

Challenges Faced by ASHA Workers in Effective Implementation of JananiSurakshaYojana Programme- A Cross-Sectional Study

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Abstract:

Background: ASHA is a local woman selected by the community, trained, deployed, and supported to function in her own village to improve the health status of the people through securing their access to health care services under NRHM. In JananiSurakshaYojana (JSY) program, their role is very crucial in providing maternal and child health care. However, they face challenges like compensation, altruism, social recognition, knowledge gain, and career development and not gaining a salary. **Objective:** To determine the challenges faced by ASHA workers in effective implementation of JSY program. **Methodology:** A cross-sectional study was conducted among 100 ASHA workers in three PHCs under Belagavi district. Data was collected using a pretested structured questionnaire from all the ASHA workers. The questioner included ANC registration, providing maternal and child health care and incentives. Data were analyzed using descriptive statistics and inferential statistics.

Results: 78 ASHA workers had done more than 90% ANC registration within 12 weeks. 68 ASHAs were very satisfied in providing maternal and child health care services to the community. 98 ASHAs were escorted pregnant women for institutional delivery. None of the ASHAs were given any incentives under JSY.

Conclusion: ASHA worker is excellent in getting ANC registration however they are facing challenges in getting incentives under JananiSurakshaYojana. **Keywords:** Accredited Social Health Activists (ASHA), JananiSurakshaYojana(JSY) and Challenges.

INTRODUCTION

Primary health care is the key element of Alma Ata declaration 1978 for improving community health. To reach community there should be a community person who can understand the problems of the community. Considering this, India came with an innovative program in 2005 called NRHM in which Accredited Social Health Activists (ASHA) were recruited for the community services.¹

One of the core strategies under NRHM was ASHA with the aim to strengthen the decentralized village and district level health planning and management.²

ASHA is a woman, selected by the community, who are trained, deployed, and supported to function in her own village to improve the health status of the people through securing their access to health care services.³ The roles and responsibilities are: as healthcare facilitator, a service provider, and a health activist. This further broadly involves providing preventive, promotive and basic curative care, educating and mobilizing communities.⁴

ASHA's role is very crucial in providing maternal and child health services under Reproductive Child Health. They promote early registration of pregnant women, institutional deliveries, exclusive breastfeeding and immunization activities. In JananiSurakshaYojana(JSY), ASHA workers involve her in motivating, escorting women to access ANC and also facilities based deliveries. She also provides post-natal care by promoting the use of contraceptives for family planning.

ASHA workers are facing challenges in implementing their responsibilities and functions under JSY. The challenges faced by ASHA worker are compensation, altruism, social recognition, knowledge gain, career development and not receiving a salary.

ASHA has to work with the Village Health Sanitation Nutrition Committee/Village Level Committee (VHSNC/VLC) of the Gram Panchayat to facilitate a comprehensive village health plan with ANM, AWWs and PRI members.

ASHA is expected to fulfill her role through five major activities in the community are Home Visits, Attending Village Health and Nutrition Day (VHND), Visits to the health facility, Holding village level meeting, Maintain records.⁴

Objective: To determine the challenges faced by ASHA workers in effective implementation of JananiSurakshaYojana(JSY)program.

METHODOLOGY

Across-sectional study was carried among 100 (complete enumeration) ASHAs under 3 PHCs Belagavi from August 2016 to February 2018. ASHA workers who gave consent were included. Those who had experience of less than one year, ASHA workers who were not available on the two consecutive visits were excluded. Ethical clearance was obtained from Jawaharlal Nehru Medical College Institutional ethical committee.

Data collection and analysis procedure: Obtained permission from Medical Officers from 3 PHCs in Belagavi. The ASHA workers were informed about the study procedure and written consent was obtained.

Data collection was done using Pre-tested and pre-designed questionnaire which gathered information about their socio-economic status, working pattern, challenges faced by them.

Data was entered in Excel-sheet and analyzed using SPSS software version-20.

RESULT

In the present study, 29% of ASHA workers belonged to the age group of 36-40 years followed by 26% ASHA worker in the age group of 26-30 years. Only 4% belonged to 46-50 years of age. Majority 94% of ASHA workers were Hindus, followed by 3% Muslims and 1% Christian and 2% belonged to another group. 86% were married and 13% were widowed and only was one unmarried which was very surprising.

73% of ASHA workers had completed Secondary school education, 17% studied primary school education, 9% PUC, and 1% had completed graduation. 81% belonged to Nuclear family, 18% joint family and 1% belonged to extended family (Table.no.1).

Table 1: Socio demographic characteristic of study participants

Particulars	Characteristics	Percentage (%)
Age groups	21-25	5
	26-30	26
	31-35	24
	36-40	29
	41-45	12
	46-50	4
Religion	Hindu	94
	Muslim	3
	Christian	1
	Other	2
Marital status	Married	86
	Widowed	13
	Divorced/Separated	0
	Unmarried	1
Education of ASHA workers	Primary school	17
	Secondary school	73
	PUC	9
	Graduate	1
Family type	Nuclear	81
	Joint	18
	Third generation	1
	Total	100
Socio economic status of participants	Upper Class	2
	Upper Middle Class	7
	Middle Class	33
	Lower Middle Class	45
	Lower Class	13
	Total	100

Socioeconomic status was classified according to modified BG Prasad's social classification taking CPI of Nov 2017. Therefore 45% of participants belonged to the lower middle class, 33middle class and 13 belonged to the lower class level, 7% of them belonged to the upper middle class and only 2% were from the upper class.(table.no.1)

Table 2: opportunities and challenges faced by ASHA workers		
Particulars	Characteristics	Percentage (%)
Percentage of full ANC covered by ASHA workers	More than 90% full ANC	81
	90-70% Full ANC	19
	70-50%	0
	Less than 50%	0
	Total	100
% of pregnant women registered monthly	More than 90%	72
	90-70%	21
	70-50%	5
	Less than 50%	2
	Total	100
The satisfaction rate of ASHA in providing of MCH services in the community	Very satisfied	63
	Satisfied	35
	No feeling/Dissatisfied	2
	Total	100
Difficulties faced in referring mother for health centers.	Yes	11
	No	89
	Total	100
PNC visits conducted by ASHA workers within 42 days	More than 5	73
	3-5	16
	2-3	11
	1	0
	Total	100
Getting incentives on a regular basis	Yes	67
	No	33
	Total	100
Getting Incentives for JananiSurakshaYojana	Yes	0
	No	0

81% of ASHA worker said that they have covered more than 90% of full ANC till delivery whereas 19% of them covered only 90-70% of full ANC till delivery.

72% of ASHA got monthly ANC done for more than 90% of pregnant women and 21% of ASHAs registered 90-70% of pregnant women whereas 5% of ASHA registered 70-50% ASHAs and 2% less than 50%.

63% of ASHA workers were very satisfied in providing MCH services, whereas only 2% said no feeling(dissatisfied) regarding the MCH services.

89% said that there was no difficultyfaced in referringa mother to health centers for institutional delivery, but 11% faced difficulty in referring and among these, 12% facedVehicle problem when referring to health care and money problem. 73% said they have conducted more than 5 PNC visits within 42 days, 16% have conducted 3-5 PNC visits similarly 11% for 2-3 visits.

67% ASHA worker said that they were getting regular incentives for their work whereas 33% said that they are not getting incentives on a regular basis.All ASHA workers said they were involved in JananiSurakshaYojana. But no one ASHA were getting the incentives under JSY.

DISCUSSION

This is the first study conducted in Belagavi city, Karnataka. The present study was conducted among ASHA workers and the results are discussed with other similar studies in different places all over the world.

Socio-demographic Details

In present study out of 100 participants, majority 29% participants were between 36-40 years.

Similar studies at Karnataka³, Jamnagar district⁵ revealed that majority were between the age of 30-39 years but a study in Surendranagar district had ASHA from the age of 25-34 years of age.⁶

Most if studies conducted revealed that majority were Hindus as found in our study ^{7,11,14}. In present study out of 100 ASHA workers, 86 were married and 13 were widowed and one was unmarried similar findings were observed in other studies where there were few ASHAs who were unmarried.⁶⁻⁷

In this study majority, 81 were from Nuclear family, which is similar to the study conducted at Sakwar, Khadavli, and Pise-Padgha (53.64% nuclear family)⁸ and contrast to the study at Udupi (60% joint family).⁹

Our found that out of 100 ASHA workers 73 participants had completed Secondary school education which is similar to other studies where most of the ASHAs had secondary level schooling³, but study at Hooghly showed that majority of ASHAs were graduates¹⁰.

In present study 72% of ASHA got monthly ANC registration done for more than 90% and only 2% ASHAs did less than 50% registration. A study done in two districts Indore and Ujjain, there was a significant change in performance activities like registration of pregnant mother under ASHA.¹²

A study revealed that most of the

Incentives for ASHA workers on a regular basis.

Our study shows 67% ASHA worker said that they were getting regular incentives for their work. Whereas 33% said that they are not getting incentives on a regular basis. A study conducted in two districts in India, revealed that timely payment of incentives can be a motivating factor, these incentives diminish when payment is delayed, especially when the level of effort required to accomplish the task is perceived to be high.¹³ Another study did in Murshidabad district of West Bengal 32.9% of ASHA workers were not getting incentives in time.¹⁵

ASHA workers involved in JANANI SURAKSHA YOJANA (JSY)

Majority of ASHA workers said they involved in JananiSurakshaYojana. But None of them got incentives under this program.

CONCLUSION

ASHA workers were excellent in getting ANC registration however they were facing challenges in getting incentives under JananiSurakshaYojana.

LIMITATIONS

This study is confined to only three PHC under rural Belagavi due to limited time and resource available

RECOMMENDATION

It is very much evident from the present study that there is a need for strengthening the health facility in providing incentives for ASHAs in relation to JSY and their challenges have to be brought to the notice of the officers under. Training of ASHA workers should be completed in all modules during a specified period of time.

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