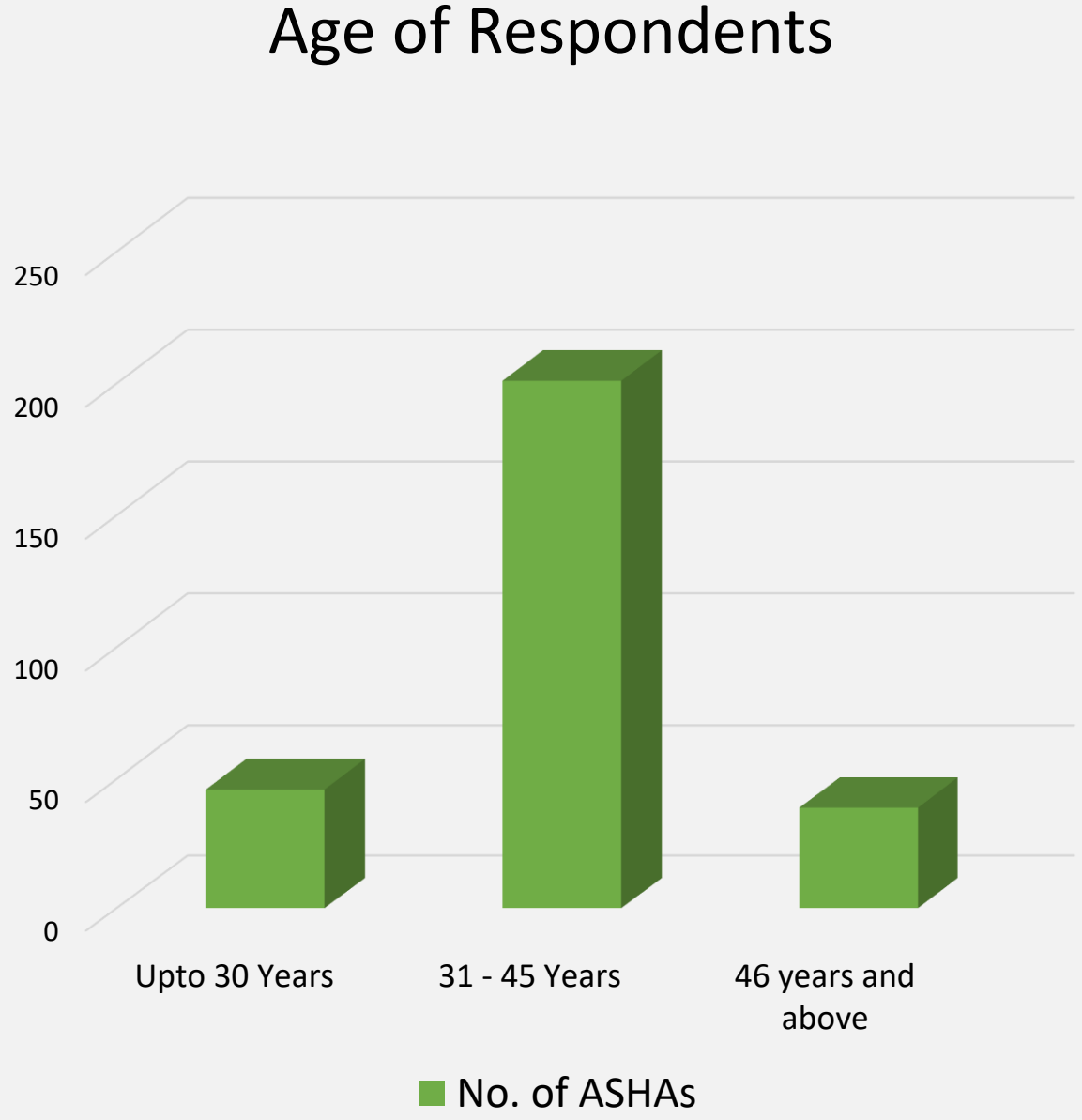
Sampling Technique

Systematic Random Sampling was used to select the respondents for this study. There were total of 10 ASMs, each having 5 ASHA Sanginis and Sanginis further having 25-26 ASHAs. Therefore, 5-6 ASHAs from each Sangini were randomly selected by the ASMs, leading to final sample size of 286. The Primary data was collected using a questionnaire consisting of both open and close ended questions related to HBNC. The responses were filled by the ASHAs. The data was scrutinized before entering and analyzed using MS Excel.

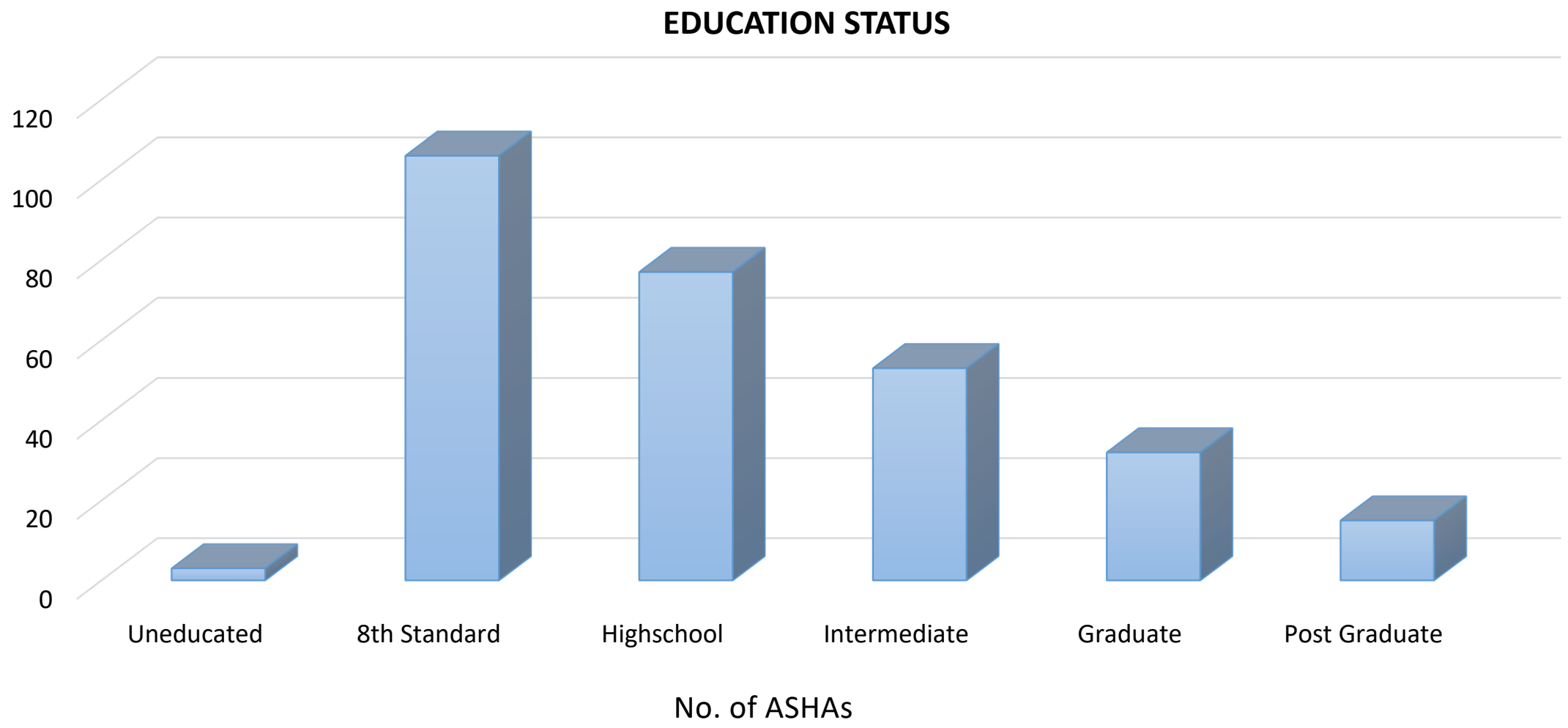
Result

Socio-demographic characteristics of respondents

Out of 286 ASHAs about 16 % (46) ASHAs were in the age group of upto 30 Years. More than two-third, 70% (201) ASHAs were in the age group 31 – 45 Years and rest 14% (39) ASHAs fell in the age group 46 Years and above.



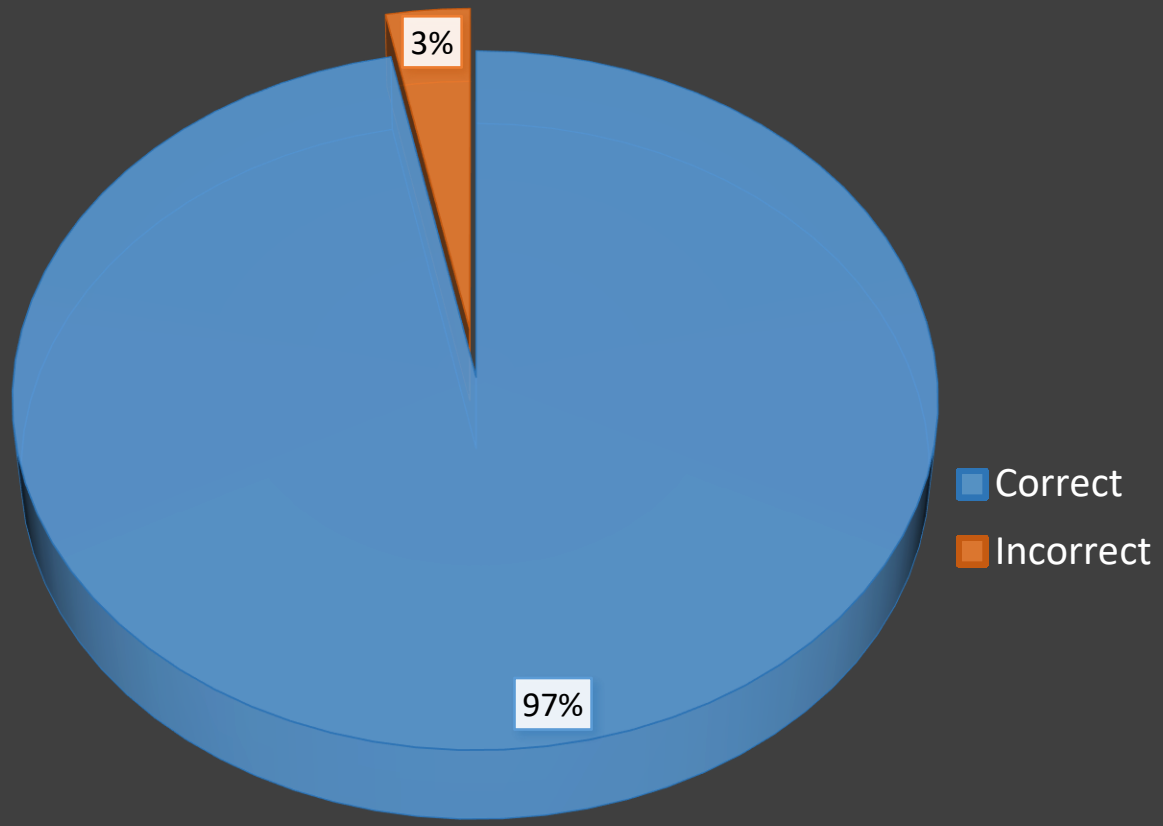
More than one-third (37%) of the ASHAs were educated till 8th standard, whereas 27 Percent ASHAs mentioned education level as high school. Some ASHAs completed education till 12th standard (19 Percent) and few (11 Percent) were graduated. The ASHAs who had completed their studies till post-graduation were not much (5 Percent). Surprisingly, it was observed that 3 ASHAs were illiterate.



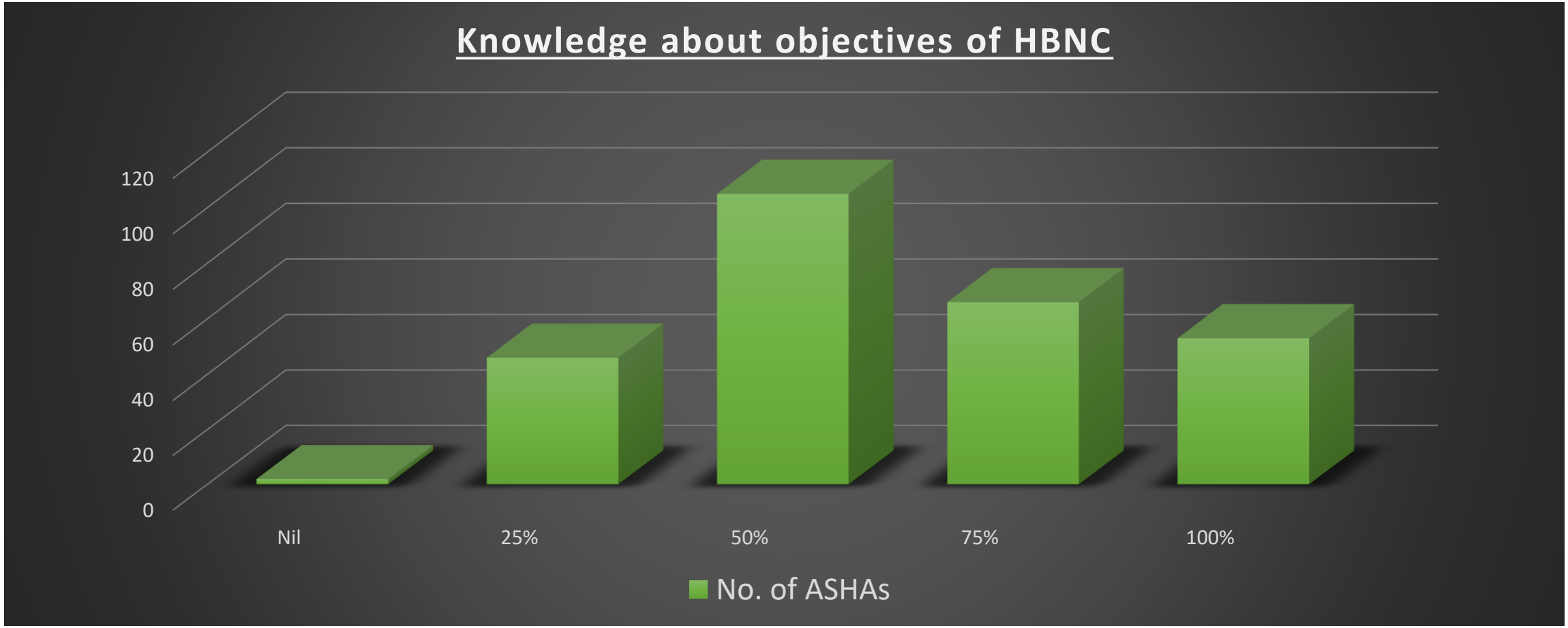
Knowledge and awareness among the ASHAs

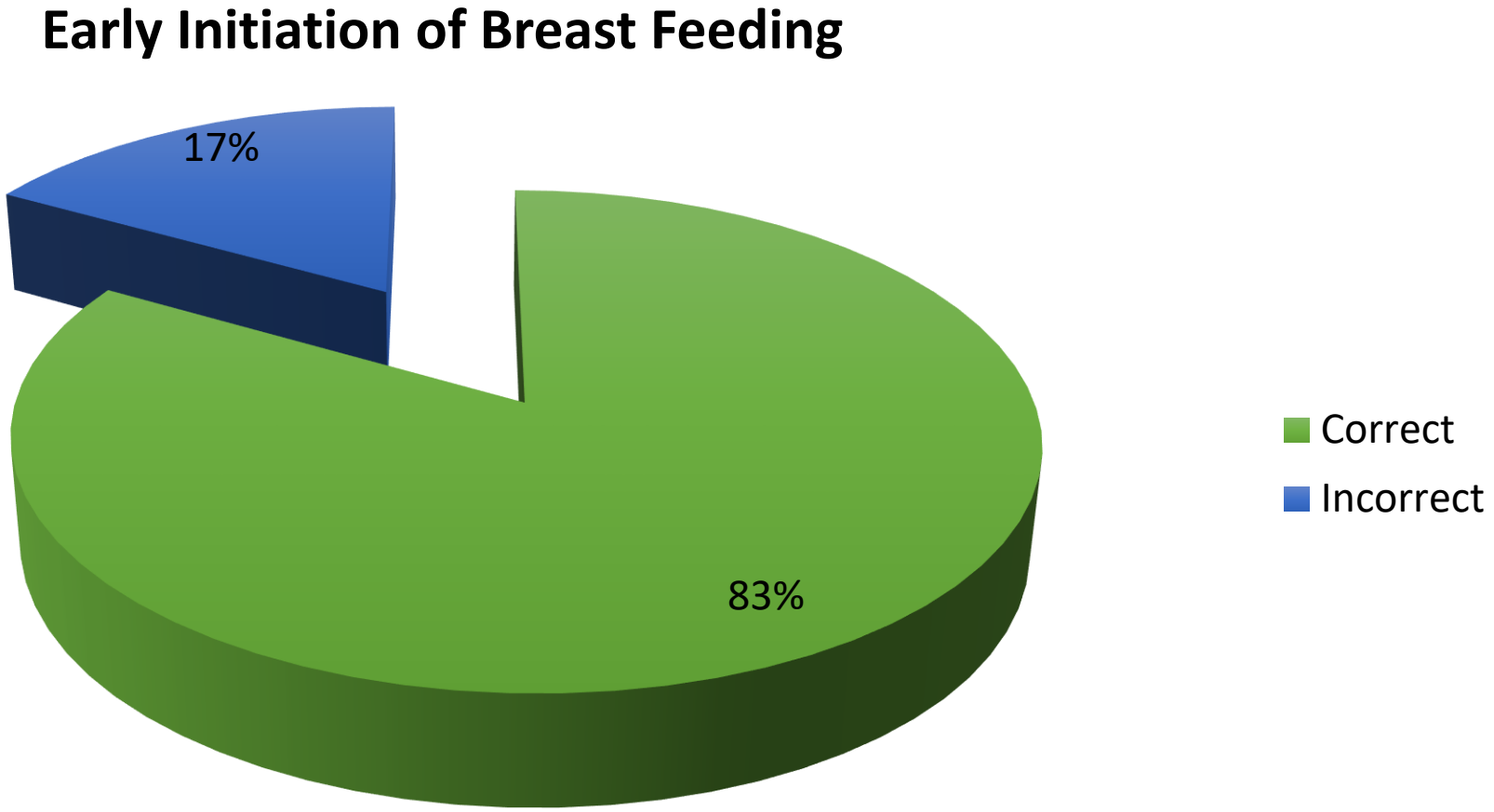
- A majority ASHAs (97%) found aware about the full form of HBNC i.e. Home-Based Newborn also, all 286 ASHAs mentioned correctly that the provider of the HBNC services are ASHAs themselves.

AWARENESS ABOUT FULL FOR OF HBNC



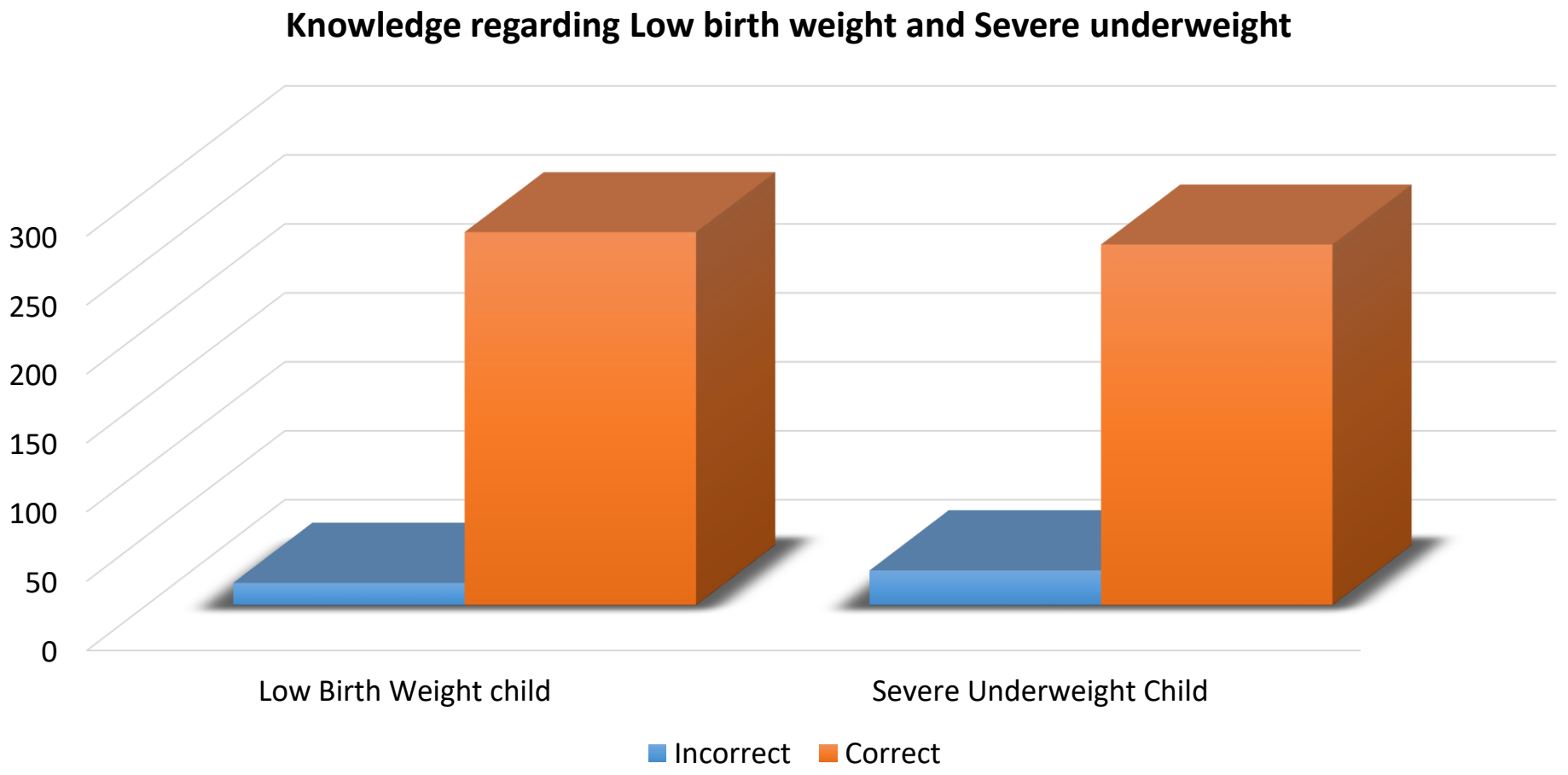
A little less than two-fifth ASHAs (37 Percent), had knowledge about the objectives of HBNC for two indicators namely they knew about reduction of neonatal mortality and to provide complete newborn care and prevention of complication. On the contrary less than one-fifth (19%) found having knowledge regarding all the four indicators pertaining to HBNC services.

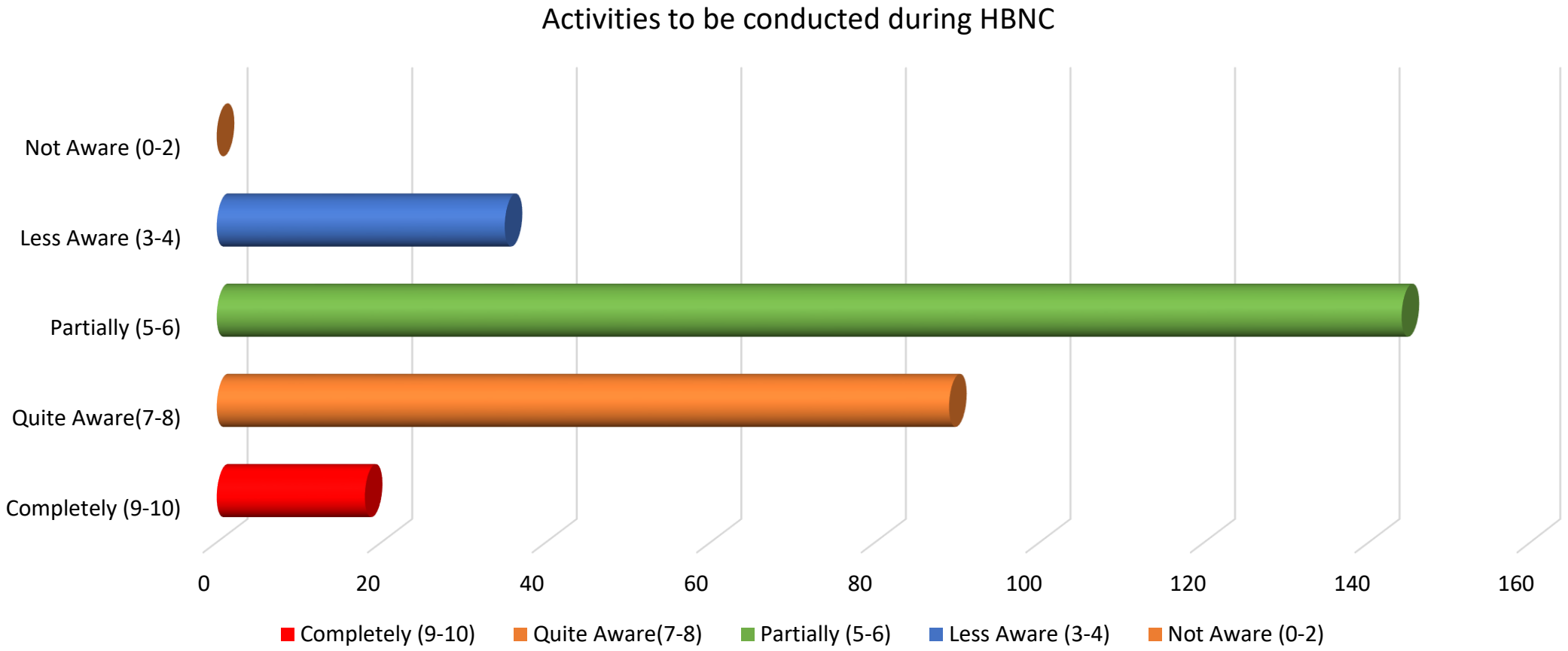




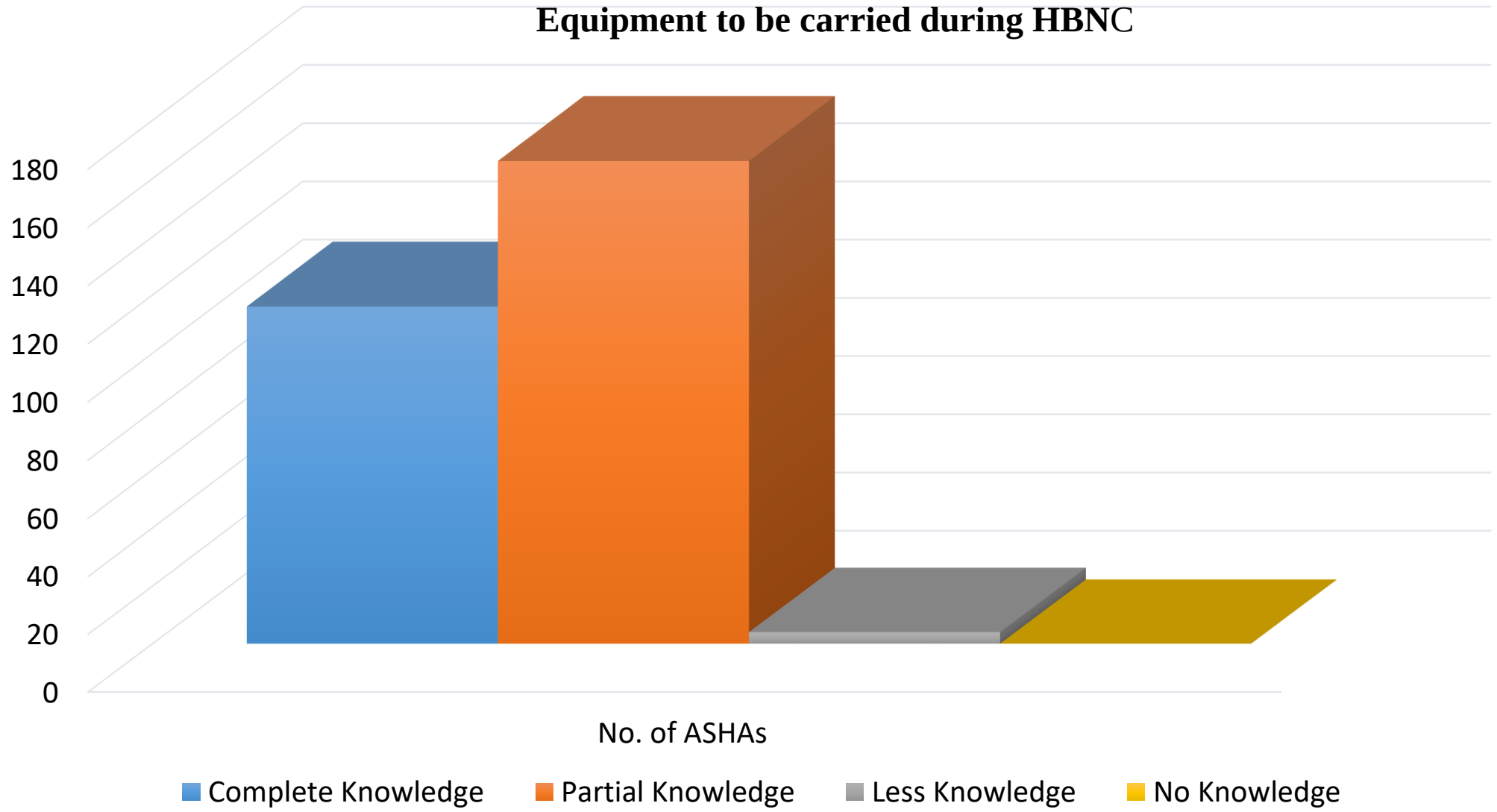
Among 286 ASHAs, 238 ASHAs (83%), correctly mentioned that early initiation of breast feeding and the time within which it should be provided to the newborn after birth i.e. Within 1 hour of birth.

When the information regarding the low birth weight i.e., 2500 gm and severe underweight i.e., 1800 gm was asked from the ASHAs, most of the ASHAs 94 % mentioned correctly about the low-birth weight and 91% mentioned correctly about the severe underweight.



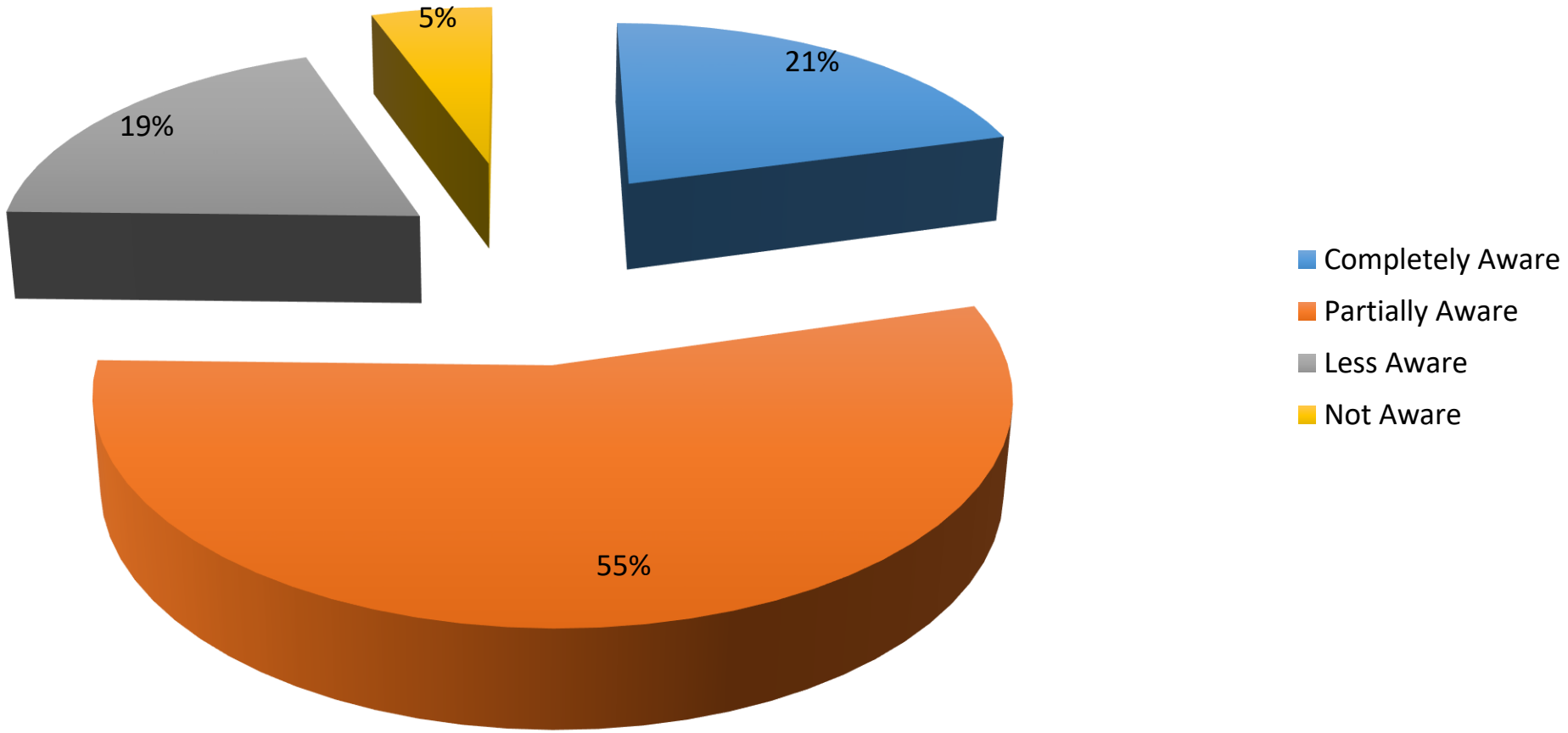


Around half (50 Percent) of the ASHAs were found partially skilled about these activities , 31 % of the ASHAs were able to perform 8 activities in skills regarding the activities and only 6 Percent were completely skilled about all the activities to be conducted during the visit. Although there was no such ASHA who found completely unskilled, still 12 Percent ASHAs were able to perform only 4 activities and were skilled regarding the activities. None of the ASHA found unaware about what to perform during home visit pertaining to HBNC. Further, the analysis suggests, 35 ASHAs were less aware regarding the same. More than half (50 percent) ASHAs were partially aware where questions related to activities perform during home visit with regard to HBNC was asked.



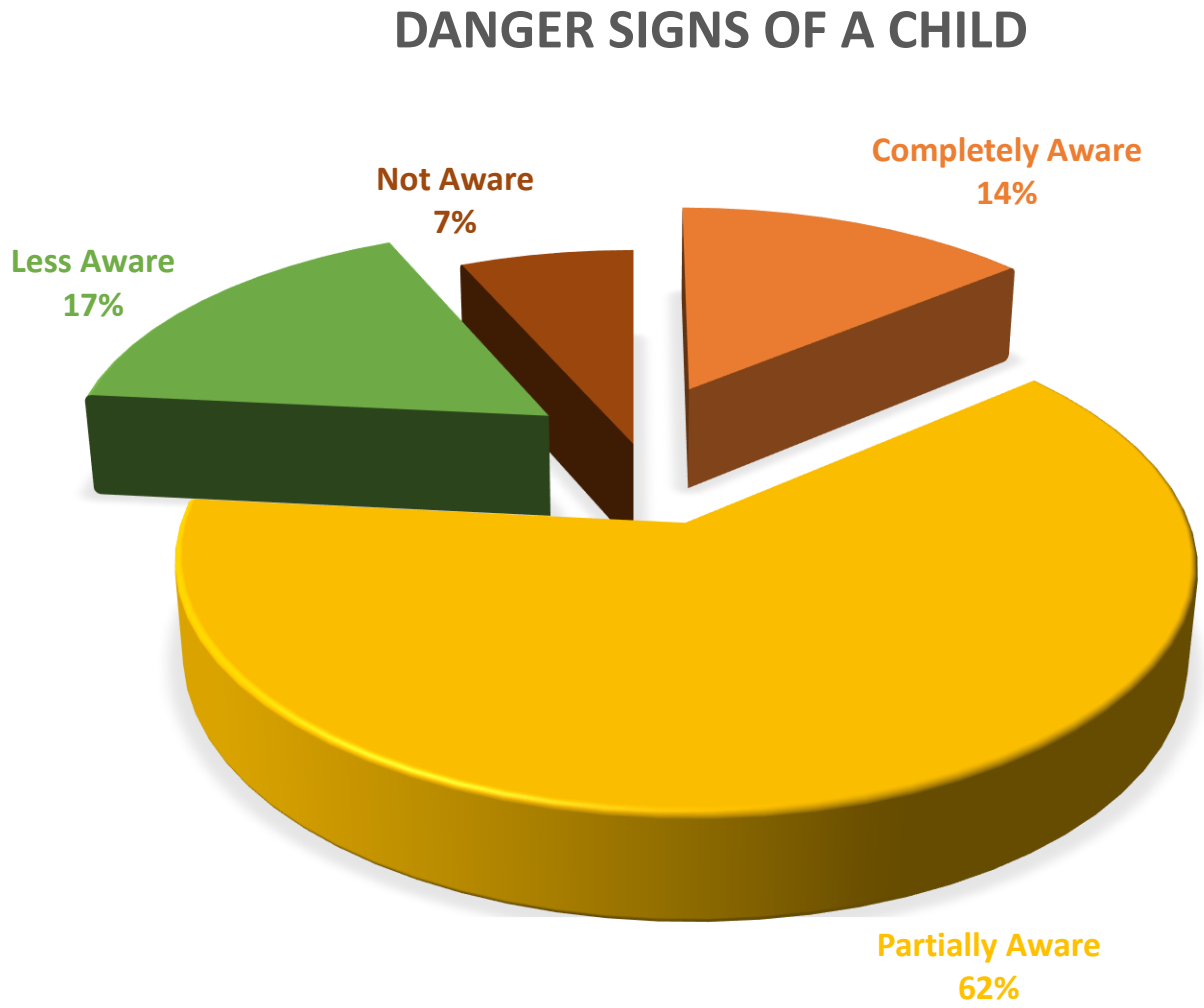
When it comes to the knowledge regarding basic equipment to be carried during the visit, most of the ASHAs (58 Percent) carried weighing scale and thermometer and blanket with them. 41 Percent of the ASHAs carried timer also along with the other equipment. Only few (1 Percent) of the ASHAs did not carry even these basic equipment to the field visit.

Danger Signs of the Mother



About 21 Percent ASHAs are aware about the danger signs of mother correctly and more than half of the ASHAs (55 Percent), mentioned about excessive bleeding, smelling fluid discharge, weakness an fever, whereas 19 Percent ASHAs are less capable of examining the danger signs and 5 Percent do not examine the danger signs of mother.

14%ASHAs are aware of examining the danger signs of child, 62 Percent ASHAs partially aware in examining danger signs of child whereas 17 Percent are less capable to examine danger signs and rest 7 Percent do not examine the danger signs of newborn child.



Findings

- The interesting point that came to the notice from analysis was that all ASHAs found aware about the number of home visits related to Institutional Delivery i.e. 6 visits (3,7,14,21,28,42 day from the day of discharge) and Home delivery i.e. 7 visits (1,3,7,14,21,28,.42 day from the day of discharge).

- The knowledge regarding the incentive to be given to the ASHAs for providing HBNC services i.e. 250 Rs. was mentioned correctly by all the respondents.

- All the ASHAs found having knowledge about Kangaroo Mother Care and the procedure of providing the Kangaroo Mother care to the low birth weight newborn. Also, they used to counsel mothers about the benefits of providing Kangaroo Mother Care.

- All the ASHAs of the district have received the HBNC checklist and they fill the checklist during the visit.

Conclusion

- The study aimed to study the knowledge and skills of ASHAs of Lakhimpur Kheri in provision of HBNC services. Though the understanding about HBNC, the provider of the services, Number of visits to be conducted in case of Institutional delivery and Home delivery, ASHA incentive to be given to them, Kangaroo Mother Care and Checklist was appropriate among them, but they were having less knowledge when it comes to skills such as early initiation of breast feeding, Low Birth weight child and severe underweight child, activities to be conducted during the visit and examining of danger signs of mother and child.
- Based on the findings of the study, this can be concluded that ensuring refresher training, regular monitoring and supervision can make the provision of HBNC more effective and thus help in achieving the goal of reduction of neonatal mortality.

Thank you