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Evaluate The Effectiveness Of Video Teaching Programme On Knowledge Of Asha Workers' With Regard To Home Based Newborn Care(Hbnc) In The Selected Phc, Odisha

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Abstract

Home-based newborn care (HBNC) was identified as a key strategy to provide continuum of care for newborns in India. This approach recognized that improvements in home-based practices were essential to ensure comprehensive primary health care for newborns. ASHAs carry out a wide range of functions which include preventive, promotive and curative services in maternal and child health, disease control, nutrition and surveillance.

Objectives- To evaluate the effectiveness of Video teaching programme with regard to Home Based Newborn care.

Methodology: Quantitative Research Approach and Quasi Experimental Research Design was used for this study. Total 100 samples were selected by purposive sampling technique.

Result and Findings. -Distribution of demographic variables of Asha Workers. Regarding age of the Asha Workers majority 43(43%) were in the age group of more than 36 years, majority 96(96 %) had education upto 10th standard, all 100(100%) had Rs 5001/- to Rs10, 000/ month. With regard to knowledge of Newborn care it showed that during pretest the mean knowledge score was 14.5 whereas during post test it was 20 with the t value of 15.5 shows significant difference at 0.05 level.

Conclusion- Video teaching was effective to increase knowledge of ASHA Workers regarding Home-based Newborn care.

Keywords: ASHA Worker, Newborn care, PHC, Video Teaching

Introduction

Newborn or neonatal period include the time from birth to 28 days of life. Thisis the crucial period in laying the foundation of good health. At this time specificbiological and psychological needs must be met to ensure the survival and healthdevelopment of the child into a future adult [1,2]. The major causes of neonatal deaths globally were estimated to be due tocomplications of pre-maturity, (28%) sepsis, pneumonia (26%), birth asphyxia,injuries (23%), tetanus (7%), congenital anomalies (7%) and diarrhoea (3%). A studydone by Baqui, et.al., (2006) in rural Uttar Pradesh showed that out of 618 neonataldeaths, 32% deaths were on the day of birth, 50% occurred during the first 3 days oflife and 71% were during the first week of life. [3,4].

Care practices immediately after delivery play a major role in causing neonatal morbidities and mortalities. Essential newborn care practices were outlined to decrease the neonatal morbidity and mortalities. These practices include clean cord care, thermal care, and initiating breast feeding immediately after birth. The traditional practices like applying cow dung on the umbilical stump, oil instillation into nose, eyes also contribute to newborns risk of morbidity and mortality [5-7].

WHO reported that each year about 4 million newborns die before they are four weeks of life.Ninety eight percent of these deaths occurring in developing countries. Two thirds of newborn deaths occur in the WHO regions of Africa (28%) and East Asia (36%).Evidence suggests that effective interventions to reduce the NMR in settings with high mortality and weak health systems include outreach, family-community care, health education to improve home-care practices and a simultaneous expansion of clinical care. Studies of community-based interventions in newborn care have shown that they are effective in reducing neonatal mortality[8-11].

Based on the evidence available, home-based newborn care (HBNC) was identified as a key strategy to provide continuum of care for newborns in India. This approach recognized that improvements in home-based practices were essential to ensure comprehensive primary health care for newborns. ASHAs carry out a wide range of functions which include preventive, promotive and curative services in maternal and child health, disease control, nutrition and surveillance. The principles of home based newborn care is simple, requiring no expensive high technology equipment resuscitation, warmth to avoid hypothermia, early breastfeeding, hygiene, support for the mother infant relationship and early treatment for low birth weight or sick infants[12-14].

Home-based newborn care (HBNC) is a strategy adopted by government of India to overwhelm the burden of newborn deaths in the first week of life, it provides continuum of care for newborn and post-natal mothers. The key activities in HBNC constitute the provision of care of every newborn through a series of home visit by an ASHA within the first 6 weeks of life, an examination of every newborn, extra home visit for preterm and low birth weight babies, early identification of illness/danger sign in the newborn, follow-up for sick newborn, counselling the mother on postpartum care, recognition of postpartum complication and counselling the mother for adoption of appropriate family planning[15-16].

Despite increasing rate of institutional delivery, Neonatal Mortality Rate in India is among the highest in world. Unavailability of trained workers along with poor infrastructure is one of the major obstacles in ensuring quality health and neo-natal care. It is therefore essential that neonates are provided utmost care at the first month of life so that neonatal death could be prevented.India contributes to one-fifth of worldwide live births and quite ¼ of neonatal deaths. India has an Infant mortality rate of 33 per 1,000 live births. Every newborn requires basic care, which has got to be provided by the mother at home. This comprises warmth, feeding support, skin to skin care, proper hygiene and identification of danger signs of newborn, and seeking help from health personnel whenever required.Studies have reported one-third to two-third drop of mortality among newborn after home-based care interventions. Identification of determining factors and effective up scaling of the home-based packages will prove to be of vast benefit in reducing neonatal mortality[17-18].

Accredited Social Health Activist (ASHA) is a trained female community health activist. ASHAs are local women trained to act as facilitator and promoters of health care in their communities. ASHA is trained to work as an interface between the community and the public health system. ASHA play an important role in newborn care to reduce their morbidity and mortality.Considering the above result the Researcher felt to take this study to understand ASHA's Knowledge and to plan Video teaching Programme to create awareness and to empower them with knowledge[19]

Objectives

- To assess the existing knowledge of ASHA Workers' with regard to Home Based Newborn Care.
- To evaluate the effectiveness of Video teaching programme with regard to Home Based Newborn care..
- To associate the post-test level of knowledge with the selected demographic variables

Assumptions

- ASHA Workers' may have Moderately adequate knowledge on Home Based Newborn Care.
- Video Teaching programme will enhance the knowledge of ASHA Workers' with regard to Home Based Newborn Care.

Hypotheses

- H1 There is a significant difference between the pre and post-test level of knowledge with regard to Home Based Newborn Care.
- H2 There is significant association between post-test knowledge with the selected demographic variables

Methodology

Research Approach- Quantitative approach was used for the present study. Quasi experimental involves the manipulation of an independent variable that is implementing of an intervention.

Research Design-The research design provides an overall plan for conducting the study. One group pre-test post-test Quasi-Experimental Design was adopted. Q1 is pre-test assessment, Q2 is post-test assessment and X is intervention.

Setting of the study
The study was conducted at PHC, Odisha, which is situated 2kms away from the college. There are total 300 ASHA's under this PHC.

Variables-Independent variable was Video teaching programme regarding Home-based newborn care
The dependent variable was Knowledge of ASHA Workers.

Population-The population of the study includes ASHA Workers

Sample Size-The sample size included for the study consists of 100 ASHA Workers.

Sampling Technique-Non probability Purposive-sampling technique was used for selecting the samples.

Criteria for Selection of Samples
Inclusion Criteria
- ASHA Workers who are-
- able to communicate freely in Odiya/English
- at the age group 18-40 years
- willing to participate in the study

Exclusion Criteria
- Those who were not available during the period of study

Description of the Tool
Section - 1 Description of Demographic Variables
- It includes age, educational status, income, religion, years of experience etc.

Section - 2 Knowledge on Home Based Newborn care- Questionnaire
- It consists of 30 multiple choice questions to assess the knowledge regarding Home Based Newborn care. Each question has 4 options in which one option correct and other 3 options are wrong. Each correct answer carries one mark, wrong answer carries zero mark.

Data Collection Procedure

After getting permission from the concerned authority, the researcher met the ASHA Workers. The purpose and duration of the study was explained to them and their informed oral consent was obtained. The sample was collected by non- probability convenient sampling with reference to the selected criteria. The interview schedule was used to assess the knowledge on home based newborn care. After pre-test video teaching programme was given through power point presentation. The teaching took about 40-45 minutes for group teaching. The ASHA Workers were encouraged to clarify their doubts, post test was conducted on the 8th day to assess the effectiveness of teaching in improving the knowledge regarding home based newborn care by using the same tool. Data collected from 20 workers per week, It took 15-20 minutes to get information for each sample.

Data Analysis and Interpretation

The analysis and interpretation of data are presented under 3 sections.
Section – I Distribution of demographic variables.
Section – II Description about the knowledge of ASHA Workers' with regard to Home based new born care.
Section – III Association of selected demographic variables with level of knowledge of ASHA Workers' with regard to Home based new born care.
Distribution of demographic variables of ASHA Workers. Regarding age of the ASHA Workers majority 43(43%) were in the age group of more than 36 years, 33(33%) were in the age group of 31-36 years and 24(24%) were in the age group of 26 to 30 years .
With regards to education of the ASHA Workers majority 96(96 %) had education upto 10th standard, followed by 4(4%) had graduation &above .
Regarding religion that most of the workers are belongs to Hindu 99(99%), followed by Muslim 1(1%). Regarding family income all 100(100%)had Rs 5001/- to Rs10, 000/ month.
With regard to knowledge of Newborn care it showed that during pretest the mean knowledge score was 14.5 whereas during post test it was 20 with the t value of 15.5 shows significant difference at 0.05 level. Hence it indicates that the video teaching was effective to improve the knowledge of ASHA Workers regarding Home Based Newborn care. [Tab-1, Fig-1]

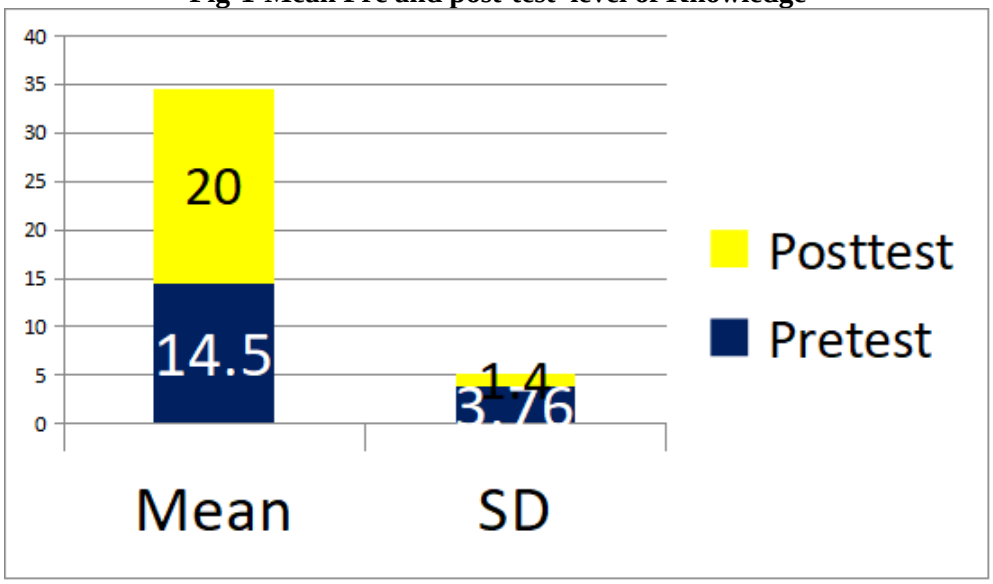
Tab-1- Distribution of Statistical Value of Pretest and Post Test Knowledge Scores of ASHA Workers with Regard to Home Based New Born Care

(N = 200)

Sl.No	Knowledge	Mean	S.D	't' value
1	Pretest	14.5	3.76	15.5*
2	Posttest	20	1.4	

*significant at 0.05 level

Fig-1-Mean Pre and post-test level of Knowledge



Associations of demographic variables with post test score of knowledge regarding home based newborn care. The obtained chi square values of age of the workers is (14.67), education (12.36), parity (11.18) were significant at 0.05 level. It reveals that there was a significant relationship between post- test knowledge score with age, education, parity. The other demographic variables are not associated with knowledge.

Discussion-

The First Objective of the Study was to assess the Knowledge of ASHA Workers' with Regard to Home Based Newborn Care. Structured interview Schedule was used to assess the knowledge. The pre-test mean score of knowledge was 14.5and post- test mean score was 20. It shows significant difference in pre- test and post- test. It implies that there is inadequate knowledge regarding home based new born care in pre test. A similar type of study conducted by Carson (2009) to assess the knowledge on newborn care. The scores of knowledge test were of an acceptable level, pre test score of knowledge was 18, and the post test mean score was 23.

The Second Objective of the Study was to Evaluate the Effectiveness of Video Teaching Programme with Regard to Home Based Newborn Care. The obtained 't' value for knowledge was 15 shows significant at 0.05 level. It reveals that there was significant improvement in the knowledge with regard to home based new born care among ASHA workers during the post-test after the teaching programme. The Second Objective of the Study was to Evaluate the Effectiveness of Video Teaching Programme with Regard to Home Based Newborn Care. The obtained 't' value for knowledge was 15 shows significant at 0.05 level. It reveals that there was significant improvement in the knowledge with regard to home based new born care among ASHA workers during the post-test after the teaching programme

Nursing Implications

- The findings of the study have implications on various areas of nursing education, nursing practice, nursing administration and nursing research.
- The findings of the study indicate that more emphasis should be placed in the curriculum on the Home based new born care.

Nursing Education-

- The nursing curriculum should consist of knowledge related to teaching strategies and various modalities.
- So that nursing students can use different teaching methods to impart the appropriate knowledge on home based new born care.

Nursing Practice

Nursing professionals working in the community as well as in the hospital can understand the importance of health education regarding home based new born care.

- So that there is a need for developing structured teaching programme and health education on different aspects about home based new born care in order to improve the knowledge regarding home based new born care.
- Mass health education campaigns should be organized regularly by health team to provide education towards home based newborn care and clear the doubts regarding home based newborn care and motivating them to practice new born care.

Nursing Administration

- The nurse administrator should organize the in-service education training program for nurses and other health care professionals to update their knowledge and practice about home based newborn care.
- The nurse administrator should motivate the health care professionals to organize campaign newborn care.

Nursing Research

- The findings of the study serves as basis for the professional and the student nurses to conduct further studies on home based newborn care.
- The study will motivate the beginning researchers to conduct the same study with different variables and large scale.

Recommendations

- Similar study can be undertaken on a large sample for making a more valid generalization.
- Similar study can be done by including additional demographic variables.
- A comprehensive study can be conducted between rural and urban ASHA Workers.
- Similar study can be undertaken by descriptive study .
- An experimental study can be undertaken with control group for effective comparison.

Conclusion

The educative measures shows that significant improvement in knowledge regarding home based new born care among ASHA Workers. The post test scores of knowledge was highly significant when compared with pretest scores. Hence the alternative hypothesis accepted

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