

'ASHA': A HEALTH CHANGE AGENT OF THE SOCIETY

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National Rural Health Mission started in the state of Uttar Pradesh in the year 2007, with the objective to address the health needs of rural population, especially the vulnerable section of the society. Under this scheme deployment of ASHA has been identified as one of the key strategies for wider coverage of services. It was considered that ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children who find it difficult to access health services. Scheme was conceptualized considering that ASHA will not be the service provider but an activist and a link worker for generating the demand for the services and facilitating the community to avail those services hence bringing the positive momentum in MCH indicators. GOI has issued guidelines for the selection of ASHA workers and state government has been provided flexibility for adjusting the norms as per the local situation. The current study has been planned considering the above scenario to assess the biosocial profile of ASHA workers and services provided by them for bringing the desired change in health status of the community.

METHODOLOGY

Random sampling method has used to select Block Shikohabad from district Firozabad of U.P. In selected block cross sectional evaluation was done to include all the ASHAs. Interview technique was conducted using predesigned & pretested questionnaire. Questionnaire included information related to bio-social profile of the ASHA workers selection process, service delivery & process of receiving incentives, thereby including all vital areas of concern to provide recommendation pertaining to efficient health service delivery. The data was collected by the trained field investigators. Study was conducted during October-November 2016 in

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the Shikohabad block of Firozabad district of Uttar Pradesh. The method of statistical analysis is used to draw scientific conclusions. For the purpose total 150 ASHAs were interviewed during the study in Shikohabad block of Firozabad district of U.P.

BIO-SOCIAL PROFILE OF ASHA WORKERS

<i>S.No.</i>	<i>Age-wise distribution of 'ASHAs'</i>	<i>F</i>	<i>%</i>
1	20-25	35	23.3
2	26-30	63	42.0
3	31-35	30	20.0
4	36-40	15	10.0
5	> 40	7	4.7
	Total	150	100.00

<i>S.No.</i>	<i>Religionwise distribution of 'ASHAs'</i>	<i>F</i>	<i>%</i>
1	Hindu	136	90.7
2	Muslim	10	6.7
3	Sikh	1	6.7
4	Others	3	2.0
	Total	150	100.00

<i>S.No.</i>	<i>Education-wise distribution of 'ASHAs'</i>	<i>F</i>	<i>%</i>
1	Illiterate	2	1.3
2	Literate	2	1.3
3	Primary	4	2.7
4	Junior High School	77	51.3
5	High School	30	20.0
6	Intermediate	28	18.7
7	Graduate or Equivalent	7	4.7
	Total	150	100.00

<i>S.No.</i>	<i>Socio-economic status-wise distribution of 'ASHAs'</i>	<i>F</i>	<i>%</i>
1	Upper-class	27	18.0
2	Upper-middle	62	41.3

3	Lower-middle	41	27.3
4	Upper-lower	13	8.7
5	Lower-class	7	4.7
	Total	150	100.00

Most 63(42%) of ASHAs belong to 26-30 years of age followed by 20-25 years of age 35(23.3%), 31-35 years 30(20%) & 7(4.7%) of age >40 years. Majority of them were Hindu by religion 136(90.7%). Majority of them were educated above the selection criteria for education i.e. about half of them have got education Junior High School 77(51.3%), High School 30(20%), Intermediate Graduate or Equivalent 7(4.7%) most of them belong to upper middle class 62(41.3%) followed by lower middle class 41(27.3%) & upper class 27(18%) as per modified BG Prasad's classification.

SELECTION PROCES OF ASHAS RESPONDNETS

S.No.	Selection of 'ASHAs' / Nominated by	F	%
1	ANM	64	42.7
2	Gram Pradhan	67	44.7
3	Panchyat Member	3	2.0
4	Block Adhikari / B.D.O.	9	6.0
5	Other	7	4.7
	Total	150	100.00

S.No.	Person conducted final selection	F	%
1	ANM	6	4.0
2	Gram Pradhan	139	92.7
3	PHC, Medical Officer	1	7
4	Others	4	2.7
	Total	150	100.00

Though Gram Pradhan 67(44.7%) & ANM 64(42.7%) were the key persons nominated for ASHAs selection but majority of selection was done by Gram Pradhan 139(92.7%) as per primary data collected through questionnaire method.



SERVICE DELIVERY

Most of the ASHAs were doing all the activities 96(64%) expected from them like :- Taking pregnant women to hospital for delivery, Taking children to hospital for the vaccination, Providing condoms and ECPs, Health education, All above.

<i>S.No.</i>	<i>Activities carried out by 'ASHAs'</i>	<i>F</i>	<i>%</i>
1	Taking pregnant women to hospital for delivery	24	16.0
2	Taking children to hospital for the vaccination	26	17.3
3	Providing condoms and ECPs	23	15.3
4	Health education	33	22.0
5	All above	96	64.0

<i>S.No.</i>	<i>Major Problems encountered in 'ASHAs' work</i>	<i>F</i>	<i>%</i>
1	Transport related problems	48	32.0
2	Health facility related problems	23	15.3
3	Problems in motivating the people	6	04.0
4	Problem to get Honorarium	20	13.3
5	Other	7	2.7
6	No problem	49	32.7
	Total	150	100.00

<i>S.No.</i>	<i>Main reasons for working as 'ASHAs'*</i>	<i>F</i>	<i>%</i>
1	Self-identification	109	72.7
2	Social work	139	92.6
3	To earn money for life	34	22.7
4	For future employment	63	42.0

Some of them are doing one or other work like taking pregnant women to hospital for delivery, 24(16%), taking children to hospital for vaccination 26(17.3%), providing condoms and ECPs 23(15.3%) & Health education 33(22%) etc. as a health motivation or educator.



PROBLEMS ENCOUNTERED DURING THE WORKS

Major Problems encountered in ASHAs work were either related to transport 48(32%) or problems related with health centres while except for few of them who have problem in getting honorarium 20(13.3%), nearly one third 49(32.7%) have no problem in their working. While only 23(15.3%) ASHAs have felt health facility related problems in their works.

DISCUSSION

Most of ASHAs belong to age group 26-30 years (42%) followed by 20-25 year age (23.3%) group. As per GOI guidelines, ASHA should be recruited preferably of the age group 25 to 45 yrs. 23% of ASHAs are below 25 years which is similar to study by Srivastava DK et.al.¹ in 2009 also found that more than half of the ASHAs were in the younger age group i.e. between 20-29 years of age. While Neeraj Jain et.al.² in 2008 found that majority of ASHAs were of below 40 years of age in their studies.

Since majority of community belongs to Hindu religion so are the ASHAs 136(91.7%) followed by very few Muslim 10(6.7%) ASHAs. Though the majority of ASHAs fulfils the minimum requirement criteria for the selection as ASHA i.e. literate woman with formal education up to Eighth Class but about 5% of them were either (1.3%) illiterate or education less than Primary school level. Inclusion of illiterate ASHA is a challenge for their adequate training and making them learn how to maintain & report certain basic data motivates women of the villages.

More than half of ASHA were educated upto Junior high school (51.3%) while one fifth got education upto High School (20%) followed by intermediate level (18.7%) Neeraj Jain et.al. in 2008 found that majority (53.3%) of the ASHAs were educated upto middle school. According to micro empirical sociological study of S. Haider et.al.³ in 2008 found that only 16.1% of ASHAs were creating awareness on health related issues while in present study 22% were providing health related awareness to the community. Overall about 24.2% women heard about ASHAs while pregnant women visited by ASHA were 50.6%. In this proposed micro study, mobilizing women for institutional delivery 24(16%), escorting children for vaccination 26(17.3%), Contributing in Family Planning services 23(15.3%) were the activities carried out by ASHAs but majority 96(64%) of them are performing all these activities beside health education component 33(22%). In a sociological micro study by Saraswati Swarn et.al.⁴ in 2008 reported higher percentage (48%) of the ASHA knew that creating community awareness about various health determinants is a part of their job responsibilities and 42.5% of the ASHAs had

knowledge of mobilization in comparison to the present study (22%). Although as per the present study, ASHAs were performing activities like taking pregnant women to hospital for delivery, taking children to hospital for Vaccination, Providing condoms and ECPs etc. but in a lower percentage (64%) than as reported by Saraswati Swain et.al.⁴ (83%) however, Shobha Malini et.al.⁵ in 2008 found almost similar performance of ASHA workers as found out in this study, they reported that 65% of ANC were mobilized by ASHAs & in 62% cases, ASHAs accompanied for institutional delivery.

More than one third 47(32.7%) of ASHA had no problem during routine work while another 48(32%) had transport related problems while rest of them are facing Health facility Related problems (15.3%) or to get Honorarium at time 20(13.3%) ASHAs. In contrast to study done by Bhatnagar et.al.⁶, main reasons for dissatisfaction were incentive not on time (46.11%) & expenses more than Incentive (63.89%). Main reason for working as ASHA is Social work 139(92.6%), Self-identification 109(72.7%), for future employment 63(42%) & to earn Money 34(22.7%) ASHAs.

CONCLUSION

The findings of this micro empirical sociological study reflect that most of the ASHA workers are doing the given responsibilities as understood by them. Analysis of the present selection process indicated that selection of ASHAs should be as per stipulated criteria under strict supervision. Extra and more efforts should be taken for orienting the illiterate ASHAs in the areas where there is no other suitable candidate is available. Job related problems like unavailability of transport in difficult areas, delay in getting incentives etc. can be reduced by administrative efforts. ASHA needs strong sensitization about their role as motivator & activist for creating awareness and demand generation in the society; it indicates that their training needs to focus in this area with more thrust. Then only she can effectively like a change agent of the society as envisaged by NRHM planners.

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