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LIFE SATISFACTION AMONG ASHA WORKERS

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ABSTRCT

The present research aimed to study the Life satisfaction among ASHA workers, the life satisfaction in different age group among ASHA workers and to find the life satisfaction in different income group among ASHA. Sample of the study consisted 72 ASHA workers from the villages coming under Primary Health Center, Bageshpura, Haranahally, Kondenahal, and CHC, Gandasi, of Arsikere taluk Hassan district, Karnataka. Their age ranged between 20 to >40 years. The personal data sheet prepared by the investigator and Life satisfaction scale by Dr. (Mrs), Pramila Singh & George Joseph was used to measure the Life satisfaction. Simple totaling and average has been calculated to find out the objectives of the present study. The result indicates that, Among 72 ASHA workers, 25 (34.72%) are having High life satisfaction, as high as 40(55.5%) of them are having Average life satisfaction and 7 (9.72%) are having Low life satisfaction. Among 31 members in the age range of 20-30 years, as high as 18 (58.06%) are having average life satisfaction, where as in among 39 in age range of 30-40 years , as high as 22 (56.41%) of them are having average life satisfaction. Among ASHA workers having income more than Rs 2000, 18 (38.29%) are in high life satisfaction, 29 (61.70%) are having average life satisfaction.

KEYWORDS
ASHA workers, Life satisfaction, Age, Income.

INTRODUCTION

SATISFACTION is a Latin word that means to make or do enough. Satisfaction with one's life implies contentment with or acceptance of one's life circumstances, or the fulfillment of one's wants and needs for one's life as a whole. In essence, life satisfaction is a subjective assessment of the quality of one's life. Because it is inherently an evaluation, judgments of life satisfaction have a large cognitive component.

Life satisfaction is an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive. It is one of three major indicators of well-being: life satisfaction, positive affect, and negative affect (Diener, 1984). Although satisfaction with current life circumstances is often assessed in research studies, Diener, Suh, Lucas, & Smith (1999) also include the following under life satisfaction: desire to change one's life; satisfaction with past; satisfaction with future; and significant other's views of one's life. It represents how satisfied people feel with their life generally, as contrasted with positive affect ,sometimes called just 'happiness', which represents how they feel at a single point in time. That is, life satisfaction involves people thinking about their life as a whole, including factors such as whether they are achieving their goals, are doing as well as other people around them, and are happy generally rather than just right now. Life satisfaction is thus a longer-term measure than affect. Life satisfaction is a measure of well-being.

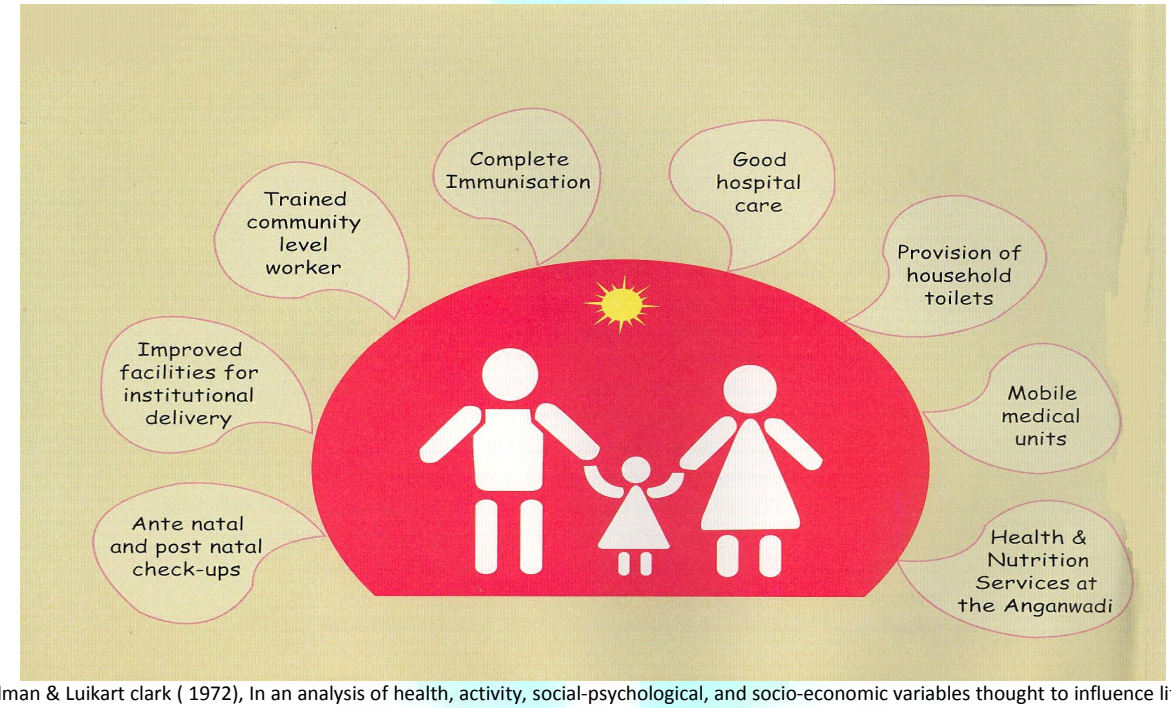
Life satisfaction is often considered a desirable goal, in and of itself, stemming from the Aristotelian ethical model, *eudaimonism*, (from *eudaimonia,* the Greek word for happiness) where correct actions lead to individual well-being, with happiness representing the supreme good (Myers, 1992). Moreover, life satisfaction is related to better physical (Veenhoven, 1991) and mental health (Beutell, 2006), longevity, and other outcomes that are considered positive in nature. Men and women are similar in their overall levels of life satisfaction (Diener, Suh, Lucas, & Smith, 1999) although women do report more positive and negative affect. Married people are more satisfied with their lives and those with life-long marriages appear to be the most satisfied (Evans & Kelly, 2004). Life satisfaction tends to be stable over time (e.g., Cummins, 1998) suggesting a dispositional (e.g., Judge & Hulin, 1993), and perhaps, even a genetic component (e.g., Judge et al. 1994). Fujita and Diener (2005) have examined the life satisfaction set-point (a relatively stable level that an individual will return to after facing varying life circumstances) reporting that there are longitudinal changes in satisfaction levels for about one-quarter of their respondents.(1).

Life satisfaction is used to assess the impact of conflict levels on overall feelings about one's life. Importantly, life satisfaction exhibits the strongest relationship with work-family conflict of all non-work variables studied (Allen et al. 2000). Research has shown that, beyond direct relationships between work-family conflict and life satisfaction, how people deal with such conflicts is also important. Life satisfaction, like job satisfaction, has been one of the most frequently studied outcomes of work-family conflict (Kossek & Ozeki, 1998). Findings indicate that, the higher the level of work-family conflict, the lower the level of life satisfaction.

WHO IS ASHA?

- Accredited Social Health Activist (ASHA) -One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. Following are the key components of ASHA:
- ASHA must primarily be a woman resident of the village married/ widowed/ divorced, preferably in the age group of 25 to 45 years.
- She should be a literate woman with formal education up to class eight. This may be relaxed only if no suitable person with this qualification is available.
- ASHA will be chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.
- Capacity building of ASHA is being seen as a continuous process. ASHA will have t undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.
- The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, and construction of household toilets.
- Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village.

- 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.
- ASHA will be a health activist in the community who will create 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.
- She would be a promoter of good health practices and will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.
- ASHA will provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health & family welfare services.
- She will counsel women on birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child.
- ASHA will mobilise the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centers, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government.
- She will act as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.
- At the village level it is recognised that ASHA cannot function without adequate institutional support. Women's committees (like self-help groups or women's health committees), village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the trainers of ASHA and in-service periodic training would be a major source of support to ASHA. As a whole ASHA are integrated part of the National Rural Health Mission (2005-2012) Which is as follows-



Palmore erdman & Luikart clark (1972), In an analysis of health, activity, social-psychological, and socio-economic variables thought to influence life satisfaction in middle age, it was found that self-rated health was the predominant variable. The amount of organizational activity and belief in internal control were the second and third most important variables related to life satisfaction. Organizational activity, in turn, was mainly related to intelligence and to internal control orientation among the men, but among women it was mainly related to lack of employment and to physical performance status. Several variables thought to be related to life satisfaction were found to have little or no relationship: age, sex, total social contacts, career anchorage, marital status, and intelligence.

Robert W. Rice; Janet P. Near; Raymond G. Hunt (1980), "The Job-Satisfaction/ Life-Satisfaction Relationship: A Review of Empirical Research", After a brief discussion of the nature and importance of work, this article reviews empirical research that relates satisfaction with work to satisfaction with life. The review covers more than 350 job-satisfaction/life-satisfaction relationships reported in 23 studies that vary widely in terms of the sample, instrumentation, and date of survey. For more than 90% of the cases, the direction of this relationship is positive; and none of the scattered negative relationships is statistically reliable. The magnitude of the reported zero-order relationship between job satisfaction and overall life satisfaction is typically modest, with correlations mostly in the mid-.30 for males and mid-.20's for females. The typical job-satisfaction/life-satisfaction correlation drops to the low teens when specific facets of life satisfaction, such as marital or leisure satisfaction, are used instead of overall life satisfaction. Discussion of these findings focuses on conceptual and methodological concerns at the more general level of the relationship between work and non work.

Levin Jeffrey S. , Chatters Linda M. , and Taylor Robert Joseph ., (1993),In the study Religious Effects on Health Status and Life Satisfaction among Black Americans, tests a theoretical model linking religiosity, health status, and life satisfaction using data from the National Survey of Black Americans, a nationally representative sample of Blacks at least 18 years old. Findings reveal statistically significant effects for organizational religiosity on both health and life satisfaction, for non organizational religiosity on health, and for subjective religiosity on life satisfaction. Analyses of structural invariance reveal a good overall fit for the model across three age cohorts (≤ 30, 31–54, ≥ 55) and confirm that assuming age invariance of structural parameters does not significantly detract from overall fit. In addition, after controlling for the effects of several socio demographic correlates of religiosity, health, and well-being, organizational religiosity maintains a strong, significant effect on life satisfaction. These findings suggest that the association between religion and well-being is consistent over the life course and not simply an artifact of the confounding of measures of organizational religiosity and health status.

Julia Mc Quillan, Rosalie A. Torres Stone and Arthur L. Greil (2007), in the study Infertility and Life Satisfaction Among Women, Using data from a random sample of 580 Midwestern women, the authors explore the association between lifetime infertility and life satisfaction. Past research shows lower life satisfaction among those seeking help for infertility. The authors find no direct effects of lifetime infertility, regardless of perception of a problem, on life satisfaction; however, there are several conditional effects. Among women who have ever met the criteria for infertility and perceive a fertility problem, life satisfaction is significantly lower for non mothers and those with higher internal medical locus of control, and the association is weaker for employed women. For women with infertility who do not perceive a problem, motherhood is associated with higher life satisfaction compared to women with no history of infertility.

Judge, Timothy A.; Watanabe, Shinichiro (1993), In the study Another look at the job satisfaction-life satisfaction relationship. The relationship between job satisfaction and life satisfaction has been heavily researched over the years. In spite of this research interest, results have not proved conclusive in demonstrating the causal nature of the relationship. In the present study, a causal model was hypothesized and tested that involved simultaneous consideration of cross-sectional and longitudinal effects between job and life satisfaction. This type of analysis has not previously been conducted and allows the strongest conclusions to date regarding the causality between these constructs. Results based on a national probability sample of workers indicate that job and life satisfaction were significantly and reciprocally related. The cross-sectional results suggest a relatively strong relationship between job and life satisfaction, but the longitudinal results a weaker relationship over a 5-yr period, particularly with respect to the effect of job satisfaction on life satisfaction. The meaning of these results in the context of past research on the job satisfaction–life satisfaction relationship is discussed.

Ernst Kossek, Ellen; Ozeki, Cynthia (1998), Work–family conflict, policies, and the job–life satisfaction relationship: A review and directions for organizational behavior–human resources research. This review examines the relationship among work–family (w-f) conflict, policies, and job and life satisfaction. The meta-analytic results show that regardless of the type of measure used (bidirectional w-f conflict, work to family, family to work), a consistent negative relationship exists among all forms of w-f conflict and job–life satisfaction. This relationship was slightly less strong for family to work conflict. Although confidence intervals overlap, the relationship between job–life satisfaction and w-f conflict may be stronger for women than men. Future research should strive for greater consistency and construct development of measures, examination of how sample composition influences findings, and increased integration of human resources policy and role conflict perspectives, including whether a positive relationship between w-f policies and satisfaction is mediated by w-f conflict.

Joseph C. Rode (2004), Job satisfaction and life satisfaction revisited: A longitudinal test of an integrated model, Research indicates that job satisfaction is significantly related to life satisfaction. However, previous studies have not included variables that may confound the relationship. Furthermore, the vast majority of studies have relied on cross-sectional data. I tested a comprehensive model that examined the relationship between job and life satisfaction and a broad personality construct called 'core self-evaluations', as well as nonwork satisfaction and environmental variables, using a nationally representative (US), longitudinal data set. Results indicated that core self-evaluations was significantly related to both job satisfaction and life satisfaction over time, and that the relationship between job satisfaction and life satisfaction was not significant after taking into account the effects of core self-evaluations and nonwork satisfaction. Implications for theory and practice are discussed.

OBJECTIVES

1. To study the Life satisfaction among ASHA workers
2. To find the life satisfaction in different age group among ASHA workers and
3. To find the life satisfaction in different income group among ASHA.

MATERIALS AND METHODS

Sample of the study consisted 72 ASHA workers from the villages coming under Primary Health Center, Bageshpura (10), Haranahally (34), Kondenahal (10), CHC, Gandasi (18), of Arsikere taluk Hassan district, Karnataka. The respondents were given assurance of confidentiality.

TOOLS

Following tools were employed in the present study:

1. Personal data sheet
2. Life satisfaction scale by Dr.(Mrs), Pramila Singh & George Joseph was used to measure the Life satisfaction

PERSONAL DATA SHEET

The socio demographic data for the present research was elicited using this personal data sheet. The researcher prepared this schedule himself. This is detailed schedule, which consists of provision to collect data on age, sex, income etc.

Life satisfaction scale by Dr. (Mrs.), Pramila Singh & George Joseph

The scale consists of 34 items, each item is to be rated on the 5 point scale. Always, often, sometimes, seldom and never, which are respectively scored as 5, 4, 3, 2&1. The items relate to the individuals all around activities and thus give a global picture of one's life satisfaction level. The higher the score on the Life satisfaction scale the higher will be the level of life satisfaction. Norms of the Life satisfaction scale is as follows.

Satisfaction level	Range of score
High	136 - 175
Average	81 - 135
Low	35 - 80

STATISTICAL METHODS

Simple totaling and average has been calculated to find out the objectives of the present study

RESULTS AND DISCUSSION

The objectives of the present study are to find out the Life satisfaction among ASHA workers, To find the life satisfaction in different age group among ASHA workers and To find the life satisfaction in different income group among ASHA workers. Sample of the study consisted 72 ASHA workers from the villages coming under Primary Health Center, Bageshpura, Haranahally, Kondenahal, CHC, Gandasi, of Arsikere taluk Hassan district, Karnataka. Relevant statistical techniques to test the objectives formulated for the study. The results were presented in the Tables.

They are in the age group of 20 to >40 years. **Table 1 & Graph 1** shows that among 72 ASHA workers under study 31(43.2%) of them are in age range between 20-30 years, 39 (54.1%) in age range between 30-40 years And rest 2 (2.7%) are in >40 years of age group.

Table 2 & Graph 2 shows Income of ASHA workers studied. Among 72 ASHA workers, 9 (12.5%) are having income between 500-1000 Rs/month, 16 (22.22%) are having 1000-2000 Rs/month and as high as 47 (65.27%) are having > 2000 Rs of income per month.

Table 3& Graph 3 shows Satisfaction level among ASHA workers. Among 72 ASHA workers, 25 (34.72%) are having High life satisfaction, as high as 40 (55.5%) of them are having Average life satisfaction and 7 (9.72%) are having Low life satisfaction.

Table 4 shows Age of the ASHA workers & Life satisfaction level. Among 31 members in the age range of 20-30 years, 8 (25.80%) are having high life satisfaction, but as high as 18 (58.06%) of them are having average life satisfaction and 5 (16.12%) of them are in low level of life satisfaction. Somewhat same result we can see in age range of 30-40 years , among 39 ASHA workers in this age group, 17 (43.58%) are having high life satisfaction, but as high as 22 (56.41%) of them are having average life satisfaction and in the age group >40 years only 2 are there & both of them are having low life satisfaction.

Table 5 shows Income of the ASHA workers & Life satisfaction level. Among 9 members in income group of 500-1000 Rs/month, 2 (22.22%) are in high life satisfaction, 2 (22.22%) are having average life satisfaction and 5 (55.55%) are in low level of life satisfaction. Among 16 members in income group of 1000-2000 Rs/month, 5 (31.25%) are in high life satisfaction, 9 (56.25%) are having average life satisfaction and 2 (12.5%) are in low level of life satisfaction. Among ASHA workers having income more than Rs 2000, 18 (38.29%) are in high life satisfaction, 29 (61.70%) are having average life satisfaction.

CONCLUSION

The success of a community or nation is frequently judged by objective standards. Political parties often remind citizens of the prosperity of the nation during their party's governance as a method to encourage appreciation and re-election. To persuade people that quality of life has improved under their administration, they cite such factors as low unemployment rates, greater income, lower taxes, lower crime rates, and improvements in education and health care. The quality of life of the individual, however, cannot be quantified in this manner. Indeed, objective measures of quality of life (i.e., income, education) are often weakly related to people's subjective self-reports of the extent to which they are satisfied with their lives. For example, one might predict that individuals who have suffered a traumatic spinal cord injury would be significantly less satisfied with their lives than individuals who have not suffered such an injury. However, empirical research has not supported this contention -- in fact, disabled individuals do not report lower levels of satisfaction than non-disabled ones. It is clear that a one-to-one relationship between observable life circumstances and subjective judgments of life satisfaction does not always exist. A great deal of psychological research has explored the sources of people's life satisfaction. These sources include one's overall wealth, whether one is single or married, male or female, or young or old ect.(9)

With all these views in mind in the present study we can come to a conclusion that ASHA's being a part of a dream health project National Rural Health Mission (2005-2012) are doing excellent job. ASHA being primarily a woman resident of that village with less income in the form of honorarium which sometimes becomes even less than Rs1000/month are showing surprisingly average & high level of life satisfaction. What we, before study drawn a hypothesis that their life satisfaction may be low has not proved. May be the feeling of happiness that I am serving my village people increased their level of satisfaction. Still as ASHA is working as an interface between the community and the public health system their honorarium can be increased or they can be fixed a respectable salary.

LIMITATIONS OF THE STUDY

The sample was not representative of the urban population. The sample size was very small. Except Age & Income the effect of other demographic variables was not studied.

SUGGESTION FOR THE FURTHER STUDY

The effect of demographic variables can be studied to know their effect on life satisfaction.

ACKNOWLEDGMENT

We convey our sincere thanks to the Medical officer & staff ,Primary health center Bageshpur , Haranahally, kondenahal and CHC gandasi of Arasikere taluk , Hassan district for giving us permission to collect the data and for their cooperation for our research work. We are thankful to all our respondents for their co-operation. We are thankful to our family and friends.

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APPENDIX

TABLE 1: AGE DISTRIBUTION OF ASHA WORKERS STUDIED

Age in years	Number of ASHA workers	%
20-30	31	43.2
30-40	39	54.1
>40	2	2.7
Total	72	100.0

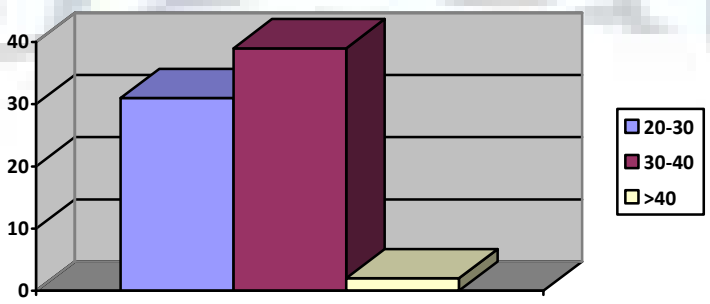

TABLE 2: INCOME OF ASHA WORKERS STUDIED

Income in Rs/Month	Number of ASHA workers	%
500-1000	9	12.5
1000-2000	16	22.22
>2000	47	65.27
Total	72	100.0

TABLE 3: SATISFACTION LEVEL AMONG ASHA WORKERS

Satisfaction level	Range of score	Number of ASHA workers	%
High	136 - 175	25	34.72
Average	81 - 135	40	55.5
Low	35 - 80	7	9.72
Total		72	100

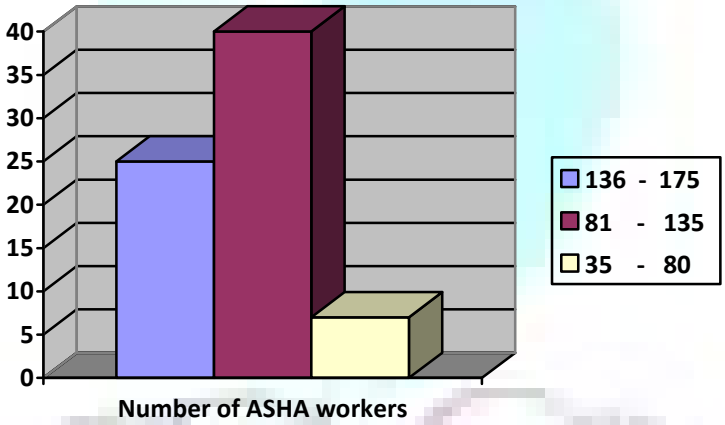

TABLE 4: AGE OF THE ASHA WORKERS & LIFE SATISFACTION LEVEL

Age Group	Life satisfaction			
	High	Average	Low	Total
20-30 years	8 (25.80%)	18(58.06%)	5(16.12%)	31
30-40 years	17(43.58%)	22(56.41%)	0	39
>40	0	0	2(100%)	2
Total	25	40	7	72

TABLE 5: INCOME OF THE ASHA WORKERS & LIFE SATISFACTION LEVEL

Income(Rs/month)	Life satisfaction			
	High	Average	Low	Total
500-1000	2(22.22%)	2(22.22%)	5(55.55%)	9
1000-2000	5(31.25%)	9(56.25%)	2(12.5%)	16
>2000	18(38.29%)	29(61.70%)	0	47
	25	40	7	72

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Sd/-

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