

# CHAPTER - 09

## STUDY TO ASSESS KNOWLEDGE AND PRACTICES OF ASHA IN PROVIDING HBNC AT BAHADURPUR BLOCK OF ALLAHABAD, U.P.

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### INTRODUCTION

Reducing infant and child mortality stands as a primary objective of the National Health Mission (NHM). The nation has made notable strides in decreasing Infant Mortality Rates (IMR) overall. Yet, it has become evident that a considerable portion of infant mortality is linked to neonatal deaths. Further advancements in lowering IMR can only be achieved through a concentrated effort in implementing evidence-based and cost-effective interventions that impact neonatal health outcomes. Despite the rise in institutional deliveries, a significant number of neonatal deaths still occur within households, underscoring the importance of Home-based Newborn Care (HBNC) [1]. NHM provides various platforms for the effective promotion of HBNC, including the deployment of trained Accredited Social Health Activists (ASHAs) in every village. The Government of India (GoI) issued HBNC guidelines in 2011 to enhance access to

newborn care through ASHAs. These guidelines envision ASHAs conducting home visits to advocate essential newborn care, identify illnesses, and facilitate referrals, when necessary, with ASHAs receiving performance payments for these visits. However, a Situational Analysis on the performance of Accredited Social Health Activists in Providing Home-based Newborn Care by Emily Das et al. revealed shortcomings in ASHAs' adherence to these guidelines. Despite expectations for comprehensive coverage of essential topics and signs during home visits, ASHAs frequently omitted assessment items and questions. While ASHAs tended to inquire about breastfeeding, newborn warmth, and crying, they were less inclined to conduct thorough examinations or assess for danger signs [2,3].

## **RESEARCH OBJECTIVES**

1. To evaluate the understanding of ASHAs concerning HBNC.
2. To examine the methods employed by ASHAs in delivering HBNC.
3. To investigate the different factors that impact the efficient delivery of HBNC services.

## **RESEARCH METHODOLOGY**

The study employed a descriptive cross-sectional design and was conducted in the Bahadurpur block of Allahabad, identified as a High Priority District. Participants included ASHAs who had undergone HBNC training or Module 6-7 training, selected randomly from the block. Simple random sampling was used to select Bahadurpur out of four focused blocks. Bahadurpur block has a total of 245 working ASHAs. The data collection technique employed was personal interviews,

conducted using an interview schedule as the data collection tool. After conducting the interviews, the filled interview schedules were carefully examined to ensure completeness and accuracy. Subsequently, the collected data was entered into MS Excel for further analysis.

## **RESULTS & DISCUSSION**

The study included 146 ASHAs from Bahadurpur blocks in the Allahabad district of Uttar Pradesh. These ASHAs were interviewed using an interview schedule to assess their knowledge and practices regarding Home Based Newborn Care (HBNC), along with their perceptions and challenges related to providing effective HBNC services. The interview questions covered various aspects, including socio-demographic characteristics, knowledge, practices during HBNC service provision, and perceptions and challenges regarding HBNC services. Approximately 90 percent of the ASHAs were under the age of 45, and around 80 percent belonged to lower castes. More than half of the ASHAs had completed their education beyond the 10th standard. The majority of the ASHAs (93.2 percent) were married, with a small percentage being widowed, single, or separated. All ASHAs considered other activities as their main livelihood source.

Around three-fifths of the ASHAs had correct knowledge regarding the number and timing of home visits for HBNC. However, it was observed that while almost all ASHAs carried weighing scales and thermometers for home visits, fewer than 12 percent carried other important items. Regarding advice given to mothers about newborn care, nearly all ASHAs (98 percent) provided advice on breastfeeding, while 73 percent offered advice on cord care. About half of the ASHAs (51.4 percent)

provided advice on handwashing practices. Less than half advised on vaccination and maintaining warmth, and only three percent mentioned the importance of birth registration for newborns.

## **CONCLUSION**

Most ASHAs typically carry weighing scales and thermometers during home visits but often overlook other essential items such as Paracetamol, cotton, gauze, timer devices, soap, and spoons. While it is commendable that most ASHAs provide advice on breastfeeding, cord care, and handwashing practices to mothers, less than half of them cover important topics like vaccination, maintaining temperature, and registering newborns. Although most ASHAs are knowledgeable about the early initiation of breastfeeding, advising on colostrum intake remains a neglected practice. Only about half of the ASHAs offer advice on Kangaroo Mother Care. During home visits, the majority of ASHAs check the weight and temperature of newborns, but fewer than half assess other signs, indicating a need for capacity building. Challenges such as the lack of HBNC checklists and delayed incentive payments to ASHAs also impact the provision of HBNC services. Ensuring refresher training, supplying checklists to all ASHAs, providing regular supportive supervision, and promptly paying incentives can enhance the effectiveness of HBNC provision and contribute to the goal of reducing neonatal mortality.

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