PERFORMANCE AND CHALLENGES OF ASHA WORKERS – A CASE STUDY

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ABSTRACT

The Accredited Social Health Activist (ASHA) is crucial to the concept and strategy of the National Rural Health Mission (NRHM), a federal government project that aims to achieve inclusive growth. ASHA's performance is vital to the success of NRHM. The Accredited Social Health Activist (ASHA) program aims to connect marginalized populations with the healthcare system. ASHAs, as volunteers, were highly valued assets in health systems. ASHAs' knowledge, skills, and motivation influence the performance of the primary healthcare delivery sector. The health system must ensure appropriate working circumstances. The Accredited Social Health Activist (ASHA) program aims to connect marginalized populations with the healthcare system. The effectiveness of the National Rural Health Mission (NRHM) depends on the work of ASHAs. It's important to analyze and compare the performance of ASHAs in Varappetty panchayat is located in Ernakulum district. This study examines the responsibilities of the ASHA in the area of health, their significant roles and advantages to the public, the difficulties they confront, and whether or not they are receiving the necessary training. Some of the main causes for the founding of ASHA include the rise in both the infant and maternal mortality rates, the lack of physicians and nurses in rural areas, the incapacity of auxiliary nurse midwives (ANM) to offer health services at the doorstep, etc. These health activists have the power to mobilize the community, particularly women and underrepresented groups, and to enhance the community's current health services.

Index Terms- ASHA Workers, Empowerment, Rural health care, Primary health care

I INTRODUCTION

The term "community health worker" has undergone several definitions since its re-emphasis at the 1978 Alma Ata conference. Globally, these individuals are known as Health Auxiliaries, Barefoot Doctors, Health Agents, Health Promoters, Family Welfare Educators, Health Volunteers, Village Health Workers, Community Health Aides, Community Health Volunteers, and Community Health Workers. The community health worker varies by country, region, district, and village due to different health demands and levels.

WHO states: "Community Health Workers (CHWs) are individuals selected by their community who receive training to address health issues in both the individual and the community, as well as to collaborate closely with health services." According to WHO (1990), they ought to have completed a primary education program that included reading, writing, and basic math skills.

The National Rural Health Mission (NRHM) aims to make health accessible to all and empower individuals to take charge of their own health. The NRHM intends to improve rural health by gradually increasing health funding to 2-2% of GDP. NRHM's strategy aims to promote health for everybody. A significant component of the National Rural Health Mission (NRHM) is to give every community with an ASHA-trained female community health activist. The complete form of ASHA is: Accredited Social Health Activist.

To raise awareness and assist rural communities, the Accredited Social Health Activist [ASHA] program was established. Accredited Social Health Activists (ASHA) are becoming popular among rural populations for their reproductive and child health (RCH) activities and other health care program. ASHA will enlighten the community about health factors such as nutrition, basic sanitation and hygiene practices, healthy living and working conditions, current health services, and the importance of timely access to health and family welfare services.

II OBJECTIVES

The objectives of the study are:

- To study the responsibilities and performance of ASHA workers under NRHM in Varappetty panchayat
- To examine the problems faced by the ASHA workers in Varappetty panchayat.

III METHODOLOGY

The study is based on both primary and secondary source of data. Primary source of the data was collected through questionnaire from a diversified sample of 13 ASHA workers from Varappetty panchayat in Ernakulum district. Data was collected through Google forms. Secondary data were collected from various books, journals, websites, and other sources.

The area chosen for study was Varappetty panchayat in Ernakulam district of Kerala state. According to the 2011 Census of India, Varappetty had a total population of 18,867, out of which male population is 9,233 while female population is 9,634. Varappetty panchayat is divided into 13 wards.

IV ASHA WORKERS – AN OVERVIEW

Health is influenced by various areas of society, including cultural, economic, educational, social, and political growth. Each of these factors has a significant impact on health, which in turn affects other aspects. Improving people's health and quality of life requires integration with societal transformation efforts. Healthy individuals contribute to a healthy society.

The National Rural Health Mission aims to equip each village with a trained female community health activist, known as an ASHA (Accredited Social Health Activist). The ASHA will represent the village and serve as a liaison between the community and the public health system.

ASHAs will be selected through a rigorous process including community groups, self-help groups, Anganwadi Institutions, Block Nodal Officers, District Nodal Offices, local Health Committees, and Gram Sabhas.

ASHA is a community health activist who raises awareness about health and its social determinants. They also promote local health planning and accountability for current services. She promotes excellent health practices, provides appropriate curative care, and makes timely referrals. ASHA educates the community on health factors like as nutrition, sanitation, and hygiene, as well as healthy living and working environments. It also promotes timely access to health and family welfare services. She advises women on birth preparation, safe delivery, breastfeeding, immunization, contraception, prevention of common diseases (e.g., RTIs/STIs), and caring for small children.

ASHA organizes the community and makes it easier for them to access health and health-related services like immunization, antenatal and postnatal checkups, supplementary nutrition, sanitation, and other government-provided services that are offered at the Anganwadi, subcenter, and primary health centers. She serves as a depot storage for necessities such as oral rehydration therapy (ORS), iron folic acid tablets (IFA), chloroquine, disposable delivery kits (DDK), oral pills, and so on that are made available to all habitations.

In general, she supports other health workers by offering preventive, promotive, and basic curative care; educating and organizing communities, especially those from marginalized backgrounds, to adopt healthier behaviors and raise awareness of social determinants that improve health service utilization; taking part in health campaigns and helping people to claim their rights. Asha's responsibilities include primary medical care, disease control through education, information, and surveillance, antenatal, natal, and postnatal care for women, counseling on family planning, safe abortion, child vaccinations, and vitamin A supplements, behavioral changes related to breastfeeding, birth spacing, sex discrimination, child marriage, girls' education, and taking care of the child, especially the newborn. It also includes household surveys, working with the community to control disease, raising awareness of health issues and their determinants, encouraging local health planning, and boosting the use of already-existing health services.

The ASHA program is entirely incentive-based, selecting and training volunteer women from the local community to support community action for immunization of all people, safe delivery, care for newborns, prevention of communicable and non-communicable diseases, improved nutrition, care for the elderly, and promotion of public and household toilets. ASHAs at the grassroots level have successfully mobilized women from valuable communities to attend institutions. Although ASHAs provide services to varying degrees, their performance in two programs: improving institutional delivery and vaccination coverage, is consistently acceptable. Research suggests that women may receive information on a wide range of issues from ASHAs.

The National Rural Health Mission (NRHM) was established on April 12, 2005, to offer effective health care to rural communities, with a focus on disadvantaged women and children. In 2013, the Government of India established the National Health Mission (NHM), which combined the National Rural Health Mission with the National Urban Health Mission. The National Rural Health Mission (NRHM) aims to train female community health activists (Accredited Social Health Activists) in every village.

ASHA is a community health activist whose goals are to raise public knowledge of health issues and the factors that affect it, inspire community participation in local health planning, and improve the use and accountability of current health resources. ASHA is the first place that a disadvantaged segment of the public should go for any health-related needs. The study tries to find out the problems faced by ASHA in performing their duties in Kerala by taking a case study of Varapetty panchayat in Ernakulam District.

V RESULTS AND DISCUSSIONS

For this study 13 sample respondents from ASHA workers are selected from 13 wards of Varappetty Panchayat. Their responses collected and tabulated with the help of statistical tables.

5.1Age Wise Classification

Age is commonly defined as the amount of time a person has lived. Although age can be described in terms of time, it is more than that: it is about the experience of getting older. The table shows age wise classification of the respondents.

Table – 1 Age Wise Classification

Sl.No	Age	Frequency	Percentage
1	45-55	9	69.2%
2	55-65	4	30.8%
	Total	13	100%

Source: Primary data

Table 1 shows age wise classification of 13 respondents. It shows that 69.2% are in the age group 45-55 and 30.8% are in the age group 55-65.

5.2 Marital Status

Marital status refers to the legally defined marital state. There are numerous marital statuses: single, married, widowed, divorced, separated and in some situations, registered partnership. The table shows marital status of the respondents.

Table 2- Marital Status

Sl.No	Marital Status	Frequency	Percentage
1	Married	8	61.5%
2	Widow	3	23.1%
3	Other	2	15.4%
	Total	13	100%

Source: Primary data

From the table it is clear that 61.5% of the respondents are married, 23.1% of the respondents are widow and 15.4% of the respondent are others.

5.3 Educational Qualifications

Education is the process of facilitating learning, which involves the development of knowledge, skills, values, morals, beliefs, and habits. The table shows education wise classification of the respondents.

Table 3 Educational Qualifications

SL.NO	Education Wise Classification	Frequency	Percentage
1	SSLC	8	61.5%
2	Plus Two	3	23.1%
3	Others	2	15.4%
	Total	13	100%

Source: Primary data

The table shows that the education wise classification of ASHA workers. 61.50% of the respondents are have an educational qualification of SSLC, 23.1% of the respondents have plus two qualifications and remaining 15.4% respondents are others.

5.4 Monthly Income

Monthly income is the sum of money earned by an individual or household on a monthly basis. It is commonly used to assess financial stability and varies widely based on work status, occupation, and geography. The table shows monthly income wise classification of the respondents.

Table 4 – Monthly Income

Sl.No	Monthly Income	Frequency	Percentage
1	5000-10000	2	15.4%
2	10000-20000	8	61.5%
3	Above 20000	3	23.1%
	Total	13	100%

Source: Primary data

From the above table it is evident that 61.5% of the respondents having an income between 5000 to 10000, 23.1% of the respondents having an income between 10000 to 20000 and remaining 15.40% of the respondents are above 20000.

5.5 Economic Category

Economic category can be divided into two: APL and BPL. The full form of APL is Above Poverty Line and the full form of BPL is Below Poverty Line. The table shows economic category of the respondents.

Table 5 Economic Category

Sl. No	Economic Category	Frequency	Percentage
1	APL	6	46.2%
2	BPL	7	53.8%
	Total	13	100%

Source: Primary data

From the above table it is clear that 46.2% of the respondents belongs to APL category (above poverty level) 53.8% of the respondents belongs to BPL category (below poverty level).

5.6 Type of Family

A family is a group of people who are related by marriage, blood, or adoption, live in a single home and interact with one another in their individual social roles. There are mainly two types of family: nuclear and joint family.

Table 6- Type of Family

Sl .NO	Type of family	Frequency	Percentage
1	Nuclear	9	69.2%
2	Joint family	4	30.8%
	Total	13	100%

Source: Primary data

The above table shows the type of family of the ASHA workers.69.2% of the respondents are belongs to nuclear family and remaining 30.8% of the respondents are belongs to joint family.

5.7 Social Category

Social category can be mainly divided into three: General, SC/ST, and OBC. The table indicate social category of the respondents.

Table 7 – Social Category

Sl.No	Social Category	Frequency	Percentage
1	General	6	46.2%
2	SC /ST	2	15.4%
3	OBC	5	38.5%
	Total	13	100%

Source: Primary data

The above table shows that 46.2% of the respondents belong to general category,15.4% belongs to the SC/ST category, 38.5% belongs to the OBC category.

5.8 Duration of Job

Duration of job defined as the number of years a person has been employed in their current position. The table shows duration of job of the respondents.

Table 8- Duration of Job

SL.NO	Duration Of Job	Frequency	Percentage
1	1 Year to 5 Years	11	84.6
2	Above 5 Years	2	15.4
	Total	13	100%

Source: Primary data

The table shows that 84.6% of the respondents are working between 1 year to 5 years and remaining 15.4% are working for above 5 years.

5.9 Motivation for taking up the job

Motivation is a process of inducing and stimulating an individual to act in a specific manner. The table explains motivation for ASHA workers to do this job.

Table 9- Motivation for taking up the job

SL.NO	Motivation for taking up the job	Frequency	Percentage
1	Financial Independence	2	15.4%
2	For Satisfaction	2	15.4%
3	To Serve The Community	9	69.2%
	Total	13	100%

Source: Primary data

The above table explains reasons for ASHA to do this job. 15.4% of the respondents are belong to financial independence.15.4% of the respondents are for satisfaction. 69.2% of the respondents are to serve the community.

5.10 Inspirational force behind Asha Workers

Inspirational force defines something that motivates someone to take action, provides inspiration for what to accomplish or both. The table explains inspirational force behind ASHA workers.

Table 10- Inspirational force behind Asha Workers

Sl.No	Inspirational Force Behind ASHA Workers	Frequency	Percentage
1	Self interest	8	61.5%
2	Family	5	38.5%
	Total	13	100%

Source: Primary data

The above table shows that inspirational force behind ASHA.61.5% of the respondents are belongs self-interest, 38.5% of the respondents are belongs to family.

5.11 Types of information provided

The table depicts the type of information provided by ASHA workers regarding health. It includes nutrition, basic sanitation, hygienic practices, etc.

Table 11 - Types of information provided

Sl.No	Types of Information Provided	Frequency	Percentage
1	Basic Sanitation	5	38.5%
2	Hygienic practices	8	61.8%
	Total	13	100%

Source: Primary data

The above table depicts the type of information provided by ASHAS workers regarding health. It shows that 38.5% respondents provide information about Basic Sanitation,61.8% respondents provide information about Hygienic practices.

5.12 Number of Households visited in a month

The table shows the number of households ASHA workers visited in month. Generally, one ASHA worker is assigned to work for 1000 to 2500 population.

Table 12 – Number of Households visited in a month

Sl.No	Number of households visited month	Frequency	Percentage
1	Below 100	1	7.7%
2	100-200	8	61.5%
3	Above 200	4	30.8%
	Total	13	100%

Source: Primary data

The above table explains 7.7% of the respondents visited the households Below 100,61.5% of the respondents are visited the households 100-200 and remaining 30.8% of the respondents are visited the households Above 200.

5.13 Hours of Field Visit

ASHAs were intended to work part- time, for four to five hours per day. The table shows hours of field visit of the respondents.

Table 13 – Hours of Field Visit

Sl.No	Number of hours of field visit	Frequency	Percentage
1	4 Hours	8	61.5%
2	Above 4 Hours	5	38.5%
	Total	13	100%

Source: Primary data

The table indicates that 61.5% of the respondents are visit the field per day 4 hours, 30.8% of the respondents are visit the field per day above 4 hours.

5.14 Poor transport facility in field area

Transportation facilities include everything that is constructed, installed, or established to offer a means of transportation from one location to another. The table shows transportation facility in field area.

Table 14 – Poor transport facility in field area

Sl.No	Poor Transport Facility in field area	Frequency	Percentage
1	Yes	9	69.2%
2	No	4	30.8%
	Total	13	100%

Source: primary data

The above table indicates that 69.2% of the respondents belongs to poor transport facility and 30.8% of the respondents are belongs to not poor transport facility.

5.15 Accessories given to ASHA Workers

ASHA workers in India are given a variety of accessories and instruments to help them to do their duties properly. Which includes umbrella, mobile, drug kit, and others. The table shows various accessories given to ASHA workers.

Table 4.15 – Accessories given to ASHA Workers

Sl.No	Accessories Given To ASHA	Frequency	Percentage
1	Drug kit	6	46.2%
2	Others	7	53.8%
	Total	13	100%

Source: Primary data

The above table explains 46.2% of the respondents get the drug kit and the remaining 53.8% of the respondents get other accessories.

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5.16 Problems faced by ASHA Workers

ASHA workers face challenges like work place violence, transport facilities, salary problems and inefficiency in training and information within the communities they serve. The table shows major problems faced by ASHA workers.

Table 16- Problems faced by ASHA Workers

Sl.No	Problems Faced By ASHA Workers	Frequency	Percentage
1	Transport Facilities	6	46.2%
2	Salary Problems	3	23.1%
3	Inefficiency in training and information	4	30.8%
	Total	13	100%

Source: Primary data

The above table indicates the problems faced by ASHA workers in field areas. It shows that 46.20% of the respondents are deals with transportion, 23.10% of the respondents facing salary problems and remaining 30.8% of the respondents facing inefficiency in training and information.

5.17 Ease of handling work

Ease of handling refers to how easy and uncomplicated it is for an individual to complete their job duties. The table shows ease of handling work of the respondents.

Table 17- Ease of handling work

Sl. No	Ease of handling work	Frequency	Percentage
1	YES	8	61.5%
2	NO	5	30.8%
	Total	13	100%

Source: Primary data

The above table shows that 61.5% of the respondents feel that their work is manageable, 30.8% of the respondents find their work challenging to handle.

5.18 Right time of payment

Right time of payment refers to making a payment at the appropriate or scheduled time, usually by the agreed-upon date. This table ensures that the payment is made on time or not.

Table 18- Right time of payment

Sl. No	Right time of payment	Frequency	Percentage
1	Yes	9	69.2%
2	No	4	30.8%
	Total	13	100%

Source: Primary data

The above table indicates that 69.2% of the respondents get payment done in time and 30.8% of the respondents are not get payment done in time.

5.19 Mode of payment

The term 'mode of payment' refers to the process or method by which a payment is made. Which includes cash, cheque, bank transfers etc. The table shows mode of payment of the respondents.

Table 19- Mode of payment

Sl. No	Mode of Payment	Frequency	Percentage
1	E- TRANSFER	9	69.2%
2	CHEQUE	4	30.8%
	TOTAL	13	100%

Source: Primary data

The table shows that 69.2% of the respondents are belongs to E- transfer and remaining 30.8% of the respondents are belongs to cash.

5.20 Need more Information and training

Need more information and training denotes the need for an individual or group to acquire new abilities in order to carry out a task efficiently. The table explains ASHA workers need for additional information and training.

Table 20- Need more information and training

SL.NO	Need more information and training	Frequency	Percentage
1	YES	9	69.2%
2	NO	4	30.8%
	Total	13	100%

Source: Primary data

The above table indicates that 69.2% of the respondents need more training programs and information and remaining 30.8% of the respondents not need more training programs and information.

5.21 Level of job satisfaction

Level of job satisfaction refers to how pleased and fulfilled an individual is with their employment. The table shows level of job satisfaction of the respondents.

Table 21- Level of job satisfaction

Sl. No	Level of job satisfaction	Frequency	Percentage
1	Highly satisfied	5	30.5%
2	Partially Satisfied	7	53.8%
3	Not Satisfied	1	7.7%
	Total	13	100%

Source: Primary data

The above table contains the data relating to the level of job satisfaction among ASHA workers. 30.5% respondents are highly satisfied, 53.8% respondents are partially satisfied, and 7.7% respondents are not satisfied.

VI CONCLUSION

The implementation of ASHA resulted in a significant improvement in the health of rural populations. ASHA has been successful in its efforts such as the immunization schedule for newborn newborns, cleanliness, and numerous health care programs. With the implementation of ASHA, rural communities have become more aware of health issues such as nutrition, basic sanitation, and hygienic behaviors. ASHA's actions support rural people, resulting in an upliftment of rural society, which contributes to the improvement of our nation. "The soul of our nation lies in the village" The diverse activities have their roots in rural areas. Keeping these facts in mind, ASHA was founded and has been successful in its endeavors; therefore, it will continue to be successful in its women's and children's empowerment operations in the future.

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