The Role of ASHA Workers in Women's Health Protection: A Case Study of Mandakata Gaon Panchayat in Assam.

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Abstract:

Health is a primary issue of concern for human wellbeing. With the advent of advanced technology, the health sector has undergone various significant changes. However, the issue of women's health is still a cause of concern for developing countries like India. Patriarchy, socio-economic backwardness, and the low position accorded to women by society have always kept the issue of women's health as a secondary concern. In order to transform this perspective and provide noticeable medical facilities to women in order to ensure their wellness, the role of ASHA workers is very important in a country like India. ASHA workers are trained female community health activists who are engaged in improving protection of women's health. They particularly focus on raising women's health awareness and providing basic medical services, such as encouraging women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning, treating minor illnesses and injuries with first aid, keeping demographic records, and improving village sanitation. In Assam, women are facing various issues like malnutrition, maternal health issues, and diseases like AIDS, breast cancer, etc. ASHA workers are playing an important role in the protection of women's health, especially in village areas in Assam. So, there is a need to study their role in protecting women's health. In this paper, I have tried to look into the role played by ASHA workers in generating awareness as well as providing protection for women's health; their success and failures faced in Mandakata Gaon Panchayat, Assam, which is taken as a case study.

1.0 Introduction:

Health is the most crucial aspect in human survival. Its etymology refers to a state of being free of any illness or injury. Health can also refer to a condition of well-being in which an individual can pursue personal growth. According to the preamble of the World Health Organisation (WHO), Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (Constitution of the world health organization, 2006).

The concept of human health pertains to both men's and women's health. However, it is seen that the issue of women's health often receives secondary importance in a country like India, which, owing to its traditional patriarchal social structure, has often victimised women in the name of gender discrimination. The preference for a male child across large parts of the country has often led to girls being considered as burdens, and hence the issues of women's wellness and health seldom receive the required attention that they're supposed to receive otherwise. This negligence towards women and women's health-related issues directly impacts not only the womenfolk in particular but also society and the development of the state at large.

The Indian Constitution's Articles 39(e) (f) 42 and 47 clearly define a state's responsibility to ensure a healthy life for the people of this country in order to secure equal rights to health for all. It also asserts that it is the state's responsibility to improve public health and raise the level of nutrition and living standards (Laxmikanth,2017). Both the central and state governments place a high priority on health. The government, particularly the Central Government, has introduced a variety of community-based health services with a special focus on women's health in order to decrease gender discrimination and provide women with proper access to healthcare. In this paper, I focus on the role of ASHA in protecting women's health, with prime concentration on the Mandakata Gaon Panchayat in the Kamrup district of Assam.

2.0 The Profile of ASHA:

The Indian government established the ASHA (Accredited Social Health Activist) programme in 2010 as part of the National Rural Health Mission (NRHM) with the goal of improving health outcomes, particularly among women and children, and reducing geographic and socioeconomic disparities. Its goal is to actively engage communities, particularly in rural regions, in improving their health.

The ASHA is a woman chosen by the community; she is a village resident who is trained and supported to function in her village to improve the community's health status by ensuring people's access to health care services, improving health care practices and behaviors, and providing health care as needed and feasible at the community level. The Ministry of Health and Family Welfare, Government of India describes an ASHA as; *"...health activist(s) 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.* (https://www.mohfw.gov.in/)*"*

The ASHAs work as health activists, educators, and basic health service providers. They serve as the first point of contact for underprivileged communities' health-related needs. One of the main methods advocated by the NRHM in the creation of the post of ASHA was to raise public awareness about health and its determinants, engage the community to participate in local health planning, and boost use of current health services. ASHA is a proponent of healthy habits.

2.01 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 due preference in selection to those who are qualified up to 10 standard wherever they are interested and available in good numbers. This may be relaxed only if no suitable person with this qualification is available (https://nhm.gov.in/).
- ASHA is 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 (https://nhm.gov.in/).
- ASHA has to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles (https://nhm.gov.in/).
- The ASHAs receives 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(https://nhm.gov.in/).
- ASHA provides 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 counsels 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 (https://nhm.gov.in/).

At the village level it is recognized that for every 1000 people there should be 1 ASHA worker. However, 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 are the major sources of support to ASHA (https://nhm.gov.in/). The programme is totally incentive based wherein women who volunteer from local community are selected and trained to reinforce community action for universal immunization, safe delivery, newborn care, prevention of communicable and non–communicable diseases, improved nutrition, care of the senior citizens and promotion of household / community toilets (https://nhm.gov.in/).
ASHAs are in place, in all states of India except in Goa, Puducherry, Himachal Pradesh the non-tribal areas of Tamil Nadu and the Union Territory of Chandigarh.

2.02 Functions of ASHA:

• Identifying and recording new pregnancies, births, and deaths.

• Getting the community to demand and obtain health care through mobilising, counselling, and supporting them.

• Recognizing, managing, or referring sickness cases.

• Assisting with the delivery of health services through home visits, first-aid, and immunisation programmes.

• Keeping track of statistics and taking part in community health planning.

• Participating in the Health and Nutrition Day in the Village.

• Encouraging women to have their babies in hospitals.

• Improving village cleanliness and encouraging family planning (e.g., surgical sterilisation).

3.0 Mandakata Gaon Panchayat: The area of study:

Mandakata Gaon Panchayat is located on the northern bank of the River Brahmaputra in the Kamrup district of Assam. It falls under the Bezera development block. The Gaon Panchayat has 10 wards under its administrative jurisdiction, covering an area of 354.99 hectares of land. According to the 2011 census, the total population under the panchayat is 11823. There are 12 villages in Mandakata Gaon Panchayat, i.e., Barbaka, Barnizara, Dakhin lenga, Dakshin Mandakata, Dirgheswari, Kumnagar, Mandakata Grant, Manik Nagar, Sarubaka, Satgaon, Simelibari and Uttarlenga. Mandakata Gaon Panchayat has a mixed population comprising of Muslims, Adivasis, and Axomiyas. Under the ambit of the North Guwahati Public Health Centre, the population in this panchayat is comparatively backward in relation to others. Hence, they are totally dependent on government health facilities.

4.0 Objectives :

1. To investigate the benefits received by the women through ASHA workers,
2. to know the level of awareness among the women population of the Gaon Panchayat regarding the various functions of ASHA,

3. to study the satisfaction level of the women in getting required services through ASHA workers,
4. to know the problems faced by ASHA workers in implementation of their given duties,
5. to study the satisfaction level of ASHA workers regarding receipt of financial assistance from the Government.

5.0 Work Profile of ASHA in Mandakata:

The ASHAs in this Gaon Panchayat undertake the following activities:

- Hold monthly awareness programme regarding women and child health which includes generating awareness regarding family planning, provision of adequate nutrition to children as per their age, care to be taken by women and her family during pregnancy etc.
- Providing information to the newly married couples about the importance of adopting safe sexual practices in order to prevent the occurrence and spread of sexually transmitted diseases.
- In order to promote women's wellness, sanitation and hygiene, ASHA workers distribute sanitary napkins to the womenfolk and also provide information regarding their usage and proper disposal.
- They conduct home visits for promotion of health and preventive care wherein they gather information regarding the presence of pregnant women and girl child and provide them with necessary iron, folic acid, calcium tablets etc.
- ASHA's also provide awareness regarding adoption of safe child delivery practices and accompany the pregnant women to the government hospital for periodic health check ups
- They ensure the proper conduct of immunization programmes to the newly born and infants

6.0 Methodology of the Study:

The study on the role of ASHA workers in protection of Women Health in Mandakata Gaon Panchayat is both analytical and descriptive. The data used in this regard both primary and secondary. Primary data was collected through purposive random sampling method. Out of 18 ASHA workers engaged in the Panchayat area, 6 were directly interviewed through open ended questions and the response of total 36 women beneficiaries under the supervision of the selected ASHA workers (1 ASHA worker: 6 women beneficiaries) were collected through a questionnaire. The 6 women beneficiaries are categorized into two broad categories-Unmarried and Married.

7.0 Data Interpretation:

As has been stated earlier, in this study 42 sample respondents are selected from Mandakata Gaon Panchayat. Their responses were collected and tabulated with the help of statistical tables. For analysing and interpreting data and obtaining meaningful conclusions, appropriate statistical measures are produced using various statistical methods.

Table:7.01

Classification of Respondents

Respondents	No of respondents
ASHA workers	**06**
Beneficiaries(women)	**36**

Source: primary

Interpretation: From the above table it is clear that 06 of the respondents belongs to ASHA and remaining 36 of the respondents belongs to beneficiaries group.

Table: 7.02

Classification of women respondents(beneficiaries)

Division of female beneficiary	No of respondent	Percentage
Unmarried	**18**	**50**
Married	**18**	**50**

Source: primary

Interpretation: From the above table it is clear that based on marital status, women (beneficiary) respondents are divided into two categories i.e. unmarried and married. 50% unmarried and 50 % married women are selected for the study.

Table:7.03

Education qualifications of ASHA workers

Qualifications	No of respondents	Percentage
Below HSLC	**4**	**66.67**
HSLC	**2**	**33.33**
HS	**0**	**0**
Graduated	**0**	**0**
Others	**0**	**0**

Source: Primary

Interpretation: From the above table, it is clear that 66% of ASHA workers have not passed the HSLC examination. Only 33.3% of ASAHA workers have the qualification of HSLC passed. From the above table, it is clear that a huge number of ASHA workers don't have higher education.

Table: 7:04

Economic Category of ASHA Workers

Categories	No. of respondents	Percentage
APL	**2**	**66.67**
BPL	**4**	**33.33**

Source: primary

Interpretation: From the above table it is clear that 66.67% of the respondents belongs to BPL category (Below poverty level) and remaining 33.33% of the respondents belongs to APL category (above poverty level).

Table:7.05

Problems regarding transportation(ASHA)

Response	No of respondents	Percentage
Yes	**5**	**83.33**
No	**1**	**16.67**
Total	**6**	**100**

Source: primary

Interpretation: The above table shows the response of ASHA workers regarding transportation problem. 5 respondents opined that they have problem regarding transportation, It means 83.33% of ASHA workers facing problems regarding transportation. Only 16.67 do not have problems regarding transportation.

Table: 7.06

Satisfaction level on Salary

Response	No of respondent	Percentage
Highly Satisfied	0	0
Satisfied	2	33.33
Not satisfied	4	66.67

Source : Primary

Interpretation: It is obvious from the table above that 66.67 percent of ASHA employees are dissatisfied with their pay. Only 33% of respondents said they were satisfied with their pay.

Table: 7.07

Home Visit of ASHA workers

Response	No. of respondents	Percentage
Yes	34	94.44
No	2	5.56

Source: Primary

Interpretation: From the above table, it is clear that 94.44% of the respondents' houses are visited ASHA workers, and only 5.56% of the respondents commented that house visits are not conducted by ASHA workers.

Table:7.08

Frequency of Visit of ASHA workers

Frequency	No of respondents	Percentage
Once	16	44.44
Twice	6	16.67
Thrice	4	11.11
More than that	10	27.78
Total	36	100

Source: primary

Interpretation: The above table shows the frequency of visit of ASHA workers among the houses. It is evident that 44.44% of the respondents' houses are visited only once, 16.67% of the Respondents' houses are visited twice. 11.11% of the respondents' houses were visited thrice, and 27.78% of the respondents opined that ASHA workers visited more than thrice.

Table:7.09

Information Provided by ASHA Regarding Health Issues

Information	No of respondent	Percentage
Yes	34	94.44
No	2	5.56

Source : Primary

Interpretation : The table 7.09 interprets the provision of health-related information by ASHA employees. It is obvious that 94.44 percent of respondents receive health-related information from ASHA workers, while 5.56 percent of respondents do not receive any health-related information from ASHA workers.

Table: 7.10

Group meeting in their localities

Response	Respondents	Percentage
Yes	33	91.67
No	3	8.33
Total	36	100

Source: Primary

Interpretation: According to the above table, 91.67 percent of respondents say that ASHA workers are holding Group meetings in their localities to discuss health issues. The remaining 8.33 percent of respondents stated that ASHA workers in their area do not conduct any group meetings.

Table: 7.11

Opinion about ASHA workers

S.L No	Factors	Very good	good	Neutral	Bad
1	Minor health injuries/ first aid	2	14	18	3
2	Nutrition	4	16	14	2
3	Sanitation	3	23	9	1
4	Delivery	5	25	5	1
5	Immunization Schedule of new born babies	5	28	3	0
6	Prevention from sexually transmitted diseases	0	13	20	3

Source: Primary data

Interpretation: As can be seen from the table above, ASHA's performance on the majority of tasks is deemed satisfactory. The vaccination schedule for new born babies is rated as good by 28 out of 36 respondents, while the delivery performance of ASHA workers is rated as good by 25 respondents, and the sanitation-related activities of ASHA are rated as good by 23 respondents. In terms of nutrition, the most preferred service provided by ASHA employees is It was rated as good by 16 respondents, while 14 respondents rated minor health tasks of ASHA workers as good, and 13 respondents rated sexual transmitted disease-related ASHA work as good.

Table: 7.12

Services rendered by ASHA workers

Services	No of respondents	Percentage
Minor health injuries/ first aid	10	10.75
Nutrition	15	16.12
Sanitation	22	23.65
Delivery	19	20.43
Immunization Schedule of new born babies	20	21.50
Prevention from sexually transmitted diseases	7	7.52
Total	93	100

Source: primary

Interpretation: The services provided by ASHA workers to the community are listed in table 7.12. Out of 36 responders, 23.65% received sanitation services, 21.50 percent received immunization schedules for new born babies, 20.43 percent received delivery services, and 16.12 percent received nutrition services. 10% receive information about minor health concerns, 10% receive information about minor health injuries, and 7.52 percent receive information about sexually transmitted disease prevention.

Table: 7.13

Satisfaction level of Beneficiaries

Level	No of respondent	Percentage
Highly satisfied	2	5.56
Satisfied	25	69.44
Neutral	6	16.67
Dissatisfied	2	5.56
Total	36	100

Source: primary

Interpretation: This table offers information about respondents' levels of satisfaction with ASHA employees' performance. 69.44% of respondents are satisfied with ASHA workers' performance, 16.67% of respondents are neutral, 5.56 percent of respondents are unsatisfied with ASHA's duties, and 5.56 percent of respondents are extremely satisfied with ASHA workers' performance.

7.0 Findings:

- The purpose of holding monthly community meetings by the ASHA workers gets partially fulfilled because of low attendance of women and girl child.
- The ASHA workers cannot ensure timely distribution of personal hygiene materials like sanitary napkins because they do not receive them from the government regularly.
- The ASHAs can only distribute medicines to the women until stocks last. They do not have stock backups to meet additional requirements as well as in emergencies.
- The ASHA beneficiaries report that the workers concentrate mainly on issues pertaining to the health of pregnant women and infants. Adequate attention is not provided to other women and children.
- Hesitation on the part of women and girls to freely discuss women related health issues with the workers.
- Lack of realization on the part of women regarding observance of personal hygiene and proper sanitary waste disposal mechanism.
- In relation to the designated work provided to the ASHAs the incentive provided by the government is very minimal.
- As the ASHAs of the Gaon Panchayat themselves belong to BPL category hence the Governmental incentive that they receive does not ensure them a descent standard of living.

8.0 Suggestions :

- ASHA works on a population size of 1000. The population size should be reduced so that ASHA can adequately serve a small population.
- Awareness programs and campaigns must include the use of more visuals to attract the attention of the audience.
- More medical camps and seminars should be held by ASHA to raise public awareness.
- The number of ASHA training programmes should be expanded.
- ASHA's compensation must be increased in order for more people to volunteer to help uplift rural community.
- Financial assistance should be increase for the wellbeing of ASHA workers.

9.0 Conclusion:

With the introduction of ASHA, there has been an obvious development in the health of rural people. ASHA has been successful with its activities like immunization schedules for new born babies, sanitation, and various health care programs. Since the implementation of ASHA, rural residents have become more aware of health issues such as nutrition, basic sanitation, and hygienic practices. The activities of ASHA are directed towards supporting the rural people. Hence, it is pertinent that the government, along with civil society, engage more in improving the health and welfare of the rural population and make them significant contributors to the development of the country. In this regard, the government must strengthen the existing rural health care system and ensure a better institutionalization of the service delivery system, of which ASHA constitutes an important part.

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