International Journal of Academic Research
ISSN: 2348-7666 : Vol.2, Issue-4(5), October-December, 2015
Impact Factor : 1.855

Effectiveness of Asha Workers for the Promotion of Community Health

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Abstract: *ASHA workers are working still now with the same incentives what they are getting beginning onwards, so would be a greater help to the ASHA workers if takes a steps is revising the amount of incentives to ASHA workers. There is a need of family counseling centre at each community health care centre. And districts authority should participate in the review meetings of ASHA worker at their Health care centres level. Also appointing gynecologists at community health care centre level is a help for rural women.*

Keywords: *ASHA workers, community health care, medical care*

Introduction

Health is a dynamic process involving constant adjustment and adaptation to the changing environment (internal and external). World Health Organization (WHO) defines health as a "state of complete physical, mental and social well-being and not merely an absence of disease or infirmity". Community health refers to the health aspects of the people living in community. Getting primary medical care to the children and women especially pregnant women depends on the quality of good community health. Moreover it is a field of public health which concerns itself with the study and improvement of the health characteristics of biological communities. It also tends to focus on geographical areas rather than people with shared characteristics.

ASHA (Accredited Social Health Activists) workers are the key catalyst in taking the benefits of health care centre to the community and also a medium in connecting the health care system and the community people. For performing the task, ASHA workers must be very accurate and competent in the field. Also for evaluating the conditions of the community and proper monitoring are also needed for the development of the community.

Statement of the problem: ASHA workers play a vital role under NRHM by serving as a crucial link between community and health care system. ASHA workers are the primary sources for accessing health care to the community people, but the acceleration and smoothness of the work depends on the efficiency and support provided by higher authority in health care services and also the healthy relationship of ASHA workers to other health care workers like Anganwadi workers, ANM of Pain and Palliative Care and other Hospital staffs, Non-Governmental Organisations and also to the Local Self Government of their respective area.

Significance of the study: ASHA workers are the persons who know the community pulse in terms of health care needs and who is committed to the society in and show legibility and transparency in the providing community services. So the

study intended to learn the effectiveness of ASHA workers as a community health worker and how effectively coordinating the ASHA worker with other health care worker and concerned hospitals staffs for reaching the services to the community

Field of the study: This study was carried out at Kannur district in Kerala State in India. According to the 2011 census Kannur district has 11 Blocks and 81 Panchayats. Kannur districts have approximately 3000 ASHA workers.

Main objectives of the study

1) To study the socio economic profile of the respondents
2) To understand the basic knowledge of ASHA workers about community health
3) To study the relationship of ASHA workers with other health care workers like Anganwadi workers, ANM of pain and palliative and other hospitals staffs.
4) To understand the relationship of ASHA workers with Local Self Government and NGO's
5) To study the problems experienced by AHSA workers at work place
6) To find out the opinion of ASHA workers about the usefulness of healthcare programmes in the community.

Hypothesis: There is relationship between the experience of ASHA worker and their future aspirations in the work

Research methodology: This study is aiming to deal with the current work of ASHA workers for promoting community health and situation that they are facing while implementing the health care system in the community. So, descriptive research design was taken for explaining the process of the study. The researcher has used mixed method – including both quantitative and qualitative methods. Under quantitative methods used questionnaire containing 54 questions. Under qualitative method focussed group discussion and In-depth - interview. Other than deriving conclusion, the results from qualitative data are also used to substantiate the findings of quantitative data. There are approximately 3000 ASHA workers in Kannur districts as population of the study and out of which 115 ASHA workers (89 ASHA workers filled the questionnaire and conducted four focussed group discussion each contains 6 ASHA workers and 2 ASHA workers selected for In-depth interview) were taken as sample for the study by using Purposive sampling method. Data was collected by using Questionnaire, In-depth interview and focussed group discussion. Statistical package for social sciences (SPSS) version 17.0 was used to enter and process the data. The data's are presented in table and diagrams. The test such a Chi-square test and t- test are used to access the nature of the data

Sources of data: The primary data was collected from ASHA Workers by using Questionnaire, In-depth interview and Focussed Group Discussion (FGD), and the secondary data collected from other studies related to the present study and also interviewing with Medical Practionors in Govt General Hospital Thalassery-Kannur district Kerala.

Data Analysis

Table 1: Age wise distribution of the respondents

Age	Frequency	Percent
25-34	6	6.7
35-44	57	64.0
45and above	26	29.2
Total	89	100.0

The table showing age wise distribution of the respondents and it is seen that most of the (64%) ASHA workers are belongs to the age group of 35 and 44 years and some of the ASHA workers are belongs to the age group of 45 years and above .

Table: 2 Monthly Incentives

Incentives	Frequency	Percent
Below1000	82	92.1
Above 1000	7	7.9
Total	89	100.0

From the table it is clear that most of the respondents (92.1%) are having a monthly Incentives below 1000 rupees per month and very few of the have a monthly Incentives of 1000 rupees and above.

Table 3: Working Experience

Working Experience in years	Frequency	Percent
Below 5 years	46	51.7
Above 5 years	43	48.3
Total	89	100.0

From the table it is clear that more than half of the ASHA workers are having an experience of below 5 years, nearly half of the ASHA workers are having an experience of 5 years and above.

Table 4: Meeting with Anganwadi worker and ANM of pain and palliative care

	Percentage	
Meeting	With Anganwadi workers	With ANM
Every month	95.5	96.6
Once in two months	3.4	2.3
Once in three months	1.1	1.1
Total	100.0	100.0

From the table it is clearly visible in the table that 95.5% of the ASHA workers response that they are having a meeting with Anganwadi workers every month. ASHA workers are having a regular meeting with ANM of Pain and palliative care

Table 5: Targeted Population

Response	Frequency	Percent
Less than 1000	25	28.1
1000	6	6.7
1000 – 1500	56	62.9
More than 1500	2	2.2
Total	89	100.0

From the table it is clear that most (62.9%) of the ASHA workers are having a targeted population 1000 and above, besides their actual targeted population is 1000.

Table No: 6: Experience and Monthly Incentives of ASHA workers
Cross tabulation

Experience	Monthly Incentives		
	Less than 1000	More than 1000	Total
Less than 5 years	41	5	46
Above 5 years	40	3	43
Total	81	8	89

The table shows that there is not much difference between the Experience and Monthly incentives of ASHA workers, It is clearly evident in the NRHM guideline for ASHA, that is ASHA workers given incentives with regard to their performance in providing the services, and here both experience of less than 5 years (41) and above 5 years (40) experience are having a monthly income less than 1000 rupees.

However during the T- test is applied to test the relationship between the years of experience and Monthly incentives

($t = 0.609$, $P > 0.05$)

The T-test value reveals that, there is no relationship between the experience and monthly incentives of ASHA workers.

Year of experience * Future Aspiration Cross Tabulation

Working experience is an important factor in determining once short term and long term goals in their carrier and all the people who have enough experience in work leads them to think of well about the future

Table : 7 Year of experience * Future Aspiration Cross Tabulation

Year of Experience	Future aspiration				Total
	JPHN	ANM	Permanent ASHA worker	Part time hospital employee	
Less than 5 Years	9 (19.6) (32.1)	13 (28.3) (46.4)	16 (34.8) (69.6)	8 (17.4) (80.0)	46 (100.0) (51.7)
Above 5 years	19 (44.2) (67.9)	28(31.5) (100.0)	7(16.3) (30.4)	2(4.7) (20.0)	43(100.0) (48.3)
Total	28(31.5) (100.0)	41(46.1) (100.0)	23(25.8) (100.0)	10(11.2) (100.0)	89(100.0) (100.0)

From the above table it is clear that ASHA workers who have a experience less than 5 years having a thinking about work as a permanent ASHA worker (34.8%) and ANM (28.3%) , and AHSA worker having an experience of above 5 years are very clear about high future aspiration that at around (44.2%) of the ASHA workers wants to be a JPHN of the healthcare centres and one third of them wants to be an ANM(31.5%) . It would be better to have a an interventions of health care systems in considering the important of ASHA workers who is having a long years of experience in the field and providing a better place in the health care system , and make a study on analysing ASHA workers importance in health care system .However during the Chi-Square test is applied to test the relationship between the years of experience and future aspiration

Chi-Square Test:

Pearson Chi-Square Value: 10.747

Degrees of freedom: 3

Level of Significance: 0.013

Since the level of significance is less than 0.05 and it could be stated that there is a significant association between the year of experience and their future aspiration.

Synthesis of Qualitative data

I. Relationship of ASHA workers with other Health Care workers like Anganwadi workers, ANM of Pain and Palliative Care and other Hospital staff. ASHA is a health activist in the community who creates awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. Here ASHA workers are working together with Anganwadi workers in providing nutritious food (Amrithem powder, for children), motivating the family members for reaching children to the Anganwadi, directing teenage girls for taking Rubella vaccine. Here the ASHA workers are having a regular monthly meeting with Anganwadi workers and collaborating in different types of work that is conducting awareness classes for mothers and teenage girls, making discussion with Anganwadi workers about in bringing the other primary aids of health services to the community people . ASHA workers are having regular meeting with the Medical officer and attending classes conducted by

medical officers regarding communicable and non – communicable diseases and getting awareness about upcoming changes in the service oriented curriculum.

II. **Relationship of ASHA workers with Local Self Government and NGO's:** All the ASHA workers are the active participants in Gramma sabha / Ward sabha, and in some areas ASHA workers are providing information to the people about date and venue of the gramma sabha / ward sabha in spite of the notice displayed by LSG. ASHA workers are the active participants in the health oriented planning at LSG level.ASHA workers are collaborating with NGO's like IRPC(Initiative for Rehabilitation and palliative care in kannur district) and IMA (India Medical Association) for Health related matters . Both organisations are providing services under Pain and palliative scheme, even though the influence of NGO's are noticed in the community health services. ASHA workers are having a good relationship with the community people (Because even nationalised bank personals are contacting ASHA workers for the reference).

III. **Opinion of ASHA workers about the Usefulness of Healthcare Programmes in the Community:** ASHA workers are helping the families of differently abled people for accessing the legal and financial help related to the differently abled. But that is seen only in the urban areas(when researcher went for FGD at rural bases community health centres, the ASHA workers are not aware about the need of this kind of services in the community) , and they provide services in Maternal Child Health (MCH) programmes , chlorination , awareness about the importance of dry day ,birth preparedness of mothers ,conducting survey directed by the health care centres)

IV. **Problems Experienced by ASHA workers at Work Place:** As long as societal attitudes towards the health care systems are changed in the sense that people are selective in consultation with the doctors , it is understood from the focussed group discussion (FGD) conducted at urban based community health centres in Kannur district ,. The families of those who get delivered in government hospitals do not receive financial help of JSSK, by doing this ASHA workers are not getting incentives that they actually deserve. (*In the study "ASHA and MCH services in Odisha" / Roy & Sahu, also it reveals that women go for delivery at a private health centre, so that the ASHA do not get any monetary incentive.*) are not getting the honorarium and Some of the families are purposely delaying in getting the money related to JSSK.Majority of the ASHAs were not satisfied with their incentives. There is a general demand from all ASHA workers for a regular monthly payment. ASHA worker is spending more money on Phone calls, which is not accounted for their worker schedule .it is a financial burden for ASHA worker

Implications for Policy making

Governmental authorities are the policy makers who make changes in the work curriculum of ASHA workers. so it important to Equalize the targeted population of all the ASHA workers , if possible revise the targeted population according to the density of the respective communities , and make necessary action in providing honorarium of ASHA workers on time .Make sure the presents of health care authority while making

chlorination of water in the society . ASHA workers are working still now with the same incentives what they are getting beginning onwards, so would be a greater help to the ASHA workers if1. takes a steps is revising the amount of incentives to ASH workers. There is a need of family counselling centre at each community health care centre. And districts authority should participate in the review meetings of ASHA worker at their Health care centres level. Also appointing gynaecologists at community health care centre level is a help for rural women.

Conclusion: The study reveals that there is a need of constant and continuous monitoring from the health care authority in making the health care service more accurately. The effective implementation of health care programmes in the community with the help of ASHA workers can create a new change in health care system in a positive way. The researcher found that ASHA workers are effectively participating in the community health care services. Here the researcher strongly recommends that the performance of ASHA workers is the key factors in determining the health progress of the community. In research found that ASHA workers are unavoidable and inmate of community people so the government and health care systems should keep them as an important factor in promoting health status in the community. Study intend to bring out some thought which should be researched in the future that is ; study be conducted about role of ASHA workers as an agent for social change , there can be a study for the need of family counselling centres at each community health centres. Study can be conducted for upgrading the position of ASHA workers.

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