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# A Cross-Sectional Observational Study Of Educational Profile Of ASHA With Relation To Her Activities In The Field

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***ABSTRACT***
***Background*** *– ASHA is a frontline health worker at the village level, the cadre was introduced under NRHM not only as a point or person of contact for health problems of a village but also as a measure to involve community in the healthcare process as she is chosen from the same village.*
***Methodology****– All the blocks of Udaipur districts were chosen for the study, compiled data of the ASHAs from the district was retrieved. The data entry was done and analysed in latest version of MS-excel.*
***Results****– nearly half (50.82%) are in the age group of 26 to 35 years, majority of ASHAs have studied up to 8th standard, only 1.56% were post graduate. On an average an ASHA has claimed only ₹1465 since last three months.*
***KEYWORDS –*** *ASHA, incentive, NRHM*

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## I. INTRODUCTION & BACKGROUND

NRHM was launched in 2005 to address the unmet health needs of the population, the program envisaged the creation of a cadre of health workers who will be the first port of entry of the deprived population for health related needs, this cadre of grass root- level health workers were called Accredited social health activist(ASHA)(1). She is supposed to accomplish a plethora of activities like mobilization & motivation of pregnant women for institutional deliveries, provide medical care for common ailments like diarrhoea, fever. She is also supposed to work with the village health & sanitation committee for sanitation days, she is the first point of contact for primary health care(1)

The recruitment of ASHAs was done considering the community involvement in the healthcare provision, keeping this in mind ASHA is recruited from the village population, she should be formally educated at least up to 8th class. There is provision of one ASHA per 1000 population with the norms being relaxed for tribal population. (1) ASHAs don't get a fixed salary but have a performance based incentive.(2)

Present Study was conducted to understand the educational as well as age profile of ASHA. The study also delves into the subject of incentives claimed by ASHAs for their performance.

## II. MATERIALS & METHODS

Study type: Cross-sectional observational study
Sampling Method: Universal sampling
Source of Data: ASHA soft

After permission of appropriate authorities, a compiled data of ASHAs from all the block was retrieved, the data was collected from the online platform called as "ASHA-soft" which is a government initiative for online payment of ASHAs. The data consisted of number of ASHAs per block, their educational qualification, age group to which they belonged & the incentives claimed by them under various activity head for the last 3 months. The data was entered in an excel sheet and analysed using excel -16 version.

## III. RESULTS & DISCUSSION

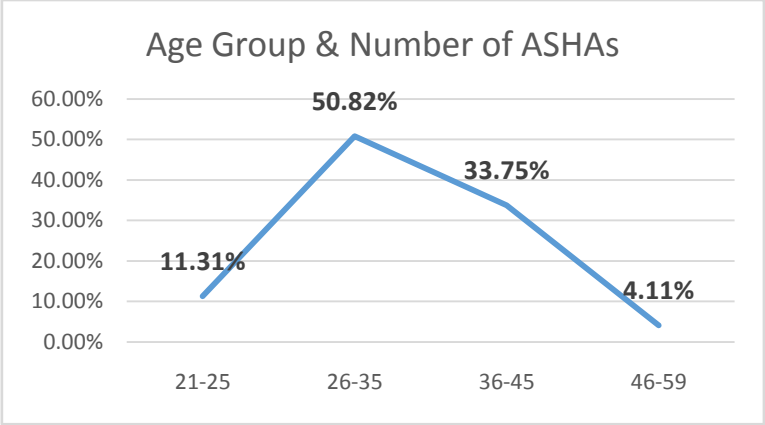
There are 2625 ASHAs in the entire Udaipur district with only 4.53% posted in Urban units. Of all the ASHAs majority i.e. 50.82% belonged to 26-35 years of age group while 33.75% were of the age group 36 to 45, only a minority of ASHAs were of the age group above 45 & below 21. This finding is similar to a study conducted on ASHAs in Haryana by P.K Garg et al(3), in which the mean age of ASHA was 31 years and

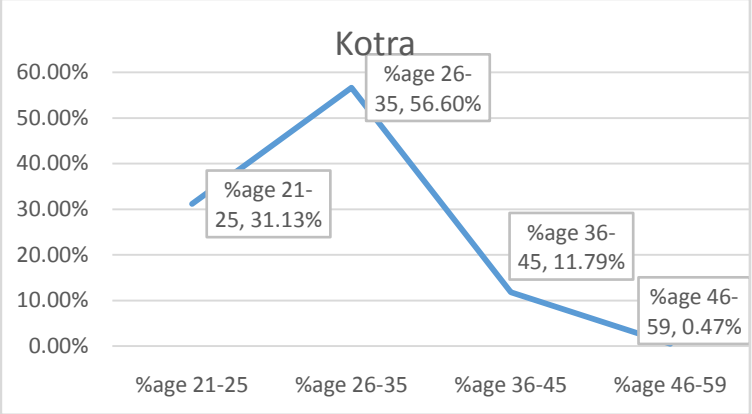
majority of them belonged to the age group of 20-29 years. The study by Sumit Saxena et al(4) also observed that the majority of ASHAs belonged to the age group of 31-40 yrs. Study in UP also puts the majority age group as 25-29 years(5).

A large majority of ASHAs (44.99%) working have studied up to 8th standard, nearly 30% of ASHAs have secondary education, while 17.52%. Nearly 7% of ASHAs are graduate and above. This finding is replicated in the study by Deokinandan et al in UP, in which 10% of ASHAs were graduates & nearly 53% were formally educated up to 8th std.(5)

Lasadiya which is a tribal block has the distinction of having highest percentage of ASHA who are only educated up to 8th class. Highest percentage of Post graduate ASHAs are present in Udaipur Urban block & Bargaon which is also an urban block.

There is a gradual curve of age versus number of ASHAs as we see that the number of ASHAs peak at the age group of 26-35 years, then there is a gradual fall in the number of ASHAs as the age group progresses showing that they tend to leave the job as they get older.




If we see at the entire chart of Age versus number of ASHAs in Kotra block we can see that the peak is more prominent and then falls steeply showing that most of the ASHAs leave their job when they complete 35 years of age, this can be explained by the fact that Kotra is a tribal belt and difficult to work once the ASHAs get married.

ASHA has performance based incentives which she can get based on her conduction of various health related & other activities(2). Mentioned below is the list of few activities for which ASHA gets incentive.

| S.no | Activity | Incentive in Rupees |
|---|---|---|
| 1. | PPIUCD | 150 |
| 2. | HBNC/HBNC+ | 250 |
| 3. | 4 ANC check-up | 300 in Rural, 200 in urban |
| 4. | Opening beneficiary's account | 5 |
| 5. | Motivation for institutional deliveries | 300 rural, 200 urban |
| 6. | Child death report | 50 |
| 7. | SNCU Follow up | 200 |
| 8. | SAM Follow up | 150 |
| 9. | Full immunization | 100 |

A brief overview of these activities & incentive awarded to ASHAs of various blocks is given in table below.

| S.no | Block | HBNC | MAA Program | 4 ANC Checkups | Institutional Delivery Promotion | Collecting Bank Account And Aadhar |
|---|---|---|---|---|---|---|
| 1 | Bargaon | 88375 | 2800 | 57500 | 101800 | 1540 |
| 2 | Bhinder | 162375 | 0 | 106300 | 199700 | 3115 |
| 3 | Girwa | 131375 | 1300 | 51200 | 221100 | 2515 |
| 4 | Gogunda | 175125 | 0 | 30300 | 165600 | 1010 |
| 5 | Jhadol | 174250 | 100 | 5925 | 255600 | 1605 |
| 6 | Kherwara | 97375 | 0 | 21600 | 65700 | 1120 |
| 7 | Kotra | 117125 | 0 | 6975 | 79500 | 1350 |
| 8 | Lasadia | 52875 | 0 | 15825 | 47100 | 440 |
| 9 | Mavli | 181125 | 0 | 71900 | 203400 | 2380 |
| 10 | Rishabdev | 125625 | 1800 | 31875 | 99000 | 515 |
| 11 | Salumbar | 94250 | 0 | 43375 | 144300 | 1490 |
| 12 | Sarada | 83375 | 100 | 22875 | 190500 | 1005 |
| 13 | Urban | 99875 | 700 | | | |

As it is evident from the table that the incentive received by ASHAs in performing HBNC is highest in Gogunda & Jhadol both of which are tribal block, it can be seen that the incentive for HBNC granted to ASHAs was less in urban& developed blocks as compared to the rural & tribal blocks, ASHAs get an average ₹ 250 for completing HBNC which comprises 6 visits at regular interval, but from the table it is evident that ASHAs have been awarded an average ₹ 46.39 only for the HBNC, this shows that ASHAs either are not performing home visits in the urban & developed block or they are not claiming payment for the same if done.

The data which is displayed below in the table consists of incentive claimed under various heads such as HBNC plus, child death reporting, follow up SAM child, SNCU follow ups & women death reporting, it showed that ASHAs have not claimed any incentives under the aforementioned heads, this may be due to the fact that they are unaware which is highly unlikely the real reason could be that this could be an issue with the data reporting.

| S.no | Block | HBNC Plus | Child Death Reporting | Followup of SAM Child | SNCU Followups | Women Death Reporting |
|---|---|---|---|---|---|---|
| 1 | Bargaon | 0 | 0 | 0 | 0 | 0 |
| 2 | Bhinder | 0 | 0 | 0 | 0 | 0 |
| 3 | Girwa | 0 | 0 | 0 | 0 | 0 |
| 4 | Gogunda | 0 | 0 | 0 | 0 | 0 |
| 5 | Jhadol | 0 | 0 | 0 | 0 | 0 |
| 6 | Kherwara | 0 | 0 | 0 | 0 | 0 |
| 7 | Kotra | 0 | 0 | 0 | 0 | 0 |
| 8 | Lasadia | 0 | 0 | 0 | 0 | 0 |
| 9 | Mavli | 0 | 0 | 0 | 0 | 0 |
| 10 | Rishabdev | 0 | 0 | 0 | 0 | 0 |
| 11 | Salumbar | 0 | 0 | 0 | 0 | 0 |
| 12 | Sarada | 0 | 0 | 0 | 0 | 0 |
| 13 | Urban | 0 | 0 | 0 | 0 | |

For 4 ANC check-ups an ASHA gets ₹ 300 in Rural & ₹ 200 in Urban area, keeping this in mind we can infer that the Urban block has not claimed any incentive, under this head the ASHAs of Bhinder & Mavli are outperformers as compared to other blocks, on further inspection we observe that the lowest incentive has been claimed by ASHAs Jhadol & Kotra blocks. This is consistent with the findings by other data of the district which shows these tribal blocks as having worse ANC indicators including 4 ANC visits.

On the other hand, the incentive for promoting or motivating a pregnant woman for institutional delivery which has been claimed in Jhadol is highest amid all the blocks, this goes with the fact that the number of deliveries at home is higher in this block and has a lot of potential for institutional deliveries. Other block's ASHA who have claimed high amount under this head are Girwa, Mavli, Bhinder & Sarada. These blocks are relatively better performing blocks for ANC services. ASHAs of blocks Kotra, Kherwada & Lasadiya have claimed the low amount as compared to other blocks under this head.

ASHAs get an incentive of ₹ 5 per beneficiary for collecting their bank a/c number & aadhar information. The highest amount of incentive is again claimed by blocks such as Bhinder, girwa & Mavli which have better ANC indicators as compared to other blocks. Once again the ASHAs of tribal blocks have claimed poorly.

Another program called MAA (Mother Absolute Affection) gives an incentive of ₹ 100 to ASHAs for motivating mothers for initiating & continuing breastfeeding to the new born, the incentives has been claimed only by ASHAs of Girwa, Bargaon, Rishabdeo, Sarada & urban units only.

## IV. CONCLUSION

Based on the above discussion this can be inferred that ASHAs while performing a lot of health related & other functions has overlooked her many responsibilities like women death reporting, follow ups of SAM children, SNCU follow ups, social mobilization, motivating for sterilizations etc.

ASHA is a focal person for the health related activities of a community, her work consists of a plethora of dimension like maternal health, immunization, nutrition, sanitation etc. Her education is a primary factor. Not only should government ensure all the posts of ASHAs to be filled it should also be ensured that they are educated up to current stipulated standard. The data shows that many ASHAs belonged to the category of less than primary educated which is a major drawback as these ASHAs will be performing poorly as compared to the more educated counterpart as evident from the performance of urban units' ASHA.

Also from the study it can be inferred that the data system should be strengthened as it is the backbone of any health infrastructure this should not only sensitisation of ASHA as mentioned above but also hands on training of ASHA in data.

Recruitment of ASHA is followed by a series of discontinuous training modules which ranges an overarching theme of maternal health, child health immunisation, HBNC etc, these modules need to be more congruent with her training & recruitment as we can see that she is either not performing her functions or is not claiming incentives under these heads.

Even with knowledge of activities to be performed by ASHAs, the gap between their performance & claim of incentive is huge, there needs to be additional qualitative studies to delve deeper into the psyche of ASHAs about work satisfaction(6), studies like these will provide a better understanding of the work culture & difficulties faced by ASHAs in performing her activities.

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