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Performance of Asha (Accredited social health activists) workers in reproductive and child health programme

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Abstract

ASHA (Accredited Social Health Activists) Worker is a female health volunteer to provide effective, accessible and affordable primary health care to the vulnerable sections of the population. The Reproductive and Child Health programme is channelized to the community through these ASHA Workers. Hence this study was conducted to evaluate the performance of ASHA workers by the beneficiaries of Reproductive and Child Health Programme. Objective of the study is to assess the performance of ASHA workers in reproductive health care services and to find out the relationship between the attitude towards job, beneficiaries and RCH Programme and performance of ASHA workers rated by their beneficiaries. The study revealed that majority of the ASHA workers were moderate performers and majority of them have favourable attitude towards their job, beneficiaries and towards Reproductive and Child Health Programme. Attitude towards their job had significant difference at the three different performance levels rated by their beneficiaries.

Keywords: ASHA workers, performance, RCH programme

Introduction

To address the health needs of the rural population, especially to vulnerable sections of the society the Government of India launched National Rural Health Mission (NRHM) in 2005. The aim of NRHM is to provide comprehensive healthcare, focused mainly on the rural women and children, thereby improving the reproductive and Child Health (RCH) services. Reproductive health relates to the health of women in all matters relating to the reproductive system, and to its functions and processes. Reproductive healthcare includes health care during pregnancy, delivery, post delivery as well as family planning. 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 or Accredited Social Health Activist (ASHA) selected from the same village. These ASHA workers should preferably be a female, in the 25- 45 years age group and have a qualification of at least eighth class. ASHA mobilizes the community and facilitate them in accessing reproductive health related services available at the sub-Centre/Primary health centers, such as immunization, Ante Natal Care (ANC), Postnatal Care (PNC), supplementary nutrition, and other services being provided by the government. As ASHA worker plays a key role in programme implementation at grass root level, performance and attitude of these workers plays a vital role in the success of the Reproductive and Child Health programme.

Objectives of the study

- To find out the personal profile of the ASHA Workers
- To assess the performance level of ASHA workers by the beneficiaries and
- To find out the relationship between performance and attitude of ASHA workers towards job, beneficiaries and RCH programme.

Methodology

The study was carried out in Kerala, the Southern State of India. The area selected for the study comprised of Thiruvananthapuram District, the capital of Kerala. One Hundred ASHA

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Workers and 500 beneficiaries of Reproductive and Child Health Programme were selected by proportionate random sampling. A Job Performance scale was prepared to assess the performance of ASHA workers by their beneficiaries in reproductive health care. Beneficiaries were asked to indicate their responses in a five point continuum ranging from ‘Excellent’, ‘Good’, ‘Moderate’, ‘Poor’ and ‘Very Poor’. These five categories were given score values 5,4,3,2 and 1 respectively. An attitude scale to assess the attitude of ASHA Workers towards job, beneficiaries and towards Reproductive and Child health Programme was developed for the present study. Likert’s technique was used for the construction of the attitude scale. Female Health Workers were asked to indicate their degree of agreement or disagreement with the items on a five point scale as ‘strongly agree’, ‘agree’, ‘undecided’, ‘disagree’ and ‘strongly disagree’ with scores of 5,4,3,2 and 1 respectively. The scoring was reversed for negative items. The score for each ASHA Worker on the scale was computed by summing up the scores of the individual item responses. Then the scale was subjected to item analysis to find out the item difficulty index and item validity of each item. The reliability of the tool was assessed by using the Spearman Brown split half method.

Results and Discussion

1. Personal profile of the respondents

ASHA Worker is the most important functionary in the Reproductive health care services at the grass root level. An understanding of the personal profile of a sample is highly essential to get a general picture of the sample and also to find out how these characteristics influence their performance in implementing the services to the beneficiaries. Variables like age, religion, number of family members, marital status etc. have been made use of in drawing personal profile of this grass root functionary and the distribution has been reported in Table 1.

Table 1: Personal Profile of Asha Workers

Variables	Categories	Percentage	Total
Age (Yrs)	25 - 30	8	100
	31 - 35	44	
	36 - 40	43	
	41 - 45	5	
Religion	Hindu	85	100
	Christian	13	
	Muslim	2	
Number of family members	<4	14	100
	4	48	
	<7	32	
	<10	6	
Marital Status	Married	82	100
	Unmarried	13	
	Divorced	3	
	Widowed	2	
	Separated	0	

Table 1 depicts the distribution of personal variables of the selected respondents. Information pertaining to the personal profile of ASHA Workers indicated that forty four percent of the selected ASHA Workers were in the age group of 31- 35 years, 43% belonged to the age group of 36- 40 years, 8% were in the age group of 25 – 30 years and remaining 5% of them belonged to the age group of 41- 45 years. Distribution of religion showed that 85% of the ASHA Workers were Hindus, 13% were Christians and only 2% were Muslims. Forty eight percent of the respondents belonged to the family

of four members. Fourteen percent of the ASHA Workers came under families of less than four members and 32% of them belonged to less than seven family members in their family. Only six percent of them had less than ten members in their family. Eighty two percent of the selected ASHA Workers were married. Thirteen percent of them were unmarried, 3% were divorced and remaining 2% were widowed. Separated families were not found in the sample.

2. Performance assessment of ASHA Workers

Classification of ASHA Workers based on performance rated by beneficiaries of RCH programme

The beneficiaries of the Reproductive and Child Health Programme categorized the ASHA Workers into three levels on the basis of their performance. On the basis of the Total performance score (Total performance score was obtained by summing up the score values of beneficiaries’ rating of each ASHA Worker in the job performance scale), the sample was divided into three categories namely low performers, moderate performers and high performers. The classification is based on the distribution of sample under Normal Probability Curve. Those getting a value less than mean – 1 standard deviation termed as low performers, Those getting values between mean –1 standard deviation and mean +1 standard deviation termed as moderate performers and those getting a value greater than mean +1 standard deviation termed as high performers. The distribution of ASHA Workers under low, moderate and high categories are presented in figure 1.

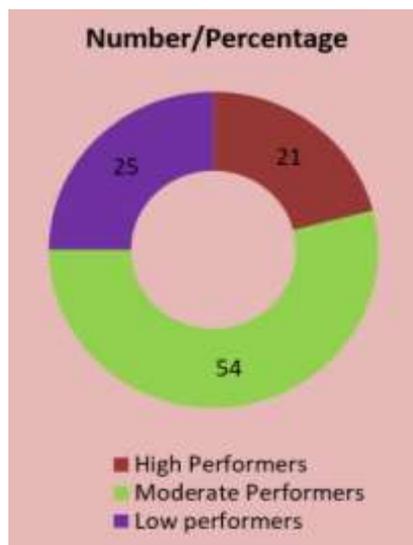


Fig 1: Classification of ASHA WORKERS based on Performance rated by beneficiaries of RCH Programme

From the Figure, it may be observed that 54% of the ASHA Workers were moderate performers, 25% of them were high performers and remaining 21% were low performers.

3. Attitude of ASHA workers towards job, beneficiaries and RCH Programme

On the basis of Total attitude score (Total attitude score was obtained by summing up the score values marked by each ASHA Worker in the attitude scale), the sample was divided into three categories namely low (unfavourable), moderate (favourable) and high (highly favourable). The distribution of ASHA Workers based on their attitude towards job, beneficiaries and Reproductive and Child health Programme is reported in table 2.

Table 2: Distribution of ASHA Workers with respect to their attitude

Variables	Unfavourable (%)	Favourable (%)	Highly Favourable (%)
Attitude towards job	13	66	21
Attitude towards beneficiaries	17	67	16
Attitude towards RCH programme	17	65	18

From the table it is observed that sixty six percent of the selected ASHA Workers belonged to moderate level (favourable) of attitude towards their job. Thirteen percent of the selected ASHA Workers came under the low level (unfavourable) and remaining 21% belonged to high level (highly favourable) of attitude towards their job. Majority of the ASHA Workers had moderate to high level of attitude towards their job. Regarding the variable 'attitude towards beneficiaries' sixty seven percent of the selected ASHA Workers had moderate level (favourable) of attitude towards their beneficiaries, 17% had low level (unfavourable) of attitude and 16% of them had high level (highly favourable) of attitude towards their beneficiaries. Majority of the ASHA Workers had moderate level of attitude towards beneficiaries and this may help them to recognize and understand their

problems and find suitable solutions in this regard. From the table, it may be also observed that 65% of the ASHA Workers had favourable (moderate level) attitude, 18% of them had highly favourable (high level) attitude and 17% of them had unfavourable (low level) attitude towards Reproductive and Child Health Programme. Majority of the respondents had favourable attitude towards Reproductive and Child Health Programme. The study also shows that more than fifty percent of the ASHA Workers were rated as moderate performers by their beneficiaries of Reproductive and child Health Programme. Normally moderate performers have favourable attitude (moderate level) and this may reflect in their performance also. Lack of proper basic infrastructure and facilities for implementing the Reproductive and Child Health Programme and heavy workload may be the reasons for having favourable (moderate level) attitude towards the programme.

4. Relationship between Performance levels and Attitude of ASHA Workers

Table 3 shows the results of the One Way ANOVA performed between attitude of the respondents towards job, beneficiaries and RCH programme and job performance levels as rated by their beneficiaries.

Table 3: ANOVA Job performance Levels and Attitude of ASHA Workers

Dependent Variables		Sum of squares	df	Mean square	F Ratio	Significance
Attitude towards job	Between Groups	123.799	2	61.899	4.081*	0.020
	Within Groups	1471.111	97	15.166		
	Total	1594.910	99			
Attitude towards beneficiaries	Between Groups	7.380	2	3.690	0.623	0.538
	Within Groups	574.180	97	5.919		
	Total	581.560	99			
Attitude towards RCH Programme	Between Groups	981.846	2	490.923	1.195	0.307
	Within Groups	39842.904	97	410.752		
	Total	40824.750	99			

* denotes significance at 5% level.

From the Table it may be noted that among the variables studied, regarding the attitude towards job the ASHA Workers, was significant at 5% level thereby implying that attitude towards their job had significant difference at the three different performance levels. Hence the inference that can be drawn is that these variables positively influence the performance level of ASHA workers as rated by their beneficiaries. Regarding the other variables studied such as attitude towards beneficiaries and attitude towards Reproductive and Child Health Programme, the F values were not significant thereby implying that there were no significant differences among the ASHA Workers at the three different performance levels as rated by their beneficiaries.

Conclusion

The present study revealed that more than fifty percent of the ASHA workers are moderate performers. Majority of the ASHA workers had favourable attitude towards their job, beneficiaries and towards Reproductive and Child Health Programme. Their attitude towards job had significant difference among themselves at the three different performance levels as rated by their beneficiaries. A scientific and systematic health system can promote ASHAs' ability to perform their roles effectively and at the same time raise their credibility and trust in the community. In future research can focused to get a deep insight on the motivating factors to improve the ASHA's performances.

References

1. Assessment of ASHA and Janani Suraksha Yojana in Madhya Pradesh. Available at: www.cortindia.com/RP/RP-2007-0301.pdf. Accessed on November 7th, 2011.
2. Government of India. National Rural Health Mission-ASHA. Module Guidelines. New Delhi, India: Ministry of Health and Family Welfare; c2005.
3. Lakshmi YV, Devi PS. A Study on Evaluation of work performance of ASHA Workers and Gathering a Feedback for its Improvement in Chittoor District, IOSR Journal of Dental and Medical Sciences. 2016;(6):24-28.
4. Ministry of Health and Family Welfare, Government of India. Guidelines on Accredited Social Health Activists (ASHA), 2015. Available at: www.mohfw.nic.in/NRHM/RCH/guidelines/ASHA_guidelines
5. Ministry of Health, Family Welfare. Government of India. Accredited Social Health Activist (ASHA) Guidelines. New Delhi: National Rural Health Mission; c2005 [Available from <http://nrhm.gov.in/communitisation/asha/about-asha.html>].
6. Sharma R, Webster P, Bhattacharyya S. Factors affecting the performance of community health workers in India: a multi-stakeholder perspective. Glob Health Action. 2014;7(1):1-8.