



## A Study on Empowerment of ASHA Sahyogini through Training

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### ABSTRACT

ASHA (Accredited Social Health Activists) is a program of National Rural Health Mission (NRHM) which provides door to door health services and health education to rural women and infants. An intensive training is provided by the Government to these health workers so as to help them provide qualitative healthcare to the rural population. Training of ASHA begins with induction training and is followed by different modules. It equips her with necessary knowledge & skills resulting in achievement of the scheme's objectives. The main objective of the study is to analyze the impact of training on empowerment of ASHA Sahyogini. The study is empirical in nature. Primary data is collected from ASHA Sahyoginis of Barmer district of Rajasthan through interview schedules. Data is analyzed using SPSS software. The study concludes that training builds various skills and improves performance of ASHA Sahyoginis. It thus plays a significant role in empowering them and making them self-reliant.

**KEYWORDS** : ASHA (Accredited Social Health Activists) Sahyogini, Empowerment, National Rural Health Mission (NRHM), Training, etc.

### Introduction

ASHA Sahyogini's are great contributor to the Indian economy by rendering health services in rural areas. The National Rural Health Mission (NRHM) initiated Accredited Social Health Activists (ASHA) in 2005, as trained female health workers. ASHA goes about as an impetus for enhancing the public health system at the community level. According to the National Health Mission, ASHA is the first port of call and promoter for facilitating the health services to the community. They also mobilize the community by creating health awareness among the public, especially to women and children who are deprived sections of the society. At the state level in Rajasthan, to avoid the duplication of work and activities related to health performed by ASHA and Sahyogini, ASHA are perceived as ASHA Sahyogini. They are selected by Gram Panchayat to fulfill the health related demands in the community. They perform various activities related to maternal and child health such as providing antenatal care and home care visits to new born, escorting institutional deliveries, reporting deaths of women within 24 hours, providing immunization, etc.

Capacity building of ASHA Sahyogini is critical in enhancing her effectiveness. ASHA Sahyogini of Rajasthan, are trained by Government at different stages to improve their efficiency. Training of ASHA Sahyogini includes induction training and different modules which aims to empower them. It inculcates the required qualities, knowledge within them. It also aims to build various skills to perform their defined roles and responsibilities such as:

- Organizational skills – It includes maintaining dairy, register and drug kit stock card, updating immunization card, etc.
- Interpersonal Communication skills- It includes good conversation skills.
- Critical thinking- It includes tracking, diagnosing, screening pregnant women and examining abnormality, hyperthermia, anemia and diagnosing dehydration in new born.
- Alert and responsible- It means ASHA need to be alert and vigilant in case of emergencies.
- Kind and dedicated- It means they need to be composed and calm.

### Review of literature

Jain, (2015). The researcher aimed to study the impact of training on economic and social empowerment of women in Jaipur district with

special reference to the training program implemented by the NGO, "Maa Durga Shakti Educational Welfare Charitable Trust". The study concluded that impact of training, increased income, savings, economic self independence. It also builds self confidence and also improved communication skills. Dhanbhakym & et.al (2013). Researchers focused to study about the skill and knowledge acquired through training by unemployed women and the changes in their attitude. They found that training had a positive impact in acquiring skills and knowledge to meet the changes in trends and challenges in their surroundings. Goswami et.al (2016) Researchers focused on studying the impact of training on ASHAs in selected districts of Madhya Pradesh. It was found that complete training and infrastructure had significant impact on knowledge of ASHAs about the newborn health care. Thakre et.al (2012) Researchers emphasized in evaluating the effectiveness of the training programme of ASHA on Infant feeding practices. It was found that training had an effective impact on knowledge, attitude and practices of breast feeding.

On reviewing the research papers, it was concluded that wealth of research work has been done to find the impact of training on empowering women. However, research work on empowerment of ASHA Sahyogini through training with special reference to Jasol and Pachpadra village of Barmer district, Rajasthan has not been undertaken.

### Objectives of the study

1. To analyze the impact of training on empowerment of ASHA Sahyogini.
2. To compare and evaluate performance of ASHA Sahyogini's on the basis no. of trainings attended by them.

### Hypothesis

Null Hypothesis (1) - There is no significant impact of training on empowerment of ASHA Sahyogini.

Null Hypothesis (2) – There is no significant difference in the performance of ASHA Sahyogini's on the basis no. of trainings attended by them.

### Research Methodology

1. Primary data is collected through interview schedules. A random sample of 31 ASHA Sahyogini was taken from Jasol and Pachpadra village, Barmer, Rajasthan. The impact of training on the empowerment of ASHA Sahyogini was analyzed on the basis of skills attained by them and by comparing the performance of ASHA Sahyogini on the basis no. of trainings attended by them.

2. Secondary data is collected by reviewing various online articles and research papers related to impact of training on ASHA and impact of training on empowerment of women in Indian society.

**Analysis & Findings**  
**Descriptive Analysis**

This study is based on empirical evidences. It dealt with the empowerment of ASHA Sahyogini through training in Jasol and Pachpadra village, Balotra block, Barmer, Rajasthan. The data is analyzed using SPSS version 22 and excel sheet. About 71 % ASHA Sahyogini's were in the age group of 25- 35 years. With respect of education, it was also found that majority of respondents were senior secondary qualified.

**Number of trainings attended –**

To evaluate the number of training attended by ASHA Sahyogini's (Figure 3) excel sheet and SPSS was used to calculate frequencies. It led to certain findings such as-

- It was found that about 46.3% of ASHA Sahyogini's attended Induction training and Round 1 and 2 of Module 6-7 respectively.
- About 11.9% of ASHA Sahyogini's attended Round 3 and 4 of Module 6-7.

**Statistical Analysis**

**Ho 1: There is no significant impact of training on empowerment of ASHA Sahyogini.**

The relationship between the skills attained and number of trainings attended by ASHA Sahyogini was studied to analyze the impact of training in empowering ASHA Sahyogini. Non – Parametric Chi-square test was applied to study the relationship between two categorical variables. The results are summarized below-

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**SPSS output:**

**Table 1: Chi – Square test**

Test Statistics						
	Organizational skills	Interpersonal Communication Skills	Critical thinking	Alert and responsible	Kind and dedicated	No. of trainings attended
Chi-Square	27.129a	23.516a	17.065a	20.161a	20.161a	7.258a
df	1	1	1	1	1	1
Asymp. Sig.	.000	.000	.000	.000	.000	.007
a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 15.5.						

It is concluded that value of significance in all the parameters is found to be < 0.05 (refer table 1), which stated that there is a strong and positive relationship between skills attained and trainings attended by ASHA Sahyogini. Thus, the null hypothesis is rejected and it is found that there is significant impact of training on empowerment of ASHA Sahyogini.

Ho 2: There is no significant difference in the performance of ASHA Sahyogini's on the basis no. of trainings attended by them.

To compare and evaluate the performance of ASHA Sahyogini's on the basis no. of trainings attended by them, Performance based incentives received by ASHA Sahyogini for the activities related to maternal and child health is taken as dependent variable (scale) and number of trainings attended is considered as independent variable (nominal). To compare the two groups, Mann-Whitney Test (refer

table 2) is applied. The results are summarized below:-

**SPSS Output:**  
**Table 2: Mann – Whitney U test**

Ranks				
	No. of trainings attended	N	Mean Rank	Sum of Ranks
Maternal Health	Module 6-7 Round 2	23	12.96	298.00
	Module 6-7 Round 4	8	24.75	198.00
	Total	31		
Child Health	Module 6-7 Round 2	23	12.00	276.00
	Module 6-7 Round 4	8	27.50	220.00
	Total	31		
Test Statistics				
	Maternal Health	Child Health		
Mann-Whitney U	22.000	.000		
Wilcoxon W	298.000	276.000		
Asymp. Sig. (2-tailed)	.002	.000		
Exact Sig. [2*(1-tailed Sig.)]	.001b	.000b		
a. Grouping Variable: No. of trainings attended				
b. Not corrected for ties.				

It is concluded that value of significance is < .05, which leads to rejection of null hypothesis, i.e., there is no significant difference in the performance of ASHA Sahyogini's on the basis no. of trainings attended by them. It can be interpreted that there is a significant difference in the performance based incentives received by ASHA Sahyogini related to maternal and child health on the basis number of trainings attended by them. It is also found that ASHA Sahyogini attended training module 6-7 round 4 are receiving incentives (maternal and child health) ranged between 4000-32,000 (approx.) while, those who attended training module 6-7 round 2 are receiving incentives ranged between 0-6,925 quarterly.

**Conclusion and Suggestions**

The Government provides training to ASHA Sahyogini so as to impart various skills, enhance their knowledge level, attitude, confidence, etc. and also make them alert and dedicated towards their duties. This not only builds capacity among them to work, but also contributes to develop and foster the growth of our health sector specially in the rural areas. This has also raised the status of ASHA Sahyogini's as women in the society. Thus, from this descriptive study, it can be concluded that government has played a major role in empowerment of ASHA Sahyogini by providing efficient training to them.

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