



# A STUDY TO ASSESS THE EFFECTIVENESS OF SKILLS COMPETENCY PROGRAM IN TERM OF KNOWLEDGE AND PRACTICE REGARDING ESSENTIAL NEW BORN CARE AMONG ANMS WORKING IN SELECTED COMMUNITY HEALTH CENTRES AT MEERUT, UP.

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## ABSTRACT

### Background

Essential new-born care is the care required by all neonates (first 28 days of life) whether they are born healthy, small or unwell. It includes appropriate preventive care, routine care, transition and care of sick and small babies. The success with which mortality and morbidity are prevented will depend to a large extent on the commitment and expertise of the health workers responsible for new-born care. Essential new born care includes: Immediate care at birth (delayed cord clamping, thorough drying, assessment of breathing, skin-to-skin contact, early initiation of breastfeeding) Thermal care. Resuscitation when needed. Support for breast milk feeding.

**Statement of the Problem :** A Study to assess the effectiveness of skills competency program in term of knowledge and practice regarding Essential New Born care among ANMs working in selected community health centres at Meerut, UP.

- Objectives:**
1. To develop the skill competency program regarding essential new born care.
  2. To assess the knowledge and practice regarding essential new born care among ANMs in experimental group before and after administration of skill competency programme.
  3. To compare the knowledge and practice score of skill competency programme regarding essential new care among ANMs.
  4. To find out the association between post-test score regarding skill competency programme with demographic variables.

**Methods :** A quasi experimental study was done on 60 Community health centres ANMs, 30 in both experimental and control group selected by non-probability purposive sampling technique. Data was collected by using self-Structured questionnaire on Essential new born care and self-Structured questionnaire on Essential new born care pre- test and post-test was taken from both experimental and control group, pre-test and post-test was taken from both experimental and control group, skill competency programme was given only in experimental group

**Result :** Finding revealed that administered of video assisted teaching to experimental group improve the knowledge regarding essential new born care among ANMs the knowledge score of participants in pre-test majority of ANMs majority of samples 19(63%) had average knowledge, 6(20%) of the sample had good knowledge, 5(17%) of the sample had poor knowledge. In post-test data represented that majority of samples 20(67%) had good knowledge, 10(33%) of the sample had average knowledge.

To improve the level of practice among ANM's the practice score of participants in pre- test majority of ANMs majority of samples 27(90%) had average practice, (20%) of the sample had good practice, 5(17%) of the sample had poor practice. In post-test data represented that majority of samples 20(67%) had good practice, 10(33%) of the sample had average practice.

**Conclusion:** The study concluded that skill competency programme was effective to improve the knowledge and practice regarding essential new born care among ANMs in selected community health centres ,Meerut .

**Key words :-** knowledge , Practice , skill competency programme essential new born care , ANMs.

## Introduction

A new born is also called the baby who recently was born. A new born is very fragile and soft they can be injured easily, therefore essential new born care is very essential. As the baby is born the baby needs good physical care, recent studies has shown that there are many accidents after the baby is born. From the moment babies are born they respond to the world around them. Doctors used milestones to tell if a baby is developing as expected .There is a wide range of what is considered normal, so some babies may gain skills earlier or later than others. Babies who were born prematurely may reach milestones later. Essential new-born care is the care required by all neonates (first 28 days of life) whether they are born healthy, small or unwell. It includes appropriate preventive care, routine care, transition and care of sick and small babies. The success with which mortality and morbidity are prevented will depend to a large extent on the commitment and expertise of the health workers responsible for new-born care. Essential new born care includes: Immediate care at birth (delayed cord clamping, thorough drying, assessment of breathing, skin-to-skin contact, and early initiation of breastfeeding) Thermal care. Resuscitation when needed. Support for breast milk feeding.

**STATEMENT OF THE PROBLEM:** A Study to assess the effectiveness of skills competency program in term of knowledge and practice regarding Essential New Born care among ANMs working in selected community health centres at Meerut, UP

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**Hypotheses :**

The hypotheses mentioned below will be tested at 0.05 level of significance

**H1** - There will be a significant difference between pre -test and post- test knowledge scores regarding essential new born care among ANM workers in experiment and control group.

**H2**- There will be significant difference in the comparison of pre test - post – test score on knowledge and skill regarding essential new born care among ANM workers.

**H3** - There will be significant association between the post – test knowledge and skill score regarding essential new born care among ANM workers with selected demographic variables.

**Ethical Consideration :** Ethical clearance was obtained from the university ethical committee concerned to particular setting from ethical committee

- All the subjects were informed about the objectives of the study freedom to participate and withdraw participate any time during the study without causing personal harm or loss.
- Written voluntary consent was obtained from samples before collecting the data.
- Informed consent is taken from the participants & the concerned authorities of community health centres.

**Conceptual Framework:** J. W. Kenny’s Open System model was used in this study.

**METHODOLOGY**

Research Approach Quasi experimental Setting: Community Health Centres. Samples: ANM’s in Community Health Centres. Sample size:60.

The tools used for this study self structured questionnaire, standardized practice checklist and demographic variables.

**Section A- Demographic variables of the sample**

It includes age, previous training, Experience, place of work.

**Section B- Self structured questionnaire on knowledge regarding Essential new born care among ANMs.**

Self-structured questionnaire on knowledge regarding Essential new born care with 30 items to assess the knowledge regarding Essential new born care among ANMs.

**Score Interpretation:**

- 0- 10 - Poor Knowledge
- 11- 20 - Moderate Knowledge
- 21- 30 - Good Knowledge

**Section C-Standardized practice checklist regarding essential new born care among ANMs.**

Checklist for Essential New Born Care, New Born Resuscitation –Initial Steps of NBR in First 30 Seconds, Newborn Care Resuscitation –Use of Bag and Mask for NBR in Second 30 Second, Kangaroo Mother Care is given by JHPIEGO.

**Data Collection Procedure:** Formal administrative permission was taken from the office of the senior Doctor at Panchli Community Health Centers, Meerut. 60 ANMs (30 experimental group and 30 control group) were selected from selected Community Health Centers Panchli, Meerut by the purposive sampling technique. To obtain free and frank response, purpose of the study was explained and the subjects were assured about the confidentiality of their response.

## Data Analysis And Interpretation

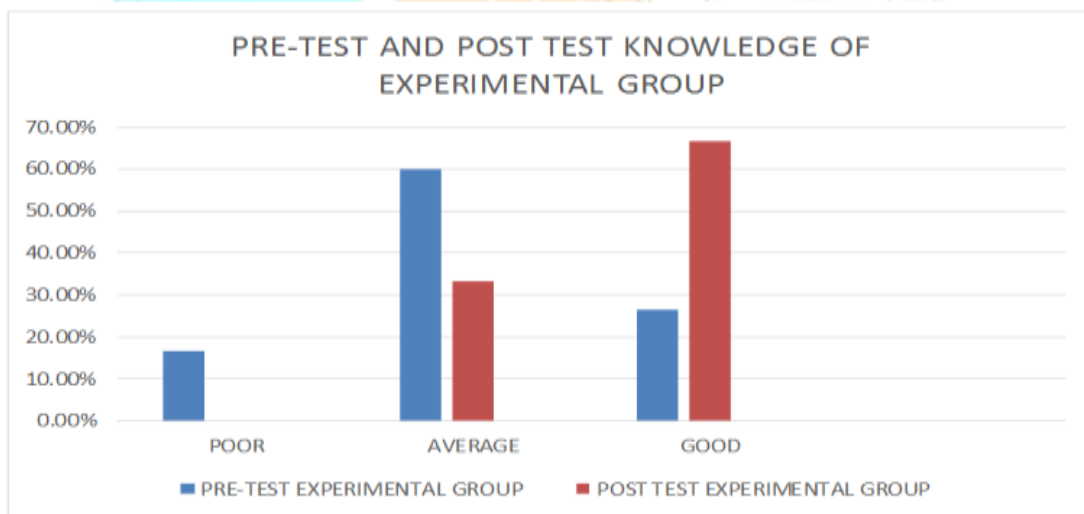
Finding :1 related to knowledge of experimental and control group before and after administration of skill competency program

### EXPERIMENTAL GROUP

N=30

SCORE	KNOWLEDGE	PRE-TEST		POST-TEST	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1-10	POOR	05	16.6%	0	0%
11-20	AVERAGE	18	60%	10	33.3%
21-30	GOOD	7	23.3%	20	66.6%

**In experimental group:** it shows the knowledge of experimental group before administration of skill competency program majority of 26.6% good knowledge, 60% average knowledge and 16.6 % poor knowledge and after administration of skill competency program majority of 66.6% good knowledge, 33.3% average knowledge.



**Figure:1** Diagram showing the frequency and percentage distribution of ANM's according to their knowledge in experimental group before and after administration of skill competency program

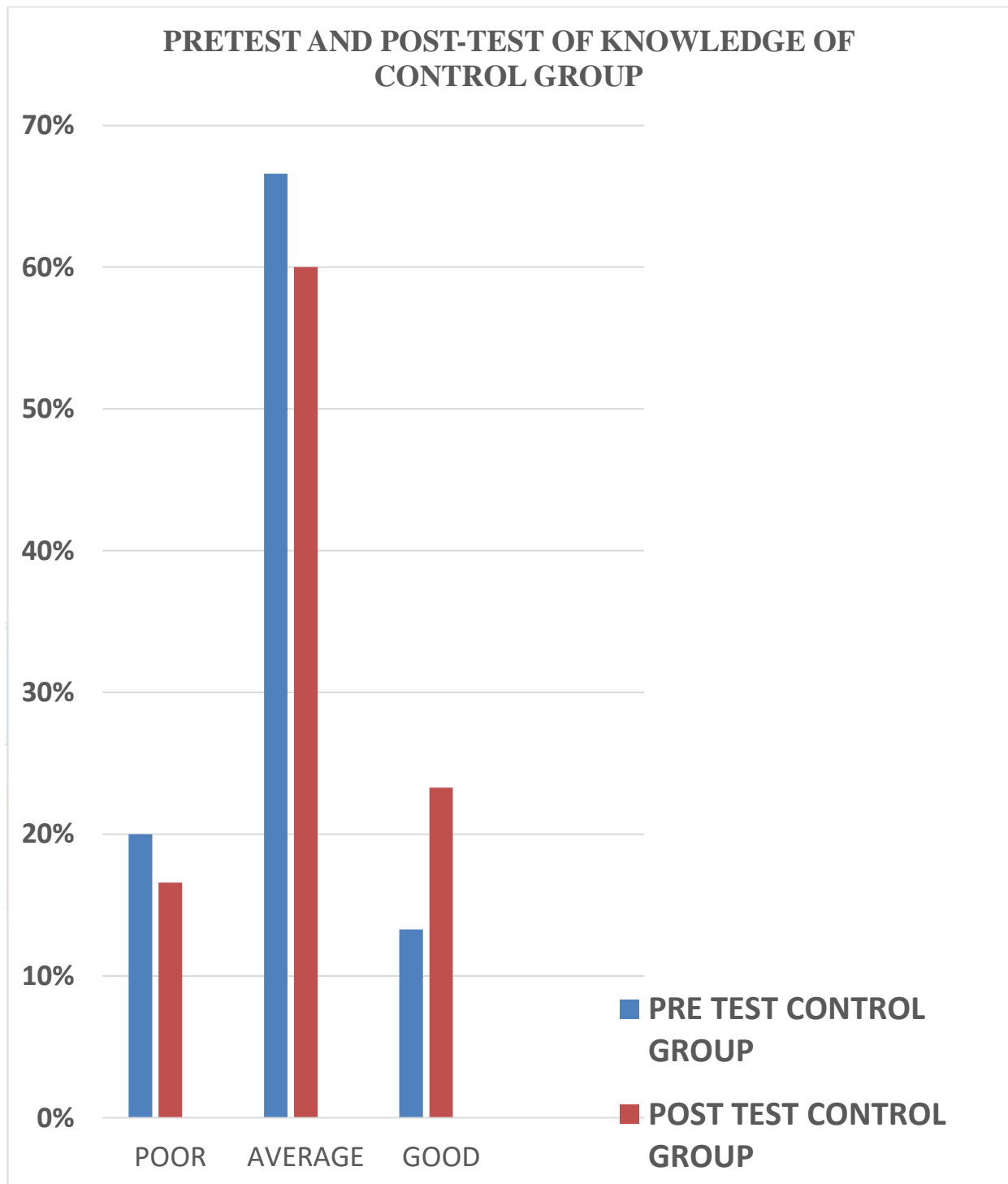
### CONTROL GROUP

N=30

SCORE	KNOWLEDGE	PRE-TEST		POST-TEST	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
0-10	POOR	06	20%	05	16.6%
11-20	AVERAGE	20	66.6%	18	60%
21-30	GOOD	04	13.3%	07	23.3%

**Table 2. In control group :** It shows the knowledge of control group before administration of skill competency program majority of 13.3% good knowledge, 66.6% average knowledge and 20% poor

knowledge and after administration of skill competency program majority of 23.3% good knowledge, 60% average knowledge and 16.6 % poor knowledge.



**Figure 2 : Diagram showing the frequency and percentage distribution of ANM’s according to their knowledge in control group before and after administration of skill competency program.**



**Table 3: Finding showing comparison of mean difference, standard deviation, and paired t- value of pre and post- test knowledge score in experimental and control group.**

Level of Knowledge	Self- Structured Questionnaire					Mean Difference	Standard Error Mean	Paired T test		
		Pre- test		Post- test				df	't' value	p- value
GROUP	N	Mean	SD	Mean	SD					
Experimental Group	30	15.63	1.12	25.13	1.10	9.5	0.28	29	33.13	.000
Control Group	30	15.40	1.19	15.63	1.12	0.23	0.11	29	2.04	0.05

- The experimental group's pre-test mean and standard deviation were 15.63 and 1.12, respectively. The experimental group's post-test mean and standard deviation are 25.13 and 1.10 respectively; the group's paired "t" test value is 33.1, and two- tailed "p" value is less than 0.05. Between the first and second exams, there was an average increase of 9.50 points.
- The control group's pre-test mean and standard deviation were 15.40 and 1.19, respectively. The control group's post-test mean and standard deviation are 15.63 and 1.12 respectively; the group's paired "t" test value is 2.04, and two- tailed "p" value is 0.05. Between the first and second exams, there was an average increase of 0.23 points.

**Table 4: Finding related to association of post-test knowledge of ANMs in experimental group with demographic variables.**

S. No.	Demographic Variables	Knowledge				ASSOCIATION WITH POST- TEST KNOWLEDGE				
		Poor	Average	Good	Total	Chi- Square	P- Value	df	Table Value	Level of Significance
<b>1</b>	<b>AGE</b>									
	25- 30 YEARS	0	3	11	14	5.69	0.681	2	5.99	NS
	31- 35 YEARS	0	4	8	12					
	36- 40 YEARS	0	1	3	4					
<b>2.</b>	<b>EXPERIENCE</b>					4.50	0.342	1	3.84	S*
	1-5 YEARS	0	5	7	12					
	6- 10 YEARS	0	7	11	18					
<b>3</b>	<b>PLACE OF WORK</b>					3.11	0.539	1	3.84	NS
	COMMUNITY HEALTH CENTRE	0	8	12	20					
	SUB CENTER/ PRIMARY HEALTH CENTER	0	4	6	10					
<b>4</b>	<b>HAVE YOU RECEIVED ANY TRAINING ON ESSENTIAL NEWBORN CARE</b>					7.04	0.134	1	3.84	S*

YES	0	6	8	14					
NO	0	5	11	16					

There is significant association between post-test knowledge score regarding essential new born care among ANMs with their selected demographic variables i.e. working experience with the tabulated value of 3.84 and calculated value 4.50 and Previous training with the tabulated value of 3.84 and calculated value 7.04 which was higher than the calculated value. Hence, It shows that there is association between working experience or previous training and knowledge regarding essential new born care among ANMs.

Whereas Age, place of work has no association with knowledge of experimental group regarding essential new born care among ANMs. Hence, Hypothesis (H<sub>3</sub>) is accepted.

## CONCLUSION

**The study was conducted on the basis of above findings:**

1. The skill competency programme was helpful to increase the level of knowledge among ANMs in experimental group.
2. There were significant association between post – test level of knowledge score with area of residence, and other variables were no significant association with post-test level of knowledge And Practice score in experimental group There was significant association between post – test level of knowledge score with area of residence and year of experience, and other variables were no significant association with post-test level of knowledge score in control group.

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