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Assess the Knowledge and Attitude Among the Ashas and Awws on HBYC (Home Based Care for Young Child) Programme in a Selected Community Areas of Khordha District, Odisha

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ABSTRACT

Background: Home-based care is crucial for children aged 3-15 months to reduce mortality and morbidity. Evaluating ASHAs and AWWs' understanding and disposition towards HBYC- program is essential for better implementation.

Aim: To determine level of knowledge, and identify attitude among ASHAs & AWWs towards HBYC programme , find correlation between the knowledge & Attitude , find out the association between the level of knowledge and attitude with selected socio-demographic variables.

Methods & Materials: A descriptive research study surveyed 364 community members using convenience sampling and structured questionnaires to gather socio-demographic, knowledge, and attitude data on the HBYC program over a month. Descriptive statistics, the Spearman's correlation coefficient, and Chi-square analysis were applied to record data .

Result: The survey revealed that 45.3% of participants were 40-49 years old, with 39.8% having average knowledge and 51.9% having an unfavorable attitude towards the program . .The data is statistically significant with a p-value of 0.027 and a Chi-square value of 14.212, indicating a weak correlation between attitude and knowledge.

Conclusion: The majority of AWW and ASHAs have average knowledge as compared to good knowledge and unfavorable attitude towards the HBYC-program. So , average of knowledge and unfavorable attitude among health workers might be an obstacle in its implementation and effectiveness. Hence there is need of further education and awareness to develop knowledge and interest among the ASHAs and AWWs in the selected community areas.

Keywords: HBYC-programme , ASHAs , AWWs , Knowledge , Attitude .

Introduction

"Every Child Is A Different Kind Of Flower, And Altogether Make This World a Beautiful Garden

ANONYMOUS

Protecting and enhancing children's health is vital. In the last several decades, An enormous improvement has occurred in the health of young children and a decline in the death rate. The frequency of children dying before the age of five has decreased by 50% between 2000 and 2017, and mothers and children are living longer than in the past, among other encouraging statistics.(1)

Community Health Workers (CHWs) can be generically characterized as individuals are chosen by their community and function within it to provide culturally appropriate health services.(3)

The Home-Based Young Child Care (HBYC) program recommends supplementary home visits by ASHAs from 3rd to 15th month to address underweight infants and discharged from Special New-born Care Units. AWW will continue providing nutrition-specific counseling and documenting weight and growth tracking, detecting underweight children for further care.(4)

Methods and Materials

This 2023 descriptive study surveyed ASHAs and Anganwadi employees in specific community areas, including Banapur, Balianta, Balipatana , Balakati, Mendhashala, Ghatikia , located in the Khordha district of Odisha. The study used a quantitative approach and convenience sampling technique, selecting 364 samples for data collection over a month.

Inclusion Criteria

- All the ASHAs & AWWs those are working in the selected community areas including Banapur, Balianta, Balipatana, Balakati, Mendhashala, Bhubaneswar(Ghatikia), located in the Khordha district of Odisha were open to taking part in the research.
- Those were present during data collection.

Data collection tool

In this present research study , structured questionnaire used for assessing the knowledge and attitude of participants on HBYC-program.

Five questionnaires of socio-demographic factors were used for the data collection. The demographic factors included Age in year , Level of education , Marital status , Types of family and Income per month of the participants .

Structured questionnaires for assess the level of knowledge on HBYC-program :

There was structured questionnaires on HBYC-programme to assess level of knowledge of ASHAs and AWWs and the questionnaires contains 20 number of items . For each question's there were four options . Each correct answer contains score 1 and incorrect answer contains 0 . According to the score , the knowledge was Good : 22.8% , Average : 39.8% , Poor : 37.4% . The value of this tool reliability was 0.81 .

Structured questionnaires for attitude of participants towards HBYC-program :

There was self-structured questionnaires on attitude of participants towards HBYC-program. This section contains 10 items by using 4-point Likert scale . Each question contains 4-points i.e. for positive statements the score were 4-stronlgy agree , 3- agree , 2- disagree , 1 – strongly disagree and for negative statements 4- strongly disagree , 3- disagree , 2- agree , and 1- strongly agree . As per the scoring majority

unfavourable attitude was 51.9% and favourable attitude was 41.8% . The value of this tool reliability was 0.78 .

Data collection procedure

The duration of data collecting for the final study spanned a period of 1 month. The researcher carried out the study subsequent to receiving formal authorization from the Chief District Medical Officer (CDMO) of Khordha district, as well as the superintendents and medical officers from the respective community areas of Khordha district, Bhubaneswar. Participants were selected using convenience sampling, informed about study objectives, confidentiality, and consent was obtained from them, with their responses being used solely for research purposes. Confidentiality and informed consent were assured for participants' responses, and data was collected using traditional self-reporting methods to understand socio-demographic characteristics, knowledge, and attitude.

Data analysis

Following the conduction of normality tests, it was seen that the samples did not exhibit a normal distribution, hence necessitating the utilization of non-parametric methods. By using skewness and kurtosis normality test was checked . Therefore, the data were subjected to non-parametric analysis for analysis. In the current study , after collection of all the data the data were organized in the master sheet. SPSS version 20 were used for the statistical data analysis. Descriptive statistics like % and frequency were used to analyze sociodemographic traits, knowledge, and attitude of ASHAs and AWWs, and the co-relationship between these factors and the HBYC program was examined using Spearman co-relation coefficient and Chi-square test.

Results

In this current research study , 364 number of participants were included. Majority accounting for (45.3%) were belonged in the age range of 40-49 years . Higher (59.6%) participants were in the higher secondary level of education. There were the majority of (84.1%) participants were married . The presented data indicates that a majority of the participants (81.6%) belonged to joint family , while (50.5%) of participants were belonged to the Rs.>9,000/- of income per month .

Section -A

AWWs and ASHAs were the participants' frequency and percentage distribution based on sociodemographic characteristics.

Table 1 : Distribution of frequency and percentage of participants according to the age , education , marital status , types of family , and income per month.

N=364

Demographic Variables	(f)	(%)
Age (in years)		
20-29	3	0.8
30-39	109	29.9
40-49	**165**	**45.3**

≥50	87	23.9
Level of Education		
High school	108	29.7
Higher secondary	**217**	**59.6**
Graduation	32	8.8
Above	7	1.9
Marital status		
Unmarried	2	0.5
Married	**306**	**84.1**
Widow	36	9.9
Divorcee	20	5.5
Types of family		
Joint Family	**297**	**81.6**
Nuclear Family	66	18.1
Extended family	1	0.3
Income per month		
Rs.<5,000/-	22	6
Rs. 5,001-7,000/-	51	14
Rs. 7,001-9,000/-	107	29.4
Rs.>9,000/-	**184**	**50.5**

Section-B

Frequency and % distribution of participants in order to evaluate their level of knowledge regarding Home-Based Care for Young Child.

Table 2 :

N=364

Level of knowledge – of ASHAs and AWWs	**frequency(f)**	**percentage(%)**
Good (>10)	83	22.8
Average (8-10)	145	39.8
Poor (<8)	136	37.4

Knowledge score is classified as poor for score <8, average for score 8 – 10 and good for score >10. According to the above classification, according to the information the table shows that 39.8% of participants had average knowledge, 37.4% had poor knowledge, and 22.8% had good knowledge about the HBYC-program.

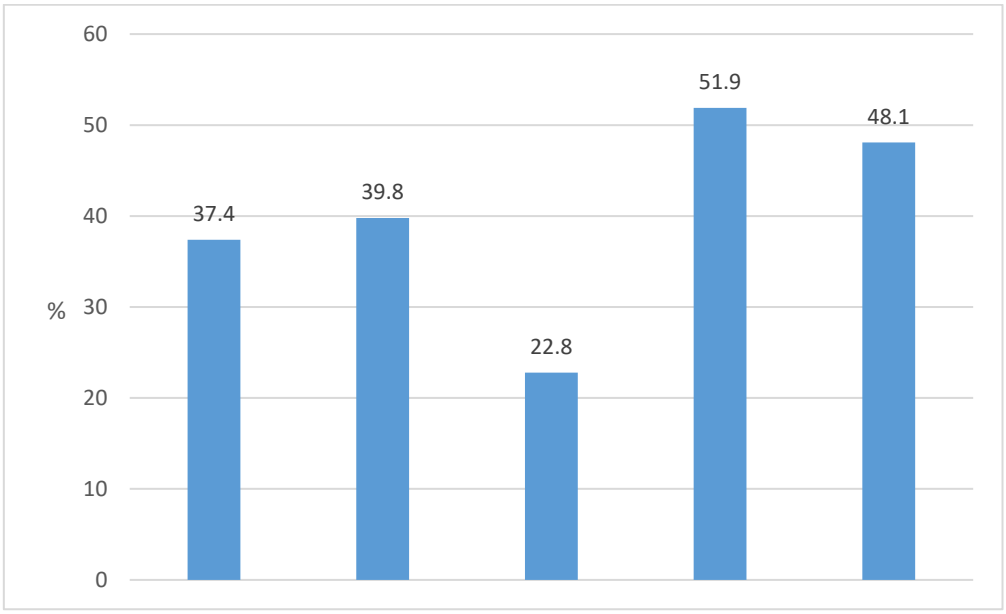
Section-C

Frequency and percentage distribution of participants in order to evaluate their attitude towards home-based care for young child.

Table 3 :
N=364

Attitude of ASHAs and AWWs	Frequency(f)	Percentage(%)
Unfavourable (≤26)	189	51.9
Favourable (>26)	175	48.1

Attitude score is also classified as unfavourable attitude for score ≤ 26 and favourable attitude for score >26. The table illustrates that 51.9% of participants had an unfavorable attitude towards the HBYC-Program, while 48.1% had a favorable attitude towards it.



(Fig. 1 Distribution of knowledge and attitude score)

Section-D

Spearman's rank correlation coefficient measures the correlation between the knowledge and attitude.

Table-4 :
N=364

Criteria	ρ -value	Sig.(2-tailed)value
Knowledge of ASHAs and AWWs -0.001	0.991	
Attitude of ASHAs and AWWs		

P≥05 is not statistically significant.

The study found a weak, unfavorable relationship between knowledge and attitude towards home-based care for young children among ASHAs and AWWs, with a p-value of 0.991.

Section-E

The relationship between AWWs and ASHAs knowledge and their sociodemographic characteristics, utilizing chi-square analysis.

Table-5

N=364

Demographic-Variables	Chi-square	df	p-value
Age	14.212	6	**0.027***
Level of education	□□□□□□	6	0.765
Marital status	□□□□□□	6	0.582
Types of family	□□□□□□	2	0.920
Income per month	□□□□□□	6	0.334

p≥0.05* is statistically significant .

The study categorized knowledge scores in the HBYC Program of ASHAs and AWWs into poor, average, and good, score ≤8 has been classified as poor, score 8 -10 as average and > 10 as good with age playing a significant role. 37.4% had poor knowledge, 39.8% average, and 22.8% good knowledge.

The study found that the average knowledge score of ASHAs and AWWs aged 20-29 years was significantly higher than that of poor and good participants.

Section-F

The relationship between ASHAs and AWWs attitudes and the corresponding sociodemographic variables, utilizing chi-square analysis.

Table-6

N=364

Demographic-Variables	Chi-square	df	p-value
Age	□□□□□□	3	0.438
Level of education	□□□□□□	3	0.947
Marital status	□□	□	0.228
Types of family	□□□□□□	1	0.310
Income per month	□□□□□□	3	0.671

p≥0.05 is not statistically significant .

The table shows no significant correlation between variables and attitude scores in the HBYC-Programme of ASHAs and AWWs . The score ≤26 has been classified as unfavorable attitude and > 26 as favorable attitude score , with 51.9% of cases having an unfavorable attitude.

Discussion

In this current study the result shows that (45.3%) participants fell within the age range of 40-49 years, while a smaller proportion (0.8%) belonged to the 20–29 age range.The outcome of the research supporting by the study of M. Rohith and M.M.Angadi (2020), Out of 617 ASHAs, the majority (52.4%) were in the 30- to 39-year-old age range, according to an evaluation of their knowledge and practice relating child health services in the Vijayapura District of Karnataka , whereas (47%) were from 20-29 years of age group.[26]

The results of the present investigation show that a significant percentage of participants (39.8%) possessed average knowledge where as , while a smaller proportion (22.8%) shown good knowledge on Home based care for young child programme. The out comes of the research supporting by the study of Mangi Lal Choudhary , Poonam Joshi , Levis Murry , Sumit Malhotra , and Jeeva Shankar (2021) , ASHAs knowledge and abilities in providing home-based newborn care in a rural community in Northern India , resulted was The mean of skills and knowledge scores among the ASHAs were 16.4±4.2 and 27.7±4.3 , where the overall scores of knowledge and skills of ASHAs were favorably correlated i.e. the r value was 0.58 , and $p < 0.001$.[32]

The study's conclusions shows that a significant percentage of the participants, in particular (51.9%) held an unfavorable attitude towards the Home-based care for young child programme , while (48.1%) exhibited a favorable attitude towards the HBYC- programme. The results of the research study supporting by the study of Melaku Kindie Yenit , et al.(2023) , An assessment of the Knowledge, Attitude, and Personal Lifestyle Behavior of Community Health Workers in promotion of Health for Non-Communicable Diseases and their connections to Self-Efficacy and NCD-Risk Perception , Ethiopia. The result was 52.2% of works were favorable attitude , and 47.8% were unfavorable attitude towards the promotion of health lifestyle in the community sectors.[33]

Conclusion

Community health workers, such as Accredited ASHAs and AWWs , plays a significant role in delivering Home-based care to young children residing in the community settings. It is possible to assume from the study's conclusions that majority of the AWW and ASHAs have average knowledge and unfavorable attitude towards the HBYC-program. Although this program is vital for the young children average of knowledge and unfavorable attitude among the health care workers might be an obstacle in its implementation and effectiveness. Hence there is need of further education and awareness to develop knowledge and interest among the ASHAs and AWWs in the selected community areas.

Nursing education

This study enhances nursing education by providing students with skills to improve home-based care for young children aged 3-15 months, thereby improving their knowledge of ASHAs and AWWs.

Nursing students can educate ASHAs, AWWs, and community members on home-based care for children aged 3-15 months. The educational intervention aims to improve knowledge and attitudes among parents, enhancing their understanding of the program's importance for their children's well-being.

Nursing practice

Nurses in various settings can implement programs to raise awareness and educate community health workers about child home-based care. Nurses play a crucial role in healthcare messaging, community activities, and disease prevention, ensuring effective communication and preventing diseases among community members.

The current study aims to provide valuable insights for nurses by examining the factors that are connected with the knowledge and attitude of community health professionals in the relation to home-based care for young child.

Nursing administration

Nurse administrators can enhance community health professionals' knowledge and attitudes in home-based care for young children through initiatives like ASHAs and AWWs.

As a nurse administrator, she coordinates efforts to secure cooperation from staffing Pediatrics IPDs, OPDs, and Antenatal wards with qualified personnel.

Nursing research

The nursing profession is characterized by its dynamic and progressive nature, which necessitates the accumulation and development of a comprehensive knowledge base.

This study encourages nursing researchers to conduct more research in diverse community settings to gather new knowledge and conduct similar studies.

Limitations

This study results cannot be generalized due to ;

- Small size
- Varied experience background of sample
- Lack of Random selection

Recommendation

- From the result of this study, the study's findings provide several recommendations for future investigation.
- A comparable research study can be conducted from a large sample size in order to extrapolate the findings.
- A comparable research study can be undertaken in several community areas with the same aims.
- The teaching programme have the potential to improve information pertaining to the provision of HBYC- aged 3 to 15 months in various community, inpatient, and outpatient settings.

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References

1. https://www.who.int/health-topics/child health
2. Puri Parul , khan junaid , shil Apurba , & Ali Mohammad . **"Across-sectional study on selected child**

health outcomes in India : Quantifying the spatial variations & identification of the parental risk factors." SCIENTIFIC Reports , 2020 April 20;10(6645):1-15.

3. Wilford A , Phakathi S , et al. **"Exploring the care provided to mothers and children by community health workers in south Africa :missed opportunity to provide comprehensive care."** BMC Public Health 2018 January 23. 18(171) :1-10.
4. https://hbnc-hbyc.mohfw.gov.in/AboutUs/AboutHBYC
5. Satav R , Satav KA , Bharadwaj A , et al. **"Effect of Home-based childcare on childhood mortality in rural Maharashtra , India: a cluster randomized trial."** BMJ Global Health 2022 ;7(e008909):1-15.
6. Sluiter V.M. Rosanne , Fekkes Minne , Fukkink G.Ruben.**"Comparing Center-based with home-based child care type of care moderates the association between process quality and child functioning.** ELSEVIER 2022 Aug;62(2023):102-114.
7. Winger A, Kvarme , L.G., et al**." Family experience with palliative care for children at home :a systematic literature review".** BMC Palliative Care 2020 oct 24;19(165):1-19
8. Bernal Raquel,et al. **"The effect of the transition from home besed child care to child care centers on children's health and development in Colombia".** ELSEVIER .Early childhood research quarterly 2019 ;47(2019):418-431
9. Hooper Alison…et al. **"Prevalence & characteristics of Home-based care providers serving children with provider-Reported Disabilities".** Sage Journals 2020 july 10;43(2):1-20
10. Nageswaran S , Golden SL. **"Factor associated with stability of Health Nursing Services for children with Medical Complexit"y.** National Library of Medicine. Home Healtc Now. 2017 sep ;35(8):434-444
11. Mendhe H , Patil N , Saini D , et al. **"Qualitative Assessment of ASHA regarding their role and the factors influencing their performance in delivering immunization services for children's in selected villages of Raipur District , Chhattisgarh".**2022 ;5(1):3-7
12. Sangra Sonika , Choudhary Neha , Narangyal Akash. **"Knowledge assessment of ASHA & AWWs about the Rashtriya Bal Swasthya Karyakram in rural area of District kathua".** In J Med Sci Public Health.2020;9(41):280-282
13. V.J.Sindhu**." Knowledge & Reported practice of ASHA workers regarding Infant care in selected PHCs under Anekal Taluk , Bangalore".** International Journal of Nursing Science practice and Reseach .2019;5(1)
14. Saxena Sumit , Singh kumar Atul , et al.**" Appraisal of knowledge of ASHA regarding Child Health services provide under NHM in Bhojipura Block , District Barelly".** International Journal of Community Medicine Public Health ,2017 Oct;4(10):3705-3711
15. Saxena V , Kumari R.. **"Infant & young child feeding –knoeldge & practices of ASHA workers of Doiwala Block , Dehradun District" .** Indian J Community Health , 2014 Mar 31; 26(1) : 68-75
16. K. Darshan , Patel G Mitali , et al. **"A cross sectional study of the knowledge , attitude , & practice of ASHA workers regarding Child Health (under five years of age) in surendranagar district".** Healthline , 2011 July-December ; 2(2) : 50-53
17. A Kashatha and Sankangoudar Surekha. **"Knowledge perception of Anganwadi workers regarding overall development of children".** Journal of Pharmacognosy and Phytochemistry . 2019; 8(3) : 1938-1942

18. Melwani V , Toppo M , Khan A . **"Evaluation of Knowledge and awareness regarding usage of MCP card among health functionaries and beneficiaries" .** Indian J community Fam Med 2019 ; 5 : 123-8
19. Undi M , Annadani RR , Rajashekara S **." Knowledge and skill of Anganwadi workers in Growth monitoring in an urban slum of central part of Karnataka" .** Indian J Comm. Health , 2019 ; 31 (4) : 532-540
20. Kumar M . Sikha , S. , & Kashyap V." **Assessment of knowledge and skill of sahiyya (ASHA) and AWWs on appropriate uasage of mother and child protection card in Ranchi , Jharkhand" .** International Journal of Communtiy Medicine and Public Health . 2018 ; 5(12) : 5316-5320
21. Gotarkar S , Ingole A. **"Knowledge of Anganwadi workers with respect to early childhood development" .** Dtta Meghe Inst Med Sci Univ 2018 ; 13 : 168-70
22. Balinga SS , Walvekar PR ,. **"A study on knowledge of Anganwadi workers about integrated child development services at three urban health centers".** Int J Community Med Public Health 2017 ; 4 : 3287-7
23. A Devi Swarupani , J Nalo , H Devi Sanayaima . **"Knowledge on prevention & promotion of child health among ASHA workers in Impal West district : a cross Sectional study".** 2014 Dec ; 3 (12) : 4-5
24. Shrivastava R Saurabh , et al**." Evaluation of trained ASHAs regarding their Knowledge , attitude & practices about child health" .** 2012 Oct ; 12(4) : 2099
25. Indarwati Ferika , et al." **Community Nurse's knowledge , Attitude & practice towards child's growth and development promotion program in the community Health Care Center".** Advances in Health Sciences Research 2020 ; 33 :397-401
26. Rohith M and Angadi.M.M. **." Evaluation knowledge and practice of ASHAs , regarding child health services in Vijyapaura District , Karnataka".** J Family Med Prim Care 2020 jul ; 9(7) : 3272-3276
27. Ranjan R , Das M , & Das S. **"Knowledge of AWWs about ICDS services: a study in sitamarhi district of Bihar , India".** International Journal of Research in Medical Sciences , 2019 Nov ; 7(11) : 4194-4199
28. Sugandha , B.K , & P.J**." Knowledge of ASHA workers about Maternal and Child Health sevices in Mysuru."** Public Health Review :International Journal of Public Health Research , 2019 ; 6(4) : 169-176
29. Das Priyanka , et al. **Assessment of HBYC Program in Aspirational District of Madhya Pradesh , India.** Indian J com"munity Med. 2023 May-jun ; 48(3) : 471-477
30. Garg S , Dewangan , et al . **Role of Mitanin community health workers in improving complementary feeding practices under scaled-up HBYC in a rural region of India".** BMC Pediatr .2023 ;171(2023) : 2-12
31. Mohanty JS , Prabhanjan AK , Saboth P K , et al." **Integrated approach for survival and development during first 1000 day of life. Assessing Health System Readiness in three Aspirational Districts of Jharkhand (India)".** Indian J Community Fam Med 2021 ; 7 : 105-12.
32. Choudhary M.L. , Joshi P. , Malhotra S. et al. **"Knowledge and skill of accredited social health activist in home based new born care in a rural community of North India : an evaluative survey."** International Journal of Community Medicine and Public Health, 2020 , 8(1); 334-338.

33. Yenit M.K. , et al. **"An evaluation of community health workers knowledge , attitude and personal life style behavior in Non-communicable disease health promotion and their association with self-efficacy and NCD- risk perception" .** International Journal of Environmental research and public health , 2023 ; 20(9) ; 5642.