Assess the Effectivness of Training Programme on Auxiliary Nurse Midwives Related to New Born Care

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Abstract

Background- Many newborns fall sick in the first days of life due to complications of childbirth. It is therefore important to have skilled care at birth so that any complications can be prevented or treated. **Objectives-1)** To compare the practices of ANMs with regard to new born care before and after the administration of training programme.2) To determine the association between the practice scores and the selected demographic data i.e. age, years of experience and education. **Method -** A Pre experimental design that is one group pre test and post test design was adopted in the study. A training programme was developed by the researcher and administered to the participants. **Results-** The mean scores of pre test were 22.06 and standard deviation 2.0. The mean of post test knowledge scores were 40.5 and standard deviation 3.2 and found to be significant at 0.05 levels. The inference was drawn that age, years of experience and educational status had no association with post test scores. **Conclusion –** The training programme was found to be very effective in improving the practices of Auxiliary nurse midwives.

Key words: *ANMs, Training programme, Newborn care.*

Introduction

The high rates of preventable death and poor health and well-being of newborns and children under the age of five are indicators of the uneven coverage of life-saving interventions and, more broadly, of inadequate social and economic development. Poverty, poor nutrition and insufficient access to clean water and sanitation are all harmful factors, as is insufficient access to quality health services such as essential care for newborns. Health promotion, disease prevention services (such as vaccinations) and treatment of common childhood illnesses are essential if children are to thrive as well as survive[1]. Many newborns fall sick in the first days of life due to complications of childbirth. It is therefore important to have skilled care at birth so that any complications can be prevented or treated [2]. There is ample evidence from research and implementation to show that Auxiliary nurse midwives and other community health workers, when appropriately trained, supplied, supported and supervised, can identify and correctly treat most children for pneumonia, diarrhea and malaria [3, 4]. Community management of childhood illness is an important contribution to the remarkable progress in reducing child mortality. Globally, the rate of under–five mortality has decreased by nearly half, from 90 deaths per 1000 live births in 1990 to 46 in 2013[5].

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Material and Methods

The study was conducted in Primary Health Center (PHC) Tigaon, Faridabad. In present study, a Pre experimental design that is one group pre test and post test design was adopted in order to achieve the objectives. The sample comprised of 20 Auxiliary nurse midwives of selected community. The purpose of the study was explained to the subjects, the confidentiality of the responses was assured & consent of the subjects was taken prior to the conduct of the study. The data was collected by using structured questionnaire, which consists of two parts. Part I includes Demographic

Profile of ANM's which contained 3 items, i.e. Age, Years of experience and Educational status. Part II includes Questionnaires related to newborn care. Tool is translated into local language i.e. Hindi. Pre test was administered on the Day 1. Training was given to ANM's for 2 days followed by demonstration i.e. Steps of hand washing and Measuring of weight of baby by using spring balance. The inputs were evaluated by using descriptive and inferential statistics. To find out the significance difference between; mean pre-test and post test scores of ANM's paired t- test value was calculated. Fisher exact test was applied to find association of scores of group with selected demographic data.

Results

Study revealed that 87% of ANM's belonged to the age group of 30-40 years, 13% belonged to the age group of 40-50 years. With regard to years of experience 47% of ANM's were having 3-4 years of experience, 53% were having 5-6 years of experience. With regard to the educational status of the ANM's 27% were educated up to secondary level and 73% were educated up to sr. secondary. The mean scores of pre test were 22.06 and standard deviation 2.0. The mean of post test scores were 40.5 and standard deviation 3.2. The "t" value was computed and found to be 3.3 which is significant at 0.05 levels. **(Table no -1)**. This shows that there was significant difference between the mean of Pre test and post test scores of ANMs. The structured training programme on newborn care was effective in improving the knowledge of ANMs **(Fig no- 1)**. Fisher exact test was computed to find out the association between post test scores with selected variables i.e. age, years of experience and education status of ANM's**.** Fisher exact value with respect to age comes out to be 0.50, which is not significant at 0.05 levels. This indicated that post test practice scores had no association with age of ANM's. Fisher exact value with respect to years of experience comes out to be 0.42, which is not significant at 0.05 levels, which shows that post test practice scores had no association with years of experience Fisher exact value with respect to education comes out to be 0.10, which is not significant at 0.05 levels. This indicated that post test practice scores had no association with education. The inference was drawn that age, years of experience and educational status of ANM's had no association with post test scores.

Table -1: Mean, standard deviation and 't' value of pre- post test scores of ANM's

Group	Pre test		Post test		't' value	df	p value
ANM's (n=20	Mean	SD	Mean	SD			
	22.06	2.0	40.5	3.2	3.3	14	0.02*

***t (14) = 2.15, p < 0.05, *Significant at 0.05 level**

Data in **table – 1**, shows that the mean scores of pre test was 22.06 and standard deviation was 2.0, whereas the mean of post test practice 40.5 and standard deviation was 3.2. The't' value was computed and found to be 3.3 which is significant at 0.05 level.

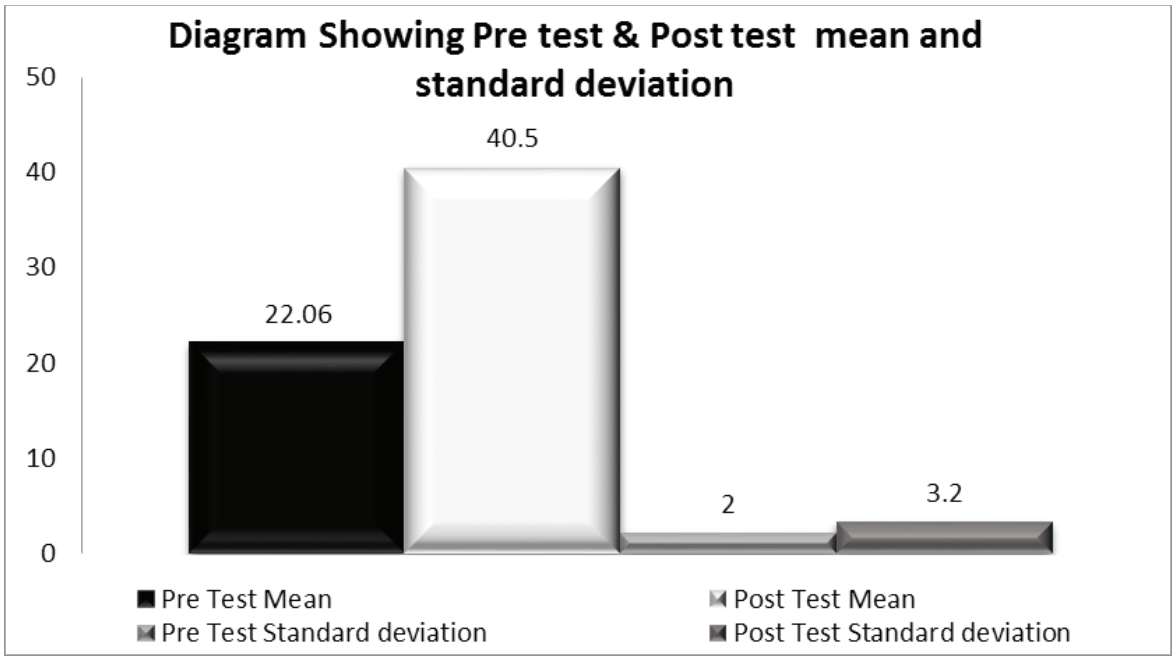

Fig – 1 Diagram showing the pre test and post test mean and standard deviation.

Discussion

Auxiliary nurse midwives play a pivotal role in the health status of a rural population due to their close and continuous contact with the rural community. Moreover, due to shortage of adequate health facilities in rural India, ANM's have become a central figure in helping the community to identify and meet their health needs (WHO 2000). However, health workers in many developing countries are poorly motivated, inadequately trained and hence are unproductive. We found that the knowledge and skills of Auxiliary nurse midwives varies drastically. We also found that if their skills were poor then their performance in terms of maternal services and child health services were also limited. Similarly, Chandra DM, Naik VA also conducted training for two days which included topics on breast feeding and newborn care practices. The study reveals that before interventions knowledge about newborn care services provided by the TBA's were poor where as post-test evaluation showed that there was a progressive improvement in the newborn care services. [6] Similar to this study Susham et al assessed the effectiveness of training course on Infant feeding practices at Rural Teaching Hospitals. The pre test scores were found to be very good 3(0.03%), good 65(65.66%), average28 (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%) which indicates that training programme was very effective.[7] Similarly Upul et al planned a 4 day training programme among health care providers. Results revealed that there was a significant improvement in umbilical cord care practices at home following the intervention. Application of surgical spirit, on umbilical card has declined from 71.5% in the pre-intervention to 45.3% in the post intervention ($P<0.001$)[8].

Conclusion

The delivery of primary and preventive care, ANM's may facilitate improvements in health status and quality of life in rural communities. These impacts can be greatly increased when ANM's are fully integrated into the primary care team, working alongside physicians, nurses, and other clinic staff. Incorporating ANM's into the healthcare team frees up resources and enables rural healthcare professionals to focus on more complex patients and issues. So, we concluded that the practices of ANM's is a crucial aspect of health systems affecting the coverage of community-based newborn health care programmes, as well as adherence to essential newborn care practices at household level.

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Conflict of Interest: Nil

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