

CHAPTER: 11

A STUDY TO ASSESS AWARENESS, KNOWLEDGE AND SKILLS OF ASHA REGARDING HOME BASED NEWBORN CARE (HBNC) IN LAKHIMPUR KHERI DISTRICT, UTTAR PRADESH

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INTRODUCTION

The primary objective of any organization is to generate revenue, but it should simultaneously prioritize the well-being of its employees, who contribute significantly to the organization. The primary emphasis should be on employees, highlighting strategies for their long-term retention. The research identifies that insufficient growth opportunities, concerns related to salary, and inadequate recognition are significant factors motivating employees to contemplate job changes. According to the study's findings, the HR department should create chances for staff members to advance within the company by incorporating cutting-edge technologies and putting in place efficient training initiatives in order to lower attrition. Additionally, in order to address family-related concerns and lower turnover, the employer should take into account things like accessibility to the workplace or nearby transportation [1].

The swift implementation of the IMNCI program resulted in an improvement in the quality of newborn care at the community level. However, starting from 2012, the Ministry of Health and Family Welfare has chosen to restrict the IMNCI program to ANMs only, while the Anganwadi component is now under the Integrated Child Development Services. ASHAs, acting as frontline workers for HBNC, undergo four rounds of training through two modules [2]. Familial practices related to newborn care encompass routine care practices performed by mothers and their family members. These practices are often carried out without knowledge of whether they contribute positively or negatively to the child's health. Examples include administering pre-lacteal feeds, giving the first bath to a baby before completing six days, applying substances to the umbilicus, and keeping a knife and matchbox near newborns.

Furthermore, the assessment's scope was broadened to include an investigation of additional practices associated with newborn care, particularly focusing on feeding practices [3]. ASHA workers' performance was evaluated through a variety of skills, including temperature recording, weight recording, handwashing, kangaroo mother care (KMC) placement, and bag and mask ventilation (BMV). The checklists used for baby weight, temperature assessment, and

handwashing adhered to the instructions given in NRHM training module 6. The BMV and KMC checklists were modified in accordance with the Navjat Shishu Suraksha Karayakam (NSSK) guidebook [4].

RESEARCH OBJECTIVES

To evaluate ASHA employees' understanding, expertise, and familiarity with home-based newborn care in the Uttar Pradesh district of Lakhimpur Kheri.

RESEARCH METHODOLOGY

A descriptive cross-sectional study was conducted over a three-month period, from 14th February 2020 to 14th May 2020. The study focused on rural areas encompassing four blocks—Phardhan, Phoolbehed, Isanagar, and Nighasan—within the Lakhimpur Kheri District. The study population comprised ASHAs who had undergone HBNC training or Module 6-7 training, and those working in the four designated blocks were selected as respondents. Inclusion criteria stipulated that all ASHAs in these blocks who had received HBNC training were eligible to participate.

Conversely, ASHAs recently appointed and yet to undergo training specific to HBNC were excluded from the study. A sample of 286 ASHAs were randomly selected from a total pool of 1107 ASHAs across the four blocks.

RESULTS & DISCUSSION

The study assessed the socio-demographic characteristics, knowledge, and skills of Accredited Social Health Activists (ASHAs) in the context of the Home-Based Newborn Care (HBNC) Programme in four rural blocks of Lakhimpur Kheri District. Among the 286 ASHAs surveyed, the majority (70%) fell in the 31–45 age group, with educational backgrounds varying from 37% having education up to the 8th standard to 11% being graduates. Notably, 97% of ASHAs were aware of the full form of HBNC, and all correctly identified ASHAs as the providers of HBNC services. While 37% had knowledge of two out of

four HBNC objectives, only 19% were aware of all four objectives.

Regarding practical aspects, 83% correctly emphasized the importance of initiating breastfeeding within one hour of birth. Most ASHAs demonstrated accurate awareness of low birth weight (94%) and severe underweight (91%). However, when it came to skills during HBNC visits, only 6% were fully skilled in all activities, with 50% being partially skilled. While 58% carried essential equipment like weighing scales and thermometers, knowledge of danger signs in mothers (21%) and children (14%) varied. Notably, all ASHAs were familiar with Kangaroo Mother Care and used HBNC checklists during visits. The findings highlighted the need for targeted training and support to enhance ASHAs' knowledge and skills, ensuring more effective implementation of the HBNC Programme.

CONCLUSION

The study aimed to evaluate the knowledge and competencies of ASHAs in Lakhimpur Kheri concerning the delivery of Home-Based Newborn Care (HBNC) services. While ASHAs demonstrated a satisfactory understanding of elements like HBNC, identification of service providers, the recommended number of visits for institutional and home deliveries, ASHA incentives, Kangaroo Mother Care, and checklists, they exhibited limited knowledge in certain skills. Specifically, they showed less proficiency in areas such as the early initiation of breastfeeding, management of low birth weight and severely underweight infants, appropriate activities during visits, and identification of danger signs in both mothers and infants. The study suggests that implementing refresher training, regular monitoring, and supervision can enhance the effectiveness of HBNC provision, contributing to the overall objective of reducing neonatal mortality.

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