

A Quasi Experimental Study to Assess the Effectiveness of a Structured Training Programme on New Born Care Based on ASHA Module 7- “Skills that Saves Lives” in Terms of Reported Practice among ASHA Workers in a Selected Community of Delhi

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Abstract: *A Quasi experimental study was conducted to develop structured training programme for ASHA workers on new born care based on ASHA module 7 “skills that saves lives”, to compare the practice of ASHA workers with regard to new born care before and after the administration of structured training programme in IPP VIII Maternity and Health centre, Badarpur, New Delhi and Government dispensary, Tuglakabad, New Delhi. The findings reveals that the mean of post test scores (36.1) was higher than the mean of pre- test scores (19.87) with a mean difference of 16.230. Thus, it is said that the difference obtained in mean pre- test and post- test practice scores is a true difference and not by chance. There was no association between practice scores and selected demographic variables i.e. age, years of experience and educational status of ASHA workers. The data was analyzed using descriptive and inferential statistics like frequency, percentage, mean, Range (Maximum and Minimum) and Paired t – test and chi square test.*

Keywords: ASHA workers, Training programme, Practices, Newborn care

1. Introduction

Newborn health and survival depend on the care given to the newborn, although newborn care is a very essential element in reducing child mortality, it often receives less than optimum attention. There have been agreements to affirm the world’s commitment to improving newborn health. Current global evaluations confirm that commitment to improving newborn health makes meaningful socio-economic contributions (Yinger & Ransom, 2003). Various reasons can be attributed to why the health of the newborn has been neglected despite the huge mortality rates and why most neonatal deaths are unseen and undocumented. Every year, four million newborn babies die in the first month of life—99% in low and middle-income countries¹. India carries the single largest share (around 25-30%) of neonatal deaths in the world. Neonatal deaths constitute two-thirds of infant deaths in India; 45% of the deaths occur within the first two days of life². Community-based neonatal interventions aim for increased referral of sick newborns to facilities, largely to be catered by these SCNUs, thus acting as a powerful intervention to transfer the value of both community and facility-based healthcare. These units are essentially equipped with radiant warmers, phototherapy units, oxygen concentrators, pulse oxymeters, and intravenous infusion pumps, enough to treat and take care of babies with birth asphyxia, jaundice, sepsis, and LBW. These units cater to both inborn and outborn sick neonates. The recommended nurse:bed ratio is 1:1.2 while the doctor:bed ratio should be 1:4. It has been estimated that

around 15-20% of all newborns require level II care in rural settings³.

2. Review of Literature

S Susham, D Amol, H Samir, M Suresh, Y Arun assessed the effectiveness of training course of ASHA on Infant feeding practices at Rural Teaching Hospitals, 99 ASHA workers were interviewed, most of them were literate, and are experienced. The results show that 94.44% of the workers had proper knowledge on breast feeding practices. Among them 55.55% of ASHA’s knew that breast feeding had to be given on demand. The pre test scores were very good 3(0.03%), good 65(65.66%), average 28 (28.28%), below average 3(3.03%) and the post training results were very good 64(64.45%), good 31(31.31%), average 4(4.04%).⁴

A Cross-sectional study was conducted by S Puri, V Bhatia, M Sharma, H Swami; C Magnat with the objective to study the home based newborn care practices in slum and urban area of Chandigarh and to compare the practices in both setups. 226 Women, who had children below 3 months at the time of data collection i.e. between April 2005- May 2006, were included in the study. Result shows that (38.4%) Women gave birth at home only. (45.1%) deliveries were conducted by skilled birth attendant as compared to (7.1%) by traditional birth attendants. (61.9%) of newborn infants had been bathed within the 0-12 hours. Number of infants who were given colostrums were (80.9%) and (26.9%) were put on breast feed within 1-2 hours of birth. The study concludes that prevalence of various harmful practices

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regarding newborn care like application of kajal, delay in initiation of BF, prevalence of pre lacteal feed etc are prevalent in the society especially in the slums. The study suggested that dissemination of information & education regarding health material & newborn care practices is the need of the day. IEC activities play an important role in making community aware of the healthy practices so that harmful traditions should be given up along with promoting healthy traditional practices. Efforts should also be made to encourage institutional deliveries where healthy education can be provided also not only to mothers but to other members of family.⁵

3. Materials and Methods

The study was conducted in Government Dispensary, Mangolpuri New Delhi. In present study, a quasi experimental one group pre test post test design is adopted in order to achieve the objectives. The sample comprised of 6 ASHA workers of selected community of Delhi. The structured practice questionnaire was used as a tool which consists of III parts. Part I includes Demographic Profile of ASHA workers which contained 5 items, Part II includes Observational check list to assess the practices of ASHA workers on new born care which contained 25 items and Part III includes Multiple choice questions which contained 12 items. There are total 42 items in the tool. Score of “one” is given for correct answer and “zero” for wrong answer. Maximum score is 42 and minimum score is 0. Tool 2 was structured opinionnaire which was developed to determine the opinion of ASHA workers regarding the acceptability and utility of the training programme in relation to the adequacy of the content, clarity of language, interest building factors, usefulness and demonstration. The opinionnaire comprised of 10 items, each with three alternative responses as to a great extent, some extent and not at all. The reliability of the structured opinionnaire was established by Cronbach’s alpha method. Reliability coefficient of structured opinionnaire was found to be 0.82. The structured opinionnaire was found to be reliable. The reliability of SPQN was assessed using Split- Half Correlation and reliability coefficient was found to be 0.71. The Pre- test was administered on Day1 to the ASHA

workers. On Day 2, Day 3 and Day 4, topics of newborn were taught to ASHA workers. Post- test was conducted on Day 10. A structured opinionnaire administered to the ASHA workers to evaluate the utility and acceptability of training programme on 10th day.

4. Results

The data were analyzed by using descriptive and inferential statistics like frequency, percentage, paired t – test and chi square test. Data analyzed for Mean, standard deviation, Median Score and Mean percentage of pre test practice scores and Post test of ASHA workers. Paired t test was used a significant difference between mean pre test and post test practice scores of ASHA workers. Chi square test was used to find association of practice scores with selected demographic data. The mean of post test scores (36.1) was higher than the mean of pre- test scores (19.87) with a mean difference of 16.230. The ‘t’ value was computed and found to be 40.288 which is significant at 0.05 level. The chi-square test was used to determine the association between the score levels and selected demographic variables. It was found that there is no significance association between the level of scores and other demographic variables. The calculated chi-square values were less than the table value at the 0.05 level of significance.

Table 1: Table Showing Level of Pre test Scores
Criteria Measure of Pre Test Practice Score

Score Level (N= 6)	Pretest (F%)
Unsafe Practices.(0-21)	4(66.7%)
Moderately Safe Practices.(22-31)	2(33.3%)
Safe Practices.(32-42)	0(0%)

Maximum Score=42 Minimum =0

Table 2: Table Showing Level of Post test Scores
Criteria Measure of Pre Test Practice Score

Score Level (N= 6)	Pretest (F%)
Unsafe Practices.(0-21)	0(0%)
Moderately Safe Practices.(22-31)	1(16.7%)
Safe Practices.(32-42)	5(83.3%)

Maximum Score=42 Minimum =0

Table 3: Table Showing Mean, standard deviation, Mean%, Range, Mean difference, Value of paired T test value of pre- post test practice scores of ASHA workers, N= 6

Paired T Test	Mean±S.D	Mean%	Range	Mean Diff.	Paired T Test	P Value	Table value of 0.05
Pre test practice	20.5±7.232	48.80	11 -29	11.000	3.368	<0.0199	2.57
Post test practice	31.5±1.694	75.00	22-36				

**** Significance Level 0.05**

Maximum Score=42 Minimum =0

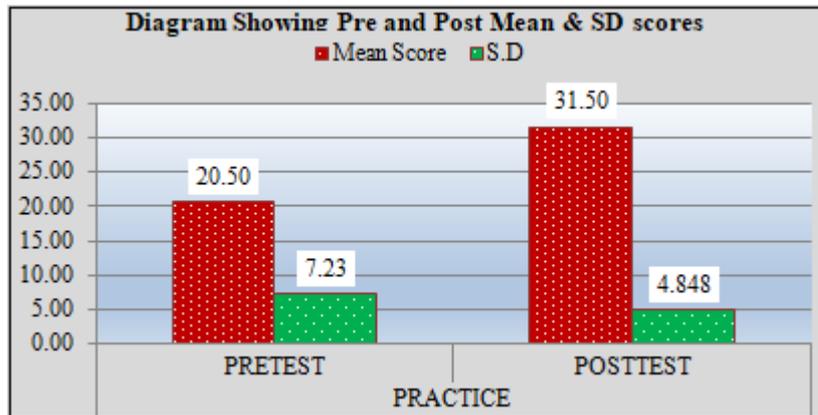


Figure 1: Multiple Bar Diagram Showing Mean and Standard Deviation of Pre test and Post test practice Scores

Table 4: Table Showing Association of pre test practice scores with selected Demographic Variables

Association Of Posttest Practice Scores Of With Selected Socio-Demographic Variables.									
Variables	Opts	Safe Practices	Moderately Safe Practices	Unsafe Practices	Chi Test	P Value	df	Table Value	Result
Age(Years)	21-30	0	0	0	NA				
	31-40	5	1	0					
	41-50	0	0	0					
Years of Experience	1-2	0	0	0	6.000	0.014	1	3.841	Significant
	3-4	0	1	0					
	5-6	5	0	0					
Education	Primary	0	0	0	0.600	0.439	1	3.841	Not Significant
	Middle	3	1	0					
	Secondary	2	0	0					
	Sr. Secondary	0	0	0					
Marital Status	Unmarried	5	1	0	NA				
	Married	0	0	0					
In Service Education Attended	No	5	1	0	NA				
	Yes	0	0	0					

Table 5: Table Showing Criteria Measure of Acceptability Score

Score Level (N= 6)	(F %)
High	30(100%)
Average	0(0%)
Low	0(0%)

5. Discussion

The present study confirmed the effectiveness of structured training programme on practices of ASHA workers. This finding is in accordance with the study conducted by P Stalin in Faridabad, which revealed that there was improvement in the practices of ASHA workers after giving one day training programme. The present study found no association between the practice scores with selected demographic variables, that is, age, years of experience and educational status. Likewise, Susham D Amol, H Samir, M Suresh, Y Arun assessed the effectiveness of training course of ASHA on infant feeding practices and concluded that the training programme is very effective in improving the ASHA worker practices. Thus, the present study findings conclude that the training programme on newborn care is very effective in improving the practices of ASHA workers.

6. Conclusion

The structured training programme on newborn care was effective in improving the practices of ASHA workers. There was significant difference between the mean of Pre test and post test practice scores of ASHA workers. There was no significant association between the post test practice scores and selected demographic variables i.e. age, years of experience and educational status.

7. Future Scope

A module for ASHA workers can be prepared by the regulatory bodies and incorporated in the nursing curriculum of ANMs. The nurse educators can be involved in the teaching of ANMs and ASHA workers.

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