



AN ANALYTICAL STUDY ON ACTIVE PARTICIPATION OF ASHAs WITH RESPECT TO MONTHLY HEALTH SERVICES IN A RURAL BLOCK OF DISTRICT SONIPAT.

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ABSTRACT

Background: Village Health and Nutrition Days (VHND) were introduced by the National Rural Health Mission (NRHM) to improve access to essential maternal, newborn, child health and nutrition services at village level. The Purpose of the study was to assess the routine monthly activities and active Participation of ASHAs in a rural block of district Sonipat. **Methodology:** A descriptive cross-sectional study was conducted in rural block of Sonipat district of Haryana among 199 ASHA workers after taking written informed consent. Data were collected using a pretested semi-structured schedule. The active Participation of ASHAs was measured by average incentive earned by ASHAs for 'attending meeting and celebrate health day components' of their job responsibility during the study period of six month. Data was analyzed by using SPSS version 22. The data were presented in form of tables and diagrams. The results were expressed in percentage. **Observations:** The participation of ASHAs by average incentive earned for 'attending meeting and celebrate health day components' of their job responsibility during the study period of six month. All the ASHAs attended at least three-monthly meetings conducted at PHC and earned an incentive range from Rs. 450 to 900, average being Rs. 879, Attended monthly meetings of village sanitation samiti and earned an incentive range from Rs.450 to 900, average being Rs. 845. All the ASHAs celebrated the monthly village health day at least thrice and earned an incentive range from Rs.600 to 1200, average being Rs. 1157. Total incentive earned by ASHAs for attending meeting and celebrates health day components ranging from Rs. 1500 to 3000, average being Rs. 2881. **Conclusion:** Almost all the ASHAs working in the study area participated in most of their routine monthly activities.

KEYWORDS : ASHAs, Work performance, VHND

INTRODUCTION:

National Rural Health Mission (NRHM) launched in the year 2005, is aimed at reducing maternal and childhood morbidity and mortality through engagement of ASHA at village level. ASHA is considered a critical contributor to enable people's participation in health¹. Healthcare in rural areas where the majority of the country's population live has been one of the greatest challenges faced by the Government of India. Village Health and Nutrition Days (VHND) were introduced by the National Rural Health Mission (NRHM) to improve access to essential maternal, newborn, child health and nutrition services at village level Organized by the Village Health Sanitation and Nutrition Committees (VHSNC) across the country, they are intended to work as common platform for convergence amongst service providers of Health, Integrated Child Development Services (ICDS) and the community. VHNDs are required to provide a basket of health and nutrition services and counselling to the community on a pre-designated day and place². VHNDs are required to provide a basket of health and nutrition services and counselling to the community on a pre-designated day and place. If regularly and effectively organized they can bring about the much-needed behavioural changes in the community and induce health-seeking behaviour leading to better health outcomes³. Full participation of the community in the planning and implementation process of the interventions is considered among the prerequisites of the primary care approach⁴. Accredited Social Health Activists (ASHAs) along with Anganwadi Workers (AWWs) are responsible for mobilizing the community for VHND with support from Panchayati Raj Institutions (PRI) and holding health education sessions. Auxiliary Nurse and Midwives (ANMs) provide maternal, newborn and child health services such as antenatal care and routine immunisation². Hence it is important to know the work performance of ASHAs, who are the grass root level health

services provider of the community in which they are front-line workers. Based on this background, a cross sectional study conducted among the actively participation of ASHAs with respect to Health services in a Rural block of district Sonipat.

MATERIAL AND METHODS:

A cross-sectional study was conducted in rural area of Sonipat district of Haryana. The district comprises of seven CHC and this study was conducted rural field practice area of department of Community Medicine, BPS Government Medical College for Women Khanpur Kalan. Universal sampling was taken to include all ASHAs working in the study area. There were 199 ASHAs in the selected block. List of ASHAs working in RHTC, Juan was obtained from the ASHA coordinator and it was coded for maintaining anonymity of the participant and confidentiality of information. Participants were interviewed for data collection during their monthly meeting. The study period was from April 2018 to March 2019. Data was collected using a pretested semi-structured questionnaire prepared in English and translated in local Hindi language. Written informed consent was taken from the study subjects. The data was analyzed by using SPSS v 22 statistical software. The results were presented in the form of table and figures.

RESULT:

Table No. 1: Showing the participation of the ASHAs for attending meeting and celebrate health day as a part of their job responsibility during the study period of six month

Sr. No	Work done by ASHAs	Number of ASHAs involved in the activity N=199(%)
1	To attend meeting conducted at PHC	199 (100%)

2	To attend monthly meeting of village sanitation samiti	199 (100%)
3	To celebrate monthly village health day (only for village ASHA's)	199 (100%)

Table no 1 shows the participation of the ASHAs for 'attending meeting and celebrate health day components' of their job responsibility during the study period of six month. All the ASHAs attended at least three-monthly meetings conducted at PHC, monthly meetings of village sanitation samiti and all the ASHAs celebrated the monthly village health day at least thrice.

Table No. 2: Showing the average incentive earned by ASHAs for attending meeting and celebrate health day as a part of their job responsibility during the study period of six month

Sr. No	Work done by ASHAs	Average incentive earned (INR)	
		Range	Mean
1	To attend meeting conducted at PHC	450-900	879
2	To attend monthly meeting of village sanitation samiti	450-900	845
3	To celebrate monthly village health day (only for village ASHA's)	600-1200	1157
Incentive earned for attending meeting and celebrate health day		1500-3000	2881

Table no 2 shows the average incentive earned by ASHAs for 'attending meeting and celebrate health day components' of their job responsibility during the study period of six month. All the ASHAs attended at least three-monthly meetings conducted at PHC and earned an incentive range from Rs. 450 to 900, average being Rs. 879, Attended monthly meetings of village sanitation samiti and earned an incentive range from Rs.450 to 900, average being Rs. 845. All the ASHAs celebrated the monthly village health day at least thrice and earned an incentive range from Rs.600 to 1200, average being Rs. 1157. Total incentive earned by ASHAs for attending meeting and celebrates health day components ranging from Rs. 1500 to 3000, average being Rs. 2881.

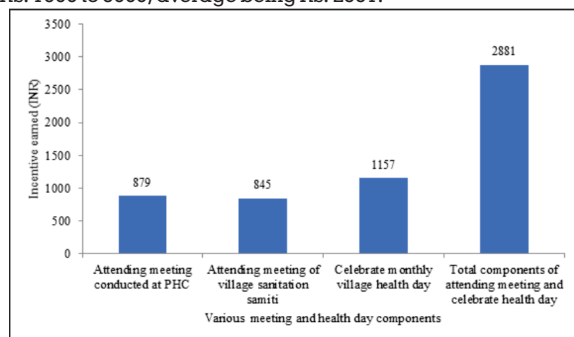


Figure 1 showing the participation of the ASHAs by average incentive earned for attending meeting and celebrate health day as a part of their job responsibility during the study period of six month.

DISCUSSION:

The present study depicts that maximum number of ASHAs (46.3%) were in class II according to modified B.G Prasad scale followed by (37.2%) class III. A study done by Singh et al⁵ found that 30.04% of ASHA belonged to class III socioeconomic status according to modified B.G Prasad classification. Reason for such finding in our study may be because of the poor socio-economic status of ASHA makes

them depend on the incentives since it is their main source of income In present study we found that 66.8 % of ASHAs length of the service was more than 10 years. Similar finding was also present in Gupta et al⁶ observed that 62% of ASHAs length of service were more than five years. In present study we found that all the ASHAs attended meeting of village sanitation samiti. Similar finding was also present in the study conducted by Nagaraj S⁷ et al, they found that all ASHA workers were actively participating in VHSC meetings. Fathima et al (2015)⁸ found that 73.8% of ASHAs attended the VHSNC meeting. Shet S et al (2018)⁹ found that the most of ASHAs (82.5%) participated in village health and sanitation committee meeting. In present study we found that all the ASHAs celebrated the village health day in the study area Similar finding were also present in the study conducted by Nagaraj S et al⁷ found that all ASHA workers were actively participating in VHND meetings. Bajpai N et al (2011, India)¹⁰ found that 50% of ASHAs involved in activity of VHND in Rajasthan and Incentive received by per ASHAs annually in VHND were Rs. 874 in Rajasthan. Fathima et al (2015, Karnataka)⁸ found that 57.8% ASHAs were involved in the activity of VHND. In present study we found that all the ASHAs attended the meeting conducted at PHC. Our finding similar to the study conducted by Tripathi T et al (2017, U.P)¹¹ found that 90% of ASHAs attended the meeting which was conducted in PHC.

CONCLUSION:

Total incentive earned by ASHAs for attending meeting and celebrates health day components ranging from INR 1500 to 300 and the average amount was found to be INR 2881 Almost all the ASHAs working in the study area participated in most of their routine monthly activities.

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