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ROLE OF ASHA WORKERS IN RURAL DEVELOPMENT WITH REFERENCE TO KOTTAYAM DISTRICT

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ABSTRACT

Earlier there were no such health care activities for the needs and wants of the rural people. These health care activities were formed when the government realized the fact that majority of the rural people died because of improper medical treatment. The birth rate decreased because he woman did not get proper care and treatment while they were pregnant. In order to create awareness among the rural people about this problem and this problem and to help them Accredited Social Health Activist [ASHA] was formed. Now a day's Accredited Social Health Activist [ASHA] is becoming popular among rural population with its Reproductive and Child Health [RCH] activities and other health care programs. Therefore, an attempt is made to study the role of Accredited Social Health Activist [ASHA] in improving the health needs of rural population. The study is carried out in order to determine the effectiveness of the plan and to create more awareness among the public about ASHA plans.

KEYWORDS

ASHA workers, NRHM, ANC, PNC, immunization schedule, anganwadi Institutions.

INTRODUCTION

The National Rural Health Mission (NRHM) was launched on 12th April 2005 with an objective to provide effective health care to the rural population with emphasis on poor women & children. One of the key components of the NRHM is to provide every village in the country with a trained female community health activist i.e. Accredited Social Health Activist (ASHA). ASHA is a health activist in the community, who will create awareness on health and its determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. The ASHA is expected to be an interface between the community and the public health system. NRHM is envisaged as a horizontal program with emphasis on initiatives and planning at local level. 3,4 ASHA being the grass root level worker the success of NRHM depends on how efficiently is ASHA able to perform but the efficiency of ASHA or efficiency of performance of ASHA depends on their awareness & perception about their roles & responsibilities in health care provision

ORIGIN OF THE RESEARCH PROBLEM

Earlier there were no such health care activities for the needs and wants of the rural people. These health care activities were formed when the government realized the fact that majority of the rural people died because of improper medical treatment. The people in those areas did not know how to take treatment if they are affected by disease like Malaria, Chikungunia, and Cholera. And they didn't have an easy access to the hospitals. The birth rate decreased because he woman did not get proper care and treatment while they were pregnant.

In order to create awareness among the rural people about these problems Accredited Social Health Activist [ASHA] was formed. ASHA works as an interface between community and the public health system. Now a day's Accredited Social Health Activist [ASHA] is becoming popular among rural population with its health care programmes. Therefore, an attempt is made to study the role of Accredited Social Health Activist [ASHA] in improving the health needs of rural population.

OBJECTIVES

The main objective of the study is to determine the health awareness among rural population. The specific objectives of the study include the following

1. To know the health development of rural population through the implementation of ASHA.
2. To know the role of ASHA in maintaining financial inclusion.

HYPOTHESIS

1. There is no significant relationship between number of home visit and savings of money for meeting contingencies

METHODOLOGY OF THE STUDY

The study about role of Accredited Social Health Activist [ASHA] in improving health needs is both analytical and descriptive. The following methodology was used for this study.

Data used – both primary and secondary data was used. Primary data was collected from 150 respondents of through structured interview schedule from Kottayam District using multi stage sampling technique. The Kottayam District consists of 5 taluk, from each taluk one panchayat is selected at random. Thereafter from each panchayat a sample of 30 respondents is selected. Secondary data for the purpose of study was collected from published sources such as books, journals, and internet.

LIMITATIONS

A study of this nature of course faces limitations and entails constraints and snags. Physical constraints, to a great extent, have compelled the researcher to reduce the size of the research canvas. So too has been the question of time constraints. The impending deadline has compelled the researcher to rush through many stages of the research. The hesitation of the respondents to divulge factual information regarding some of their personal state of affairs has affected the reliability of the data in some respects. In spite of all these constraints, the researcher feels that modest but sincere and serious attempt has been made in this study to make it meaningful one.

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.

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 office, the village Health Committee and the Gram Sabha.

DATA ANALYSIS AND INTERPRETATION

This Chapter deals with the Analysis and interpretation of the Data Collected. As has been stated earlier, in this study 150 sample respondents are selected from 5 taluks of Kottayam district. Their responses collected and tabulated with the help of statistical tables. Appropriate statistical measures are computed using various statistical tools for analyzing and interpreted data and reaching and meaningful conclusions.

TABLE 1: GENDER WISE CLASSIFICATION

Gender	No. of respondents	percentage
Male	90	60
Female	60	40
Total	150	100

Source: Primary data

Interpretation: From the above table it is clear that the respondents covered under the survey are grouped according to their gender. Out of the 150 respondents, 90(60%) are male and 60(40%) are female. In this study, majority of the respondents are male.

TABLE 2: AGE WISE CLASSIFICATION

Age	No. of respondents	percentage
Below 18	1	1
18-30	10	6
31-45	64	43
46-60	51	34
Above 61	24	16
Total	150	100

Source: Primary data

Interpretation: The above table shows age wise classification of respondents. It shows that 43% are in the age group 31 to 45, 34% are in the age group 46 to 60. Out of 150 respondents 16% are from age group above 61.6% are in the age group 18 to 30 and 1% are from age group below 18.

TABLE 3: VISIT OF ASHA WORKERS

Visit	No. of respondents	percentage
Yes	149	99
No	1	1
Total	150	100

Source: Primary data

Interpretation: From the above table it is clear that 99% of the respondents houses are visited by ASHA workers and only 1% of the respondents comments that house visit is not conducted by ASHA workers

TABLE 4: TYPE OF VISIT OF ASHA WORKERS

Frequency	No. of respondents	percentage
Once	93	62
Twice	46	31
Thrice	5	3
More than that	6	4
Total	150	100

Source: Primary data

Interpretation: The above table shows the frequency of visit of ASHA workers among the houses. It is evident that 62% of the respondent's houses are visited only once, 31% of the respondents houses are visited twice. 3% of the respondents' houses are visited thrice and only 6 respondents opined that ASHA workers visited more than thrice.

TABLE 5: ASSISTANCE PROVIDED BY ASHA WORKERS

Diseases	No. of respondents	percentage
Fever	99	66
Diarrhea	22	15
Delivery	30	20
Others	28	19
Total	150	100

Source: Primary data

Interpretation: the above table shows the types of diseases assisted by ASHA workers. 66% of the respondents opined that ASHA workers assisted them in fever, 20% of the respondents opined that ASHA workers assisted them in delivery, 19% of the respondents opined that ASHA workers provide assistance in other diseases and remaining 15% of the respondents gets assistance for diarrhoea from ASHA workers.

TABLE 6: OPINION ABOUT ASHA WORKERS

	Factors	very good(5)	Good(4)	Neutral(3)	Bad(2)	very bad(1)
1	minor health injuries/first aid	39	79	23	8	1
2	Nutrition	66	66	13	5	0
3	Sanitation	69	68	11	1	1
4	minor health problems	39	64	37	8	2
5	ANC	8	40	76	21	5
6	Delivery	42	54	44	6	4
7	PNC	12	27	82	26	3
8	Immunisation schedule of new born babies	93	36	17	1	3
9	Prevention from sexually transmitted diseases	20	44	58	20	8

Source: Primary data

Interpretation: All the nine options have been considered for analysis and composite index number have been calculated. It is clear from the above table that 'immunisation schedule of new born babies' is the most preferable service provided by ASHA workers, which scored 665 points. The services regarding 'sanitation' and 'nutrition' come second and third with 653 points and 643 points. 'Minor health injuries/first aid' comes fourth with 597 points, while 'minor health problems' and 'delivery' come fifth and sixth with 580 points and 574 points. 'Prevention from sexually transmitted diseases' and 'ANC' come seventh and eighth with 498 points and 475 points. The least preferable service of SHA worker is 'PNC' comes ninth with 469 points.

TABLE 7: GROUP MEETING IN THEIR LOCALITIES

Response	No. of respondents	Percentage
Yes	78	52
No	72	48
Total	150	100

Source: Primary data

Interpretation: From the above table it is clear that 52% of the respondents opined that ASHA workers conducting Group meetings in their localities regarding the health problems. And remaining 48% of the respondents opined that ASHA workers does not conducting any group meetings in their localities.

TABLE 8: SERVICES RENDERED BY ASHA WORKERS

Services	No. of respondents	percentage
Minor health injuries	38	7
Nutrition	98	18
Sanitation	118	22
Minor health problems	54	10
ANC	20	4
Delivery	76	14
PNC	12	2
Immunization schedule of new born babies	106	20
Prevention from sexually transmitted diseases	13	3
Total	535	100

Source: Primary data

Interpretation: The table 3.16 shows the services received by the community from the ASHA workers. Out of 150 respondents 22% of the respondents got services about sanitation, 20% about immunisation schedule of new born babies, 18% about nutrition, 14% about delivery, 10% about minor health problems, 7% gets information about minor health injuries, 4% about ante natal check-up (ANC), 3% about prevention from sexually transmitted diseases and remaining 2% about post-natalcheck-up (PNC).

TABLE 9 (A): EFFECTIVENESS OF ASHA WORKERS

Statement	Excellent	Good	Average	Below average	Poor
The dedication of ASHA workers in your locality	40	71	36	3	0
Publicity measures of ASHA	31	52	59	8	0
Health development through ASHA workers	26	82	37	5	0

TABLE 9 (B): EFFECTIVENESS OF ASHA WORKERS

Statement	Excellent (4)	Good (3)	Average (2)	Below average (1)	Weighted total	Weighted average
The dedication of ASHA workers in your locality	160	213	72	3	448	2.98
Publicity measures of ASHA	124	156	118	8	406	2.70
Health development through ASHA workers	104	246	74	5	429	2.86

Source: Primary data

Interpretation: The 9 (A) and 9 (B) shows the degree of agreement by the respondents about the statement related to their effectiveness to the society. Likert's scaling technique is used to quantify the degree of agreement. All the 150 respondents have opinion about the statement.

a) Dedication of ASHA workers in your locality: Out of 150 respondents 71 pinioned good to the statement. The computed value of Likert's scaling technique is 448 and score in the 4 point scale is 2.98. Since the score is 2.98 it is concluded that respondents are pinioned as good.
b) Publicity measure of ASHA: 39.33% of the respondents pinioned that publicity measures of ASHA is average. The computed value as per the scaling technique is 406, which lies between 350(150 x 3) and 600 (150 x 4). The average value as per the scale is computed to be 2.70. Hence the rating of the respondents lies between Good and Average.
c) Health development through ASHA workers: Out of 150 respondents 82 opinioned good to the statement. The computed value of Likert's scaling technique is 429 and score in the 4 point scale is 2.86. it is suggested that health development through ASHA worker is good.

TABLE 10: SAVING OF MONEY FOR MEETING CONTINGENCIES

Savings	No. of respondents	Percentage
Yes	78	52
No	72	48
Total	150	100

Source: Primary data

Interpretation: The above table shows the ability of respondents to save money for meeting contingencies related to health, by providing services through ASHA workers. It is clear that 52% of the respondents are saving money for meeting contingencies and remaining 48% of the respondents are not saving money for meeting contingencies after the service of ASHA workers.

TABLE 11: TYPE OF HOME VISIT OF ASHA WORKERS AND SAVING OF MONEY FOR MEETING CONTINGENCIES

Frequency of home visit	Savings (yes)	Savings (no)	Total
Once	33	60	93
Twice	35	11	46
Thrice	5	0	5
More than thrice	6	0	6
Total	79	71	150

Source: Primary data

H_0- there is no significant relationship between type of visit of ASHA workers and savings of money for meeting contingencies
H_1-there is a significant relationship between type of visit of ASHA workers and savings of money for meeting contingencies

RESULT OF THE TEST

TABLE 12

Test statistics	Level of significance	Degree of freedom	Calculated value	Table value	Accept/Reject
X2	5%	3	29.47	7.81	Reject

Interpretation: The above test result shows the computed value of chi square is more than the table value of chi square at 5% level of significance, hence the null hypothesis is rejected which implies that there is a significant relationship between type of visit of ASHA workers and savings of money for meeting contingencies

FINDINGS

On the basis of extensive analyses of data collected, classified and tabulated using statistical tables and processed using various statistical tools and put to hypothesis testing using chi-square test. The following findings have been arrived regarding the role of ASHA workers in Rural Development

- 60% of the respondents are male.
- Majority of respondents belongs to the age group of 31-45.
- 99% of the respondent's homes are visited by ASHA workers.
- Most of the respondent's homes are visited only once by ASHA workers.
- 66% opined that ASHA assisted them in Fever
- Majority of the respondents says that ASHA'S service has neutral effect in Ante Natal Checkup [ANC].
- 93% opined that ASHA'S service for Immunization schedule for newborns is very effective.
- 58% opined that ASHA'S service has neutral effect in the prevention of sexually transmitted diseases.
- 52% opined that ASHA conducted group discussions.
- 71% opined that ASHA is good in work
- 52% opined that ASHA conducted group discussions.
- 71% opined that ASHA is good in work.
- Result of the study concluded that there is a significant relationship between type of visit of ASHA workers and savings of money for meeting contingencies.

SUGGESTIONS

- ASHA should conduct more medical camps and seminars to make people more aware.
- Number of training programs for ASHA should be increased.
- Compensation provided to ASHA must increase so that more people will come forward to uplift the rural society.

CONCLUSION

With the introduction of ASHA there has been an evident development in the health of rural people. ASHA has been successful with its activities like immunization schedule of new born babies, sanitation and various health care programs. The rural peoples are more aware about health like nutrition, Basic sanitation and hygienic practices with the commencement of ASHA. The activities of ASHA are supporting the rural peoples, so that there would be an upliftment among the rural society which in turn helps in the improvement of our nation. **"The soul of our nation lies in the village"** The various activities root from the rural areas. Keeping in mind these facts ASHA was developed and is successful in its endeavors so long it will remain successful in the future in its activities of women and child empowerment.

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