A STUDY TO ASSOCIATE DEMOGRAPHIC VARIABLES WITH THE LEVEL OF KNOWLEDGE OF ASHA WORKERS WITH REGARD TO HOME-BASED NEWBORN CARE (HBNC) IN THE SELECTED PHC, PURI, ODISHA

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ABSTRACT

Home-Based Newborn Care (HBNC) is a strategy adopted by the government of India to overwhelm the burden of newborn deaths in the first week of life; it provides a continuum of care for newborn and post-natal mothers. HBNC introduced in 2011 is centered around Accredited Social Health Activists (ASHA) and is the main community-based approach to newborn health now. One group pre and post-test/pre-experimental design. The samples for this study consisted of 200 ASHA Workers selected using the Non-probability convenient- sampling technique. A structured interview schedule was used to assess the knowledge of ASHA Workers. The result shows that there was a significant relationship between post- test knowledge scores with age, education, and parity.

Key Words: *Newborn, continuum, knowledge, post-natal**.***

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INTRODUCTION

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. Theroles ASHAs perform can be clubbed under three main categories: (a) providing health education and primary curative care for common illnesses; (b) linking families with formal healthcare services; (c) mobilizing communities for the attainment of health rights. In literature,CHWs with such wide-ranging roles have been termed as "generalist" CHWs, as opposed to "specialist" CHWs who focus on a single aspect or disease. Botter J (1990). New-born care often receives less than optimum attention. Although over the past 25 years. Child survival programs have helped to reduce the death rate among children under age5, the biggest impact has been on reducing mortality from diseases that affect infants and children more than 1 month old. As a result, the vast majority of infant deaths occur during thefirst month of life, nearly 15 times greater than at any other time before his or her first birth [Darmstadt GL et al 2015]. The principles of home-based new-born 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 orsick infants [Deorari AK (1999).]

TITLE

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OBJECTIVE

1. **To associate demographic variables with level of knowledge of Asha workers' with regard to Home-Based New-Born Care (HBNC)**

REVIEW OF LITERATURE

Phatak, Ajay Gajanan et al, 2021, conducted a study on "Comparison of knowledge and skills of Home-Based Newborn Care (HBNC) among Accredited Social Health Activists (ASHA) and health workers (SAKHI) of Ambuja Cement Foundation**"** among 135 health workers. The result showed that mean (SD) score of current SAKHIs (23.89 (1.9) was significantly higher than former SAKHIs (currently ASHAs) (17.97 (2.92), former SAKHIs (currently not engaged in HBNC) (16.73 (2.95) and ASHAs not worked as SAKHIs in the past(16.19 (3.19) [all $P <$ 0.001]. The skills and knowledge of ASHA workers are far deficient compared to SAKHIs despite similar training components, potentially hampering neonatal mortality reduction. Quality of training and supportive supervision mechanism of ASHAs should be explored. P STALIN et al, 2011, conducted a study on " ASHA's Involvement in Newborn Care: A Feasibility Study" reported that The mean (SD) knowledge score (out of 11) of ASHAs were 6.45 (2.44), 6.50 (2.01), 7.45 (1.36) and 7.15 (1.27) at pre-training, immediately after training,and after three and six months, respectively. Four fifth (83%) of the newborns born at home were weighed within 3 days of birth. About half (44%) of ASHAs weighed the neonates within ±250 grams of the weight recorded by the author. We conclude that ASHAs could be involvedin providing care for newborn. However, such efforts should ensure a stronger focus on skill development and practical experience.

METHODOLOGY

One group pre and post-test/pre-experimental design. The samples for this present study consisted of 200 ASHA Workers' selected by using Non probability convenient-sampling technique. A structured interview schedule was used to assess the knowledge of ASHA Workers'.

RESULTS

Table. 1 Association of Selected Demographic Variables with Level of Knowledge with Regard to Home Based New Born Care of ASHA Workers in Post Test Score. (N = 300)

S.No.	Demographic Variables	Above mean	Below Mean	Chi square
1	**Age of the Mother**			
	a) 18-25 years	48	18	14.67*
	b) 26-30 years	72	30	
	c) 31-36years	78	54	
	d) 36 and above	0	0	
2	**Education**			
	a) Illiterate	54	30	12.36*
	b) 1st -10th standard	72	60	
	c) Higher secondary	24	30	
	d) Graduation and above	24	6	
3	**Religion**			3.98
	a) Hindu	78	120	
	b) Christian	30	24	
	c) Muslim	24	24	
4	**Family Income**			4.7
	a) Less than `. 5, 000/ month	54	30	
	b) `. 5001/- to 10, 000/ month	54	78	
	c) `. 10, 001/- to 15, 000/ month	30	24	
	d) More than `. 15, 001/ month	24	6	

* Significant

Table 1 shows the associations of demographic variables with post test score of knowledgeregarding 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.

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