Original Article

A study on ASHA –a change agent of the society

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Abstract

Background:
National Rural Health Mission started in the state of Uttarakhand with the objective to address the health needs of rural population, especially the vulnerable section of the society. Under this scheme, ASHA has been identified as one of the key strategy for wider coverage of services, considering her the first port of call for any health related demands, especially women and children.

Objective: To find out the biosocial profile of ASHA and services provided by them.

Material & Methods:
A descriptive study was conducted in Imlikhera Block of Haridwar district in 2008 participated by all (150) ASHA. Data was collected by trained investigators of Rural Development Institute which is also a State ASHA resource Centre.

Results:
Maximum (42%) ASHA were in 26-30 Years of age group. However, 23% ASHA were in less than 25 years of age which is below than the stipulated selection criteria. About 6.3% ASHAs were not fulfilling the educational criteria of selection (education upto 8th class). Study reported that majority of ASHA consider care of pregnant women, vaccination and family planning as their prime services. 42% ASHA reported that they think this work can pave their ways for future employment.

Conclusion: Supervisory body should see that selection of ASHA should be as per stipulated criteria and they should be sensitized about their major role of motivator & activist, for creating awareness and demand generation in the society.

Key Words: NRHM, ASHA, ANM

Introduction:

National Rural Health Mission started in the state of Uttarakhand 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.

Materials & Methods:

Random sampling was done to select Block Imlikhera from district Haridwar. In selected block cross sectional evaluation was done to include all the ASHAs. In-depth interview was conducted using predesigned & pretested questionnaire. Questionnaire included information related to bio-social profile of the ASHA worker, selection process, service delivery & process of receiving incentives/honorarium, thereby including all vital areas of concern to provide recommendation pertaining to efficient health service delivery.

Data was gathered by the trained field investigators who were provided 2 days training including field work. Study was conducted during October –November 2008, in the

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Iimlikhera (Roorkee) block of Haridwar district. Data was entered in the statistical software (SPSS 17 version) & was validated before analysis was done.

Results:

Total 150 ASHA were interviewed during the study in Imlikhera (Roorkee) block of Haridwar district.

Bio-Social profile of ASHA workers:

Most (42%) of ASHA belong to 26-30 Years of age followed by 20-25 years of age (23%) & 31-35 Years (20%).

Majority of them were Hindu by religion (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 (51%), High School (20%), Intermediate Graduate or Equivalent (4.7%) Most of them belong to upper middle class (41.3%) followed by lower middle class (27.3%) & upper class (18%) as per Modified BG Prasad's classification.

Selection Process:

Though Gram Pradhan (44.7%) & ANM (42.7%) were the key persons nominated for ASHAs selection but majority of selection was done by Gram Pradhan (92.7%) as per data collected from preformed questionnaire.

Service Delivery:

Most of the ASHA were doing all the activities (64%) expected from them.

Some of them are doing one or other work like taking pregnant women to hospital for delivery (16%), taking children to hospital for Vaccination (17.3%), providing condoms and ECPs(15.3%) & Health education (22%) etc.

Problems encountered during work:

Major Problems encountered in ASHAs work were either related to transport (32%) or problems related with health centers while except for few of them who have problem in getting honorarium (13.3%), nearly one third (32.7%) have no problem in their working.

Table – I Biosocial profile of ASHAs

S.No.	Agewise distribution of ASHAs	Frequency	Percent
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**	**100.0**
S.No.	**Religion wise distribution of ASHAs**	**Frequency**	**Percent**
1.	Hindu	136	90.7
2.	Muslim	10	6.7
3.	Sikh	1	0.7
4.	Others	3	2.0
Total		**150**	**100.0**
S.No.	**Education wise distribution of ASHAs**	**Frequency**	**Percent**
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 to	7	4.7
Total		**150**	**100.0**
S.No.	**Social economic status wise distribution of ASHAs**	**Frequency**	**Percent**
1.	I- Upper class	27	18.0
2.	II- Upper middle	62	41.3
3.	III- Lower-middle	41	27.3
4.	IV- Upper Lower	13	8.7
5.	V- Lower class	7	4.7
Total		**150**	**100.0**

Table – II Selection of ASHAs

S.No	Person nominated for ASHA selection	Number	Percentage
1.	ANM	64	42.7
2.	Gram Pradhan	67	44.7
3.	Panchayat member	3	2.0
4.	Block Adhikari	9	6.0
5.	Other	7	4.7
Total		150	100.0
S.No	**Person conducted final selection**	**Number**	**Percentage**
1.	ANM	6	4.0
2.	Gram Pradhan	139	92.7
3.	PHC Medical Officer	1	.7
4.	Others	4	2.7
Total		150	100.0

Table –III Activities carried out by ASHAs*

S.No	Activities carried out by ASHA	Number	Percentage
1.	Taking pregnant women to hospital for delivery	24	16.0
2.	Taking children to hospital for Vaccination	26	17.3
3.	Providing condoms and ECPs	23	15.3
4.	Health education	33	22.0
5.	All above	96	64.0
S.No	**Major Problems encountered in ASHAs work**	**Frequency**	**Percent**
1.	Transport Related problem	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.	Others	4	2.7
6.	No Problem	49	32.7
	Total	150	100.0
S.No	**Main reason for working as ASHA***	**Number**	**Percent**
1.	Self identification	109	72.7
2.	Social work	139	92.6
3.	To earn Money	34	22.7
4.	For future employment	63	42.0

***Multiple responses**

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 in the age group of 25 to 45 yrs. 23% of ASHA 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 ASHA were in the younger age group i.e. between 20-29 years 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 (91.7%) followed by very few Muslim (6.7 %) ASHA. 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 illiterate (1.3%) or education less than Primary school level (2.7%). Inclusion of illiterate ASHA is a challenge for their adequate training and making them learn how to maintain & report certain basic data of their village.

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[2] in 2008 found that majority (53.3%) of the ASHA were educated upto middle school.

S. haider et al[3] in 2008 found that only 16.1% of ASHA were creating awareness on health related issue while in present study 22% were providing health related awareness to the community . Overall about 24.2% women heard about ASHA while pregnant women visited by ASHA were 50.6%.

In present study, mobilizing women for institutional delivery (16%), escorting children for vaccination (17.3%) , Contributing in Family planning services (15.3%) were the activities carried out by ASHA but majority (64%) of them are performing all these activities beside health education component (22%) . In a study by Saraswati Swain 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 ASHA had knowledge of mobilization in comparison to the present study (22%). Although, as per the present study, ASHA 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 the current study, they reported that 65% of ANC were mobilized by ASHA & in 62% cases, ASHA accompanied for institutional delivery.

More than third (32.7 %) of ASHA had no problems during routine work while another third (32%) had transport related problems while rest of them are facing Health facility Related problems(15.3%) or to get Honorarium at time (13.3%). 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 (92.6%), Self identification (72.7%), for future employment (42%) & to

earn Money (22.7%)

Conclusion:

Study findings 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 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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