



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

India's community health worker Programme— ASHA

SREELATHA.C
ASSISTANT PROFESSOR
SREE NARAYANA COLLEGE, NATTIKA.

Globally, there is increasing interest in community health worker's (CHW) performance; however, there are gaps in the evidence with respect to CHWs' role in community participation and empowerment. ASHA is India's community health worker. With nearly 900,000 women volunteers across the country, the programme has survived for a decade. Unlike earlier community health worker programmes, it shows little evidence of withering away in the near future

Firstly, the ASHA was not launched as a stand-alone effort at improving health care. She was *part of a health system reform initiative*, the National Rural Health Mission (NRHM) launched in 2005. The NRHM viewed community engagement as an organic link to health systems strengthening activities such as improving infrastructure, expanding the numbers of nurses and doctors, developing mechanisms to improve access and coverage such as ambulances and mobile health services, and building systems to address supplies and logistics. There was also a clear articulation for *her selection (by the community)* and of her three roles as a facilitator, a social mobilizer or activist, and a provider of community level care. ASHA's financing, is through a form of remuneration in which she is paid fixed amounts linked to specific tasks. A dedicated human resource cadre for *supportive supervision of the ASHA* was also built in. There was also a systematic process devised for developing standard guidelines and mechanisms, in the local language for training and support of ASHAs. There is some evidence to show that the role of the ASHA in encouraging communities particularly mothers and children to health facilities for institutional deliveries and immunization is significant.

While on one hand, there may not be a high degree of political commitment to the ASHA programme, on the other hand there is also a reluctance to disengage from the programme, especially given the large numbers of ASHAs and the political constituency that she represents. As health systems in India mature, it is still to be seen how the roles of facilitator and activist balance with those of a service provider for maternal, new born and child health. programme such as the ASHA is crucial to health systems in India and possibly in several other countries.

OBJECTIVES

1. To know the health development of rural population through the implementation of ASHA.
2. To identify the satisfaction of rural population in getting the service through ASHA

METHODOLOGY

The study about role of Accredited Social Health Activist (ASHA) improving health needs is both analytical and descriptive. The Study is based on both primary and secondary data. Primary data collected from the primary health center and the ASHA workers through interview. 60 sample respondents are selected from Kodungallur municipality of Thrichur district. Their responses collected and tabulated with help of statistical Table. Secondary data collected from the journals.

IMPORTANCE OF THE STUDY

The development of the health is very important since they are promising factor of tomorrow. The government adopted many strategies for providing health education.. ASHA is a first port of any health related demand of deprived section of the population especially women and children which finds it difficult to access health services in rural areas. It increases the utilization outpatient services, diagnostic facilities which enhance the wealth through health which provides a channel for financial inclusion for total population.

Earlier there were no such health care activities for the needs and wants of the rural people. These health care activities were formed when the government realized the fact that majority of the rural people died because of improper medical treatment.

In order to create awareness among the rural people about this problem and to help them Accredited Social Health Activist (ASHA) was formed. Now a day's Accredited Social Health Activist (ASHA) is becoming popular among rural population with its Reproductive and Health Activist (RCH) activities and other health care programmes. Therefore an attempt is made to study the role of Accredited Social Health Activist in improving the health needs of rural population through the implementation of ASHA and to create more awareness among the public about ASHA plans.

DATA ANALYSIS AND INTERPRETATION

Occupation wise classification

Occupation	No. of respondents	percentage
Pvt employee	16	26.6
Gvt employee	12	20
Business	21	35
Farmers	9	15
Others	2	3.33
Total	60	100

While considering the occupation status of the respondents, 26.6% are private employees, 20% are government employees, 35% are doing business, 15% are farmers, 3.33% are doing other works.

Economic category

Category	No. of respondents	percentage
BPL	26	43.33
APL	30	50
Others	4	6.66
Total	60	100

the above table it is clear that 43.33% of the respondents belong to BPL category (below poverty level) and 50% of the respondent belongs to APL category (above category) and remaining 6.66% of the respondents belong to other category

Source of information about ASHA workers

Source	No. of respondents	Percentage
Media	12	20
Friends	4	6.66
Through ASHA workers	42	70
Awareness class	2	3.33
Total	60	100

Effectiveness of ASHA workers

Statement	Excellent	Good	Average	Below average	poor
Dedication of ASHA workers in locality	18	30	12	0	0
Publicity measures of ASHA	21	34	5	0	0

Types of information provided

Types of information	No. of respondents	percentage
Nutrition	9	15
Basic sanitation	26	43.33
Diseases	46	76.66
Others	15	25

Service rendered by ASHA workers

Services	No. of respondents	Percentage
Minor health injuries	41	68.33
Nutrition	6	10
Health problem	46	76.66
Sanitation	9	15
Delivery/ immunization new born baby	26	43.33

FINDINGS

The following findings have been arrived regarding the role of ASHA workers in Rural Development.

- Majority of respondents are employed in private and other sectors
- 50% of respondents are above poverty line and 43.35 are below poverty line and 6.665 are others.
- Majority of the respondents are aware about ASHA and aware through the ASHA workers.
- 100% of the respondents home are visited by ASHA workers
- 60% respondents home are visited only once and 21.66% are twice and 13.3% thrice and 5% more than that.
- 80% opined that ASHA assisted them in fever and 20% on delivery, 25% on palliative and 16.6% respond on other things.
- Majority if the respondents opined that ASHA provided information regarding diseases.
- Majority of the respondents opined that ASHA'S service is good for minor health injuries/first aid and sanitation and delivery.
- 75% are opined ASHA does not conduct any group discussion.
- 76.6% of service rendered on ASHA workers on health problems.68.33 on health injuries and 43.3 % on delivery and immunization of new born babies.
- 96.66% are get information about family planning.
- 50% opined that dedication of ASHA workers in locality is good and 30% opined excellent.
- 100% of the respondents save money for meeting contingencies.
- 75% are agree to ASHA ensure the safe drinking water.
- 60% are get education on impact of use of tobacco and drinking alcohol.
- Majority of respondents received services regarding the sanitation facility.
- Respondents are satisfied with the performance of ASHA workers.

CONCLUSION

With the introduction of ASHA there has been an evident development in the health of rural people. ASHA has been successful with its activities like immunization schedule of new born babies, sanitation and various health care programs. The rural people are more aware about health like nutrition, basic sanitation with the commencement of ASHA. The activities of ASHA is supporting the rural people, so that there would be an upliftment among the rural society which in turn helps in the improvement of our nation. “ The soul of our nation lies in the village” The various activities roots from the rural areas, keeping in mind these facts ASHA was developed and is successful in future in its activities of women and child empowerment.