

To Assess the Job-Related Difficulties and Dissatisfaction of Asha Workers in Selected Rural Area

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ABSTRACT

BACKGROUND

Accredited social health activists (ASHAs) are the components of National Rural Health Mission (NRHM) programme. ASHA are the grass root level workers and the success of NRHM depends on the efficiency of ASHA workers' performance. Our aim was to assess the job-related difficulties and dissatisfaction of ASHA workers.

METHODS

Descriptive survey approach was used in this study and the sampling technique was purposive technique. Data was collected using structured questionnaire to assess the job difficulties and modified Cronbach's jobs satisfaction scale was used to assess the satisfaction of the ASHA workers. The study sample was 50 ASHA workers from Anganwadi of a rural area, under the child development project, office Tahsil, Samudrapur. The total number of villages in Tahsil was 154 and total Anganwadi's were 152 and out of 152 Anganwadi's 90 were selected randomly. The average number of Anganwadi female workers was 1 to 3 in Wardha district.

RESULTS

24 (48 %) ASHA workers knew their duties regarding the health education, 11 (22 %) ASHA workers had the problem of not having a proper travelling facility and 16 (32 %) ASHA workers solved their problems by meeting with authority regarding the job satisfaction, 33 (66 %) ASHA workers had satisfaction with their jobs; whereas, 14 (28 %) were neutral.

CONCLUSIONS

The study highlighted the problems faced by ASHA workers and their satisfaction related to the job. If well-equipped functional health system exists it can improve the ability of ASHA workers to perform their role effectively and also raise their credibility and trust in the community.

KEY WORDS

Job Difficulties, Job Dissatisfaction, Rural Area, Role and Reasonability of ASHA, Problem Faced by ASHA, Community Health Workers

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BACKGROUND

Community health volunteer schemes are considered vital for increasing community participation and access to the health care system. An ASHA is a woman selected by the community, resident in the community and who is 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.¹⁻² Being lay workers, the governance structure, including their selection, incentives, and community ownership, and their performance in health and community development, has been identified as critical issues that need to be monitored. It is, therefore, imperative to know what kind of ASHA workers are in place and what work they are doing. This has implications for the role / utility of community health workers in several settings where health systems are traditionally weak.³

Accredited social health activist (ASHAs) are community health workers created as part of the National Rural Health Mission (NRHM) by the Ministry of Health and Family Welfare of the Government of India.⁴

India has taken initiatives that ‘(ASHAs) in every village’. (ASHAs) are the backbone of NRHM and are proposed for the village to be chosen and accountable. They need to introduce prevention, promotional and health care facilities to the rural community. Much more emphasis was given on the enrolment and training of (ASHAs) during the initial phase. Now we need to look at the results and challenges, problems faced by (ASHA) i.e. ill-equipped dispensaries, scarcity of resources, irregular incentives, workload, non-materialization of things, failure to achieve target, inadequate support from leaders, and no value of ASHAs. For most of ASHAs the finance gained from their work is very less as compared to their hard work.⁵

The National Rural Health Mission launched female community health worker accreditation social health activist (ASHA) who serves as a mediator between the community and the public health system. In NRHM ASHA Worker should be placed at grass root level so rate of (ASHA) critical at Grass root level problem faced by ASHA) workers. It will affect the performance of (ASHA) Workers and low incentives or lacks of incentives are the main problem faced by them.⁶

Job satisfactions of the (ASHA) workers naturally depend on the economic, social and cultural situation. Those (ASHA) workers who cannot get a sufficient wage will face problem. This problem puts the (ASHA) far away from satisfied.⁷

It is evident that ASHAs were not having clarity regarding their roles and responsibilities as per the NRHM guidelines. Hence, quality training programs and more efforts regarding sensitizing and motivating ASHAs may be helpful for improving their performance. Provision of fair monetary incentives and regularization of incentives can be effective in motivating (ASHAs) for participating efficiently in health-care delivery system.⁸

METHODS

The study used descriptive survey approach. In this study subjects were ASHA workers. The sample size for study consisted of 50 (ASHA) workers in a selected Anganwadi in

rural area. The child development project, office Tahsil Samudrapur. The total villages in Tahsil were 154 and total Anganwadi's were 152 and out of 152 Anganwadi's 90 were selected randomly. An average of one to three female workers were available in each Anganwadi of Wardha district. After obtaining informed consent from subjects, IEC letter no. 8498, data collection was done from 30th December 2019 to 18th January 2020. Data was collected using structured questionnaire to assess the job difficulties and modified Cronbach's jobs satisfaction scale to assess the satisfaction of the (ASHA) workers was used. Score of 5 was given for strong satisfaction, score 4 was given for satisfaction, score 3 was given for neutral, score 2 was given for dissatisfaction and score 1 was given for strong dissatisfaction.¹⁰

Statistical Analysis

Statistical analyses performed using SPSS software version 22. Routine descriptive statistical analysis was done.

RESULTS

Demographic Variables	No of ASHA Workers	Percentage (%)
Age in Years		
20 - 25 years	3	6
26 - 30 years	13	26
31 - 35 years	27	54
36 - 40 years	7	14
Marital Status		
Married	43	86
Unmarried	7	14
Education		
Secondary	15	30
Higher Secondary	26	52
Graduation	9	18
Post-Graduation	0	0
Monthly Family Income (Rs)		
1000 - 1500 Rs	24	48
1501 - 2000 Rs	12	24
2001 - 2500 Rs	9	18
2501 - 3000 Rs	5	10
Working Experience		
6 months	7	14
1 year	24	48
≥2 years	19	38

Table 1. Percentage Wise Distribution of ASHA Workers According to Demographical Variables N = 50

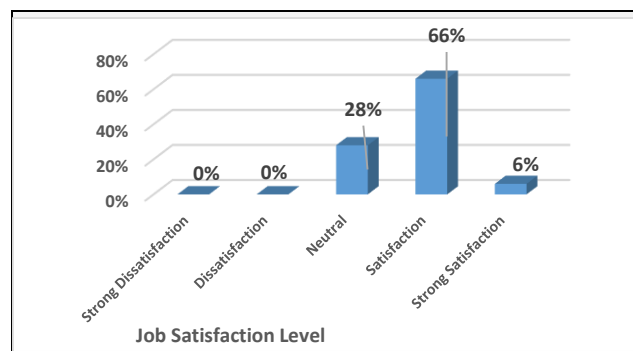


Figure 1. Assessment with Level of Job Satisfaction

Distribution according to their age group; 13 (26 %) were in 20 - 25 years, 27 (54 %) in 26 - 30 years. Majority that is 43 (86 %) of the (ASHA) workers were married and most of (ASHA) workers, 26 (52 %) were educated up to 12th

standard. 12 (24 %) had 1501 - 2000 Rs. 9 (18 %) of the (ASHA) workers had monthly family income of 2001 - 2500 Rs. 24 (48 %) of the (ASHA) workers had work experience of 1 year and 19 (38 %) of them had work experience of two or more than two year.

Assessment of Job-Related Satisfaction of ASHA Workers

Level of Job Satisfaction	Score Range	Level of Job Satisfaction	
		No. of ASHA Workers	Percentage
Strong Dissatisfaction	0 - 39 (0 - 20 %)	0	0
Dissatisfaction	40 - 78 (21 - 40 %)	0	0
Neutral	79 - 117 (41 - 60 %)	14	28
Satisfaction	118 - 156 (61 - 80 %)	33	66
Strong Satisfaction	157 - 195 (81 - 100 %)	3	6
Minimum score		87	
Maximum score		174	
Mean score		125.64 ± 16.85	
Mean % Score		64.43 ± 8.64	

Table 2. Assessment with Level of Job Satisfaction
n=50

Fourteen (28 %) of the (ASHA) workers had neutral responses regarding job satisfaction, 33 (66 %) of them were satisfied with their job whereas only 3 (6 %) of them were strongly satisfied with their job.

Assessment of Job Difficulties of ASHA Workers

Job Difficulties	No. of ASHA Workers	Percentage
What are your Duties and Responsibilities as ASHA		
Health education regarding health scheme	24	48
ANC registration	24	48
Any health problems	2	4
What are the Problems faced by ASHAs while Performing their Duties		
Unable to cooperate	9	18
Do not trust on them	22	44
Inability to travelling facility	11	22
Due to workload from home	8	16
What Interventions are ASHAs following to Overcome their Problems		
Guidance on health care	8	16
Solving problem by meeting	16	32
Discuss problem with higher authority	9	18
Provide free open service	17	34
How effective the Interventions followed by ASHAs to Overcome their Problem		
Arrange the program and information given	13	26
Improving one's work	10	20
Time management	12	24
Issues are solved	15	30

Table 3. Assessment with Job Difficulties

According to their duties and responsibilities, 24 (48 %) of them knew their duties and job responsibilities regarding health education scheme. 24 (48 %) knew about the antenatal care (ANC) registration in clinic. Majority of them, 22 (44 %) had problem about people not trusting on them and only 11 (22 %) had problem about no proper travelling facilities.

The percentage wise distribution about interventions done to overcome their problems, 16 (32 %) solved problems by meeting, whereas 17 (34 %) had provided free open service to people as intervention to overcome their problem.

Percentage wise distribution of effectiveness of interventions to overcome their problems, 13 (26 %) had arranged the health program and gave information about health. 15 (30 %) had improved their skill and knowledge to solve any issue or problem.

DISCUSSION

In the present study, 33 (66 %) ASHA workers were satisfied with their jobs whereas almost 52 % of ASHAs were dissatisfied with job and 61 % were unhappy with their performance-based remuneration. Job satisfaction has to be increased with a corresponding increase in incentives while developing strategies to ease the process of payments.¹¹

One another studies show that 39.29 % lacked job satisfaction. They reveal that they were dissatisfied with inadequate remuneration and troubled by lack of essential medicine supply.¹²

In present study most of the subjects were satisfied similarly one study shows that 75 % ASHA workers satisfied with their job. Job satisfaction has been defined as a pleasurable emotional state resulting from the appraisal of one's job an affective reaction to one's job. It is simply how people feel about their jobs and different aspects of the job, the extent to which people satisfaction or dissatisfaction their job. It suggests that job satisfaction is an important indicator of how employees feel about their jobs. A major part of man's life is spent in work which is a social reality and social expectation to which man seem to confirm. Even then only economic motive has never satisfied men. It is always of greater interest to know why men work and at which level and how he / she satisfied with the job.¹³

In present study, 24 (48 %) ASHA were aware about their role of ANC registration and Health education regarding the health schema. 9 (18 %) ASHA's were unable to get cooperation from people, 22 (44 %) ASHA's had problem that people do not trust on them, 11 (22 %) ASHA had problem regarding travelling facilities and 8 (16 %) ASHA had workload of their duty whereas in Dagar N et cl. conducted study on problem faced by ASHA workers in New Delhi and found that most of ASHA were aware of their role regarding MCH care, referral and escort, health education and elderly care but only one ASHA mentioned about their role in sanitation of the community.¹⁴

In present study, the findings were 33 (66 %) of ASHA workers were satisfied with their job, 3 (6 %) ASHA workers were strongly satisfied with their job and 14 (28 %) ASHA workers were neutral and no ASHA worker was dissatisfied with her job. It concluded that large numbers of ASHA workers were satisfied with their job whereas in Mrs. Ruhi Varghese et. cl. conducted study on to assess the job satisfaction among ASHA workers of Waghodia taluka and their finding was 25 % of ASHA workers were dissatisfied with their job and 75 % of ASHA workers were satisfied with their job. It concluded that large number of ASHA workers were satisfied with their working condition and there by satisfied with their job.¹⁴

The study finding was limited to a selected area for the study.

CONCLUSIONS

The study revealed the difficulties of scarcity of resources, irregular incentives, workload, non-materialisation of things, failure to achieve target, inadequate support from leaders, and no value for ASHAs. Most of the ASHAs felt that they were efficient to perform their routine job responsibility, although, fair number of ASHAs were not satisfied with their performance-based incentives. To overcome this problem a similar study may be conducted on a larger population for generalisation of findings. Studies may be carried out to assess the effectiveness of information booklet versus another method of teaching job responsibilities to ASHA worker and quality training programs provided regarding sensitising and motivating ASHAs for improving their performance.

Data sharing statement provided by the authors is available with the full text of this article at jemds.com.

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