

CHAPTER 7

CONCLUSION

Findings of qualitative discussion in this study highlighted on HBNC program by ASHAs in the following terms –

1. The ASHA workers reported that the following are contributing factors of delivery of HBNC program -

- As a source of earning
- People recognized us as ASHA and accepted
- As ASHA I gained knowledge in this area
- Felt benefits to newborns and health of the people
- As ASHA gained self-confidence

2. The ASHA workers reported that the following are hindering factors of delivery of HBNC program -

- Not getting adequate incentive (Less incentive)
- Too much work (Surveys, DOT's program, AYUSHMAN yojna, etc.)
- Lack of cooperation from people, mother, and family
- Difficulty to recollect the appropriate skill while practicing
- Provided kit do not have required instruments & medicines

The finding of this study highlighted that re-education on HBNC to ASHAs was effective in the following terms –

1. The ASHA worker's level of good knowledge of newborn care significantly improved from 3.92% to 84.31%.
2. The good practice level of newborn care among ASHAs was improved from 79.41% to 93.14%.
3. The ASHA workers attitude level towards newborn care was also improved from baseline to end line.
4. Significant correlation was found between knowledge & attitude, knowledge & practice, and attitude & practice of ASHA workers.
5. Major unsafe newborn care practices followed by postnatal mothers were early bathing, refrain from KMC, delaying in starting of breastfeeding and avoidance of colostrum, application of harmful materials to the cord, giving a pacifier to baby, mixed feeding, giving ghutti, and poor hygienic practices.
6. The mothers reported that ASHAs visit to them is beneficial but they required more information regarding immediate newborn care such as delaying bath up to 48 hours after delivery.

7.1 The implication of the Study: This study has various implications in public health and clinical practice.

1. This study established that training and regular reinforcement on HBNC was effective in retaining the knowledge and skills of the ASHA workers.

2. The ASHA workers gained confidence in assessment and early diagnosis of newborn health status after training and regular reinforcement on HBNC for 90 days. It shows a greater upholding of skills growth and practical experience. Also validated that the attitude of the ASHA workers improved with the regular reinforcement.
3. More than 100 newborn babies were saved with prompt diagnosis and referral to the appropriate hospitals for management during the study period as a result of improvement in knowledge and skills of ASHA workers after training to identify sick babies.
4. Community health officers (CHOs) working at Block level should take responsibility for updating the HBNC knowledge and skills of ASHAs.
5. Also CHOs need to follow up the ASHA's HBNC services regularly to ensure the quality newborn care in the community.
6. Policy makers of the health department should identify the contribution of ASHAs in implementation of HBNC in the community and align the responsibility of Health workers with that of ASHAs working in the same community.

7.2 Recommendation based on findings of the study: The present study findings suggest the following recommendations:

1. Regular training on updated knowledge and skills regarding the HBNC program should be organized for ASHA workers with time to time reinforcements to help them sustain the information.

2. Short group discussions among ASHAs and the supervisors should be organized regularly to identify the immediate problem faced by them in delivering the newborn care services.
3. A watch on the level of workload assigned to ASHAs should be done to ensure the quality delivery of HBNC services.

7.3 Recommendation for future research:

1. A closer oversight and control of ASHA workers' behaviors by the health system is needed.
2. It is critical to have a suitable number of skilled medical personnel, correctly functioning equipment, a constant supply of medicines, and frequent training programs in order to enable ASHAs to perform HBNC services.
3. The ASHA training program should be integrated with the advanced technologies and innovative teaching methodologies to enhance their learning process.

In conclusion, ASHAs were involved in providing care to newborns directly or indirectly. The findings showed that re-education on HBNC aimed to equip the knowledge and practices of ASHAs and mobilize them to spread awareness regarding HBNC among mothers. They motivate these mothers to avail the various advantages of HBNC services for the betterment of newborn health.

The present study findings also indicate the usefulness of HBNC in improving newborn health which further aids in reduction in neonatal mortality, specifically for

those areas where home deliveries still continue. Further research studies are needed to assess the retention and stabilization of the knowledge and practices of HBNC for ASHAs and also for postnatal mothers in the longer term.

Further understanding the difficulties of ASHAs in carrying out the HBNC due to some of the hindering factors, the Govt. should take some appropriate actions to overcome these problems. These actions might positively affect ASHAs services of newborn care and may aid in the improvement of newborn health and reduce morbidity and mortality.

Hence, ASHA needs to be provided training and re-education incorporating updated information on HBNC at regular intervals to augment efficiencies of their services.