

Effectiveness of a Planned Teaching Programme in Terms of Knowledge and Practices regarding Selected Aspects of Infant Care among ASHAs

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Abstract: A study to evaluate the effectiveness of a Planned teaching program in terms of knowledge and practices regarding selected aspects of infant care among ASHAs in selected PHCs in New Delhi was conducted. The objectives of the study were to 1) Develop a Planned teaching program on selected aspects of infant care for ASHAs. 2) Assess the knowledge and practice regarding selected aspects of Infant Care among ASHAs before and after the administration of Planned teaching program. 3) Determine relationship between knowledge and practice on selected aspects of infant care among ASHAs after the administration of Planned teaching program. 4) Determine association between post- test knowledge scores of ASHAs regarding selected aspects of infant care and the selected socio-demographic variables: age, years of experience, educational qualification. 5) Determine association between posttest practice scores of ASHAs regarding selected aspects of infant care and selected socio demographic variables: age, years of experience, educational qualification. The population comprised of ASHAs under PHCs, West District, Delhi & ASHAs working in the community under PHCs, West District, New Delhi, meeting the sampling criteria were selected for the study using purposive sampling. The tools used for the study were Structured Knowledge Questionnaire, Structured Observational Checklist to assess the knowledge and practices of ASHAs regarding selected aspects of infant care. The sample comprised of 50 ASHAs. The data were organized and analyzed using both descriptive and inferential statistics according to the objectives and hypothesis of the study. The major findings of the study were: Out of 50 samples, majority of the samples lied in the age group 31-40 years i.e. 66% followed by 26% in the age group 41-50 years and 8% in the group 21-30 yrs. In the educational status, among the samples majority i.e. 40% were in the class interval of 8th-9th standard; while equal percentages were there in the intervals 10th-11th and 12th and above i.e. 30% each. Regarding the educational qualification, majority i.e. 50% had an experience of 1-3 years; followed by 42% who had 7-9 years and 8% who had 4-6 years of experience. Majority of samples 96% were married; 2% were unmarried; 2% were widow and none was divorced. According to the religion of samples majority i.e. 96% belonged to Hindu religion while 2% in Muslim and 2% in Sikh religion. The Planned teaching program was found to be an effective strategy in increasing the knowledge and practices of ASHAs on selected aspects of infant care. There was a significant positive correlation between posttest knowledge and posttest practice scores of ASHAs regarding the selected aspects of infant care.

Keywords: ASHAs, Infant care, knowledge, practice

1. Introduction

Birth of a healthy newborn baby is one of the finest gifts of nature. When a baby is born he/she has to adapt from fetal life to extra uterine life. The first few days of life is a period of transition occurring all of a sudden from parasitic intrauterine fetal life to a completely independent extra uterine life. All the baby systems undergo some change. Thus the arrival of the neonate begins a highly vulnerable period in which many physiological & psychological adjustments of life outside the uterus must be made. Therefore, the baby must be provided basic care to ensure survival & optimal growth & development.¹

Of the 3.1 million newborn deaths that occurred in 2010, a quarter to half of them occurred within the first 24 hours after birth. Unfortunately, the majority of mothers and newborns in low- and middle-income countries do not receive optimal care during these periods. Studies have shown that many newborn lives can be saved by the use of interventions that require simple technology. The majority of these interventions can be effectively provided by a single skilled birth attendant caring for the mother and the newborn. WHO (2016)²

ASHAs knowledge is one of the crucial aspect of health care of Infants. They are trained formally to provide basic health

care, predominantly for mothers and children. In spite of training which is given to ASHAs there is still lacunae left in their knowledge, regarding various aspect of infant health.³

2. Method and Material

The experimental approach was sneered to be the most appropriate as the primary objective of the study was to evaluate the effectiveness of a planned teaching program on knowledge and practices regarding selected aspects of infant care among ASHAs. The design adopted was Pre Experimental One group Pre-test Post-test design'' keeping the objectives in mind.

Independent variable was Planned Teaching program on selected aspects of infant care. The dependent variables were Knowledge and practice of ASHAs regarding the selected aspects of infant care. The extraneous variables were Socio demographic variables of ASHAs such as age, religion, marital status, educational qualification, and years of experience. The research setting selected for the study was PHC, Shiv Vihar and PHC Nawada, New Delhi. The population comprised of ASHAs working in the community under PHCs, West District, New Delhi. Samples in the present study were ASHAs working in the community under selected PHCs, West District, New Delhi, meeting the sampling criteria. Sample size 50 ASHAs. Purposive

sampling (non-probability) sampling technique was used for sampling. The tools used for the study were Structured Knowledge Questionnaire, Structured observational Checklist-to assess the knowledge and practices of ASHAs regarding selected aspects of infant care. The tools found to be valid. The reliability of the structured knowledge questionnaire and structure observational checklist were established using Kuder Richardson-20 Formula and Inter-Observer reliability respectively. Content validity of tools, Planned Teaching Program and AV Aids on selected aspects of infant care was obtained by submitting them to 11 experts.

3. Data Collection Procedure

Formal permission taken from DSHM. After explaining the purpose of the study, the investigator collected the data by administering structured knowledge questionnaire and structured observation checklist on selected aspects of infant care, to assess the knowledge and practices of ASHAs. Thereafter the planned teaching program was administered to the group on the third day. Posttest knowledge questionnaire and structured observation checklist was administered to the samples after seven days of intervention; to determine the gain in knowledge and practices regarding selected aspects of infant care in order to test the effectiveness of Planned Teaching Program. The structured knowledge questionnaire and structured practice checklist was administered to ASHAs on Day 10 & Day 11. The data obtained was tabulated and analyzed in terms of the objectives of the study using descriptive and inferential statistics.

4. Result and Discussion

Section 1:Frequency and percentage distribution of ASHAs in terms of sample characteristics According to age distribution 4 (8%) were in age group 21-30 years, 33(66%) in 31-40 years and 13(26%) in 41-50 years age group. As regard to education 20(40%) had qualification in the interval 8th to 9th, 15(30%) were in the interval of class 10th to 11th and 15(30%) in 12th & above. According to marital status, 48(96%) were married, 1(2%) was unmarried, 1(2%) was widow and none was separated. According to religion, 48(96%) were Hindu by religion 1(2%) was Muslim and 1(2%) was Sikh. Among ASHAs, 25 (50%) had experience of 1-3 years, 4(8%) had an experience of 4-6years and 21(42%) had experience of 7-9 years.

Section 2: Mean, median and standard deviation of pretest and post-test knowledge scores of ASHAs regarding selected aspects of infant care, N=50

Table 1

Group	Group knowledge Scores	Mean	Mean Difference	Median	Standard Deviation
ASHAs	Pre test	19.4	13.74s	19	3.92
	Post test	33.14		34	3.06

Table 1 shows Pretest knowledge scores of ASHAs regarding selected aspects of infant care started from (10-15) class interval and highest frequency was 24 for the class interval (16-20) and the lowest frequency score was 4 for

class interval (26- 30).Whereas posttest knowledge score of ASHAs started from(21-25) class interval and the highest posttest knowledge frequency score was 26 for class interval(31-35) and the lowest frequency score was 1 for (21-25) class interval.

Table 2:Mean, mean difference and standard deviation of difference, standard error of mean difference and 't' value of pre and post knowledge scores of ASHAs regarding selected aspects of infant care, N=50

Knowledge score	Mean	Mean difference	SD	SE _{MD}	't' value
Pre test	19.4	13.74	3.24	0.45	31.11
Post test	33.14				

't' value df(49)=2.01 , p> 0.05, * =significant at 0.05 level.

This indicated that Planned Teaching Program was effective in enhancing knowledge of ASHAs on selected aspects of infant care.

Section III: Findings related to effectiveness of planned teaching programming terms of practice of ashas regarding selected aspects of infant care.

Table 3: Mean, median and standard deviation of pretest and post test practice scores of ASHAs on selected aspects of Infant Care

Group	Practice Scores	Mean	Mean difference	Median	SD
ASHAs	Pre test	33.74	23.58	34	4.29
	Post test	57.32		57.5	2.24

The data also shows that the standard deviation of posttest practice scores regarding selected aspects of infant care (2.24) was less than that of pre test practice scores (4.29). This indicates that the group became more homogeneous in terms of practices regarding selected aspects of infant care after administration of Planned Teaching Program.

Table 4: Mean, mean difference and standard deviation of difference, standard error of mean difference and 't' value of pre and post practice scores of ASHAs on selected aspects of infant care, N=50

Practice score	Mean	Mean difference	SD	SE _{MD}	't' value
Pre test	33.74	23.58	4.36	0.61	39.34
Post test	57.32				

't' value df(49)= 2.01 , p> 0.05, * =significant at 0.05 level.

This indicated that the Planned Teaching Program was effective in improving the practices of ASHAs regarding selected aspects of Infant Care.

Section IV: Findings related to relationship between mean post test knowledge and post test practice scores of Ashas regarding selected aspects of infant care

Table 5: Coefficient of correlation between the post test knowledge score and practice score of ASHAs on selected aspects of Infant Care

Test Scores	Mean	'r' value
Post test knowledge scores	33.14	0.317
Post test practice scores	57.32	

df (48) = 0.288 (r), * = significant at 0.05 level of significance.

This indicates that as the knowledge among ASHAs regarding selected aspects of infant care improves their practices also improve.

Section V: Findings related to association between post test knowledge scores of ASHAs and selected factors

The computed chi square values of selected variables like age ($X^2 = 1.0619$) and experience ($X^2 = 0.7323$) were found to be statistically not significant at 0.05 level of significance; whereas chi square of education ($X^2 = 6.7901$) was found to be statistically significant at 0.05 level of significance. There was a significant association between knowledge scores regarding selected aspects of Infant Care and educational qualification of ASHAs. But there was no association between knowledge scores and age and experience of ASHAs.

Section VI: Findings related to association between gain in post test practice scores regarding selected aspects of infant care among ASHAs and selected factors.

The computed chi square values of selected variables like age ($X^2 = 1.125$); education ($X^2 = 2.5333$) and experience ($X^2 = 0.7886$) were found to be statistically not significant at 0.05 level of significance. Hence these findings indicate that there was no association between the practice scores of ASHAs regarding selected aspects of infant care and the selected variables.

Findings of the present study indicated that there existed a knowledge deficit among ASHAs regarding selected aspects of ASHAs. The findings are in conformity with the study findings of Dr. Prakash, B., & Dr. Srinivas et al. (2014) that assessed the knowledge of accredited social health activists (ASHA) regarding their roles and responsibilities under NRHM in rural Karnataka at Mysore district. The study concluded that despite the training given to ASHAs, lacunae still exists in their knowledge about their roles and responsibilities regarding Child Health aspects, under NRHM.⁴

5. Conclusion

The Planned teaching program was found to be an effective strategy in increasing the knowledge and practices of ASHAs on selected aspects of infant care. There was a positive significant correlation between post test knowledge score with a mean of 33.14 and post test practice scores regarding selected aspects of infant care with a mean of 57.32, with Pearson product of correlation „r“ 0.317 which was found to be statistically significant at 0.05 level of significance. There was no association between knowledge scores regarding selected aspects of infant care and age and experience of ASHAs but there was a significant association between knowledge scores and educational qualification of ASHAs. There was no association between the practice scores regarding selected aspects of infant care and the selected variables

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