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ASSESSMENT OF SELF-REPORTED DUTIES PERFORMED BY ASHAS IN A RURAL BLOCK OF JUAN, SONIPAT DISTRICT OF HARYANA

Community Medicine

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ABSTRACT

Background: National Rural Health Mission (NRHM) came to address the health needs of rural population especially the vulnerable section of the society one of the key components of the NRHM is to provide every village in the country with trained female community health activist (ASHA). The role of ASHA workers in healthcare delivery system is considered inevitable to meet the goal of universal healthcare provision. The study was planned to assess the socio-demographic profile and the self-reported duties performed by ASHAs working in rural block of Haryana. **Methodology:** A descriptive cross-sectional study was conducted in rural block of Haryana among 199 ASHA workers after taking written informed consent. Data were collected using a pretested semi- structured schedule consisted of sociodemographic profile and self-reported duties done by ASHAs for various activities. 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:** All of ASHAs performed following of their duties Registration of Pregnant Women, ANC visits before delivery, Pregnant women follow up TT vaccination, register of the birth of new born/ infant, Educate the mother for EBF (Exclusive Breast Feeding), Counsel the people for Immunization of Child, Interaction with AWW, Registered Eligible Couple in the study area and Promote for Construction of Sanitary Toilet in house. But the lesser number of ASHAs performed their duties related to promotion of contraceptive use, registered death cases and 98.4% ASHAs performed their duties related to group talk/Health discussion. 92.4% of ASHAs also got involved in other programme of the Government. **Conclusion:** Most of the ASHAs working in the study area participated in most of their job responsibilities. ASHAs mainly focus on maternal and child health services.

KEYWORDS

ASHAs, Self-Reported

INTRODUCTION:

The recommendation of Bhore's committee for three-tiered health care system to provide preventive and curative health care in rural and urban areas placing health workers on government payrolls became the principles on which the current public health care systems were founded.[1] Female health worker (FHW) are majorly responsible majorly for delivering health care at the grass root level of the health system.[2] One of the key components of National Rural Health Mission is to provide every village in the country with a trained female community health activist or Accredited Social health Activists (ASHAs) selected from the village itself and accountable to it. ASHAs must be women of resident of the village preferably in the age group of 25-45 years and she should be the literate women up to 10th standard. The concept of ASHAs was to bridge the gap between the health system and the community. FHW and ASHAs are contributing for improvement of health status of the children and females by providing different types of health services and nutrition education in their respective area.[3] The government of India has launched various health programmes to meet the health need of ever expanding population of the country.[4] 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 ASHAs for assessment of their duties in a rural block of district.

MATERIAL AND METHODS:

A descriptive 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.

RESULTS:

Table No. 1: Distribution of ASHAs according to self-reported duties performed by them

Sr. No	Duty done by ASHA	Number of ASHAs (N)	Percentage (%)
1	Registration of Pregnant Women	199	100%
2	ANC visits before delivery	199	100%
3	Pregnant women followed, TT vaccination	199	100%
4	Registration of the birth of new born/ infant	199	100%
5	Educate the mother for EBF (Exclusive Breast Feeding)	199	100%
6	Counsel the people for Immunization of Child	199	100%
7	Promote use of Contraceptive Methods	192	96.4%
8	Registration of eligible couples	199	100
9	Interaction with AWW	199	100
10	Death cases registered	192	96.4%
11	Group talk / Health Discussion	196	98.4%
12	Promote construction of Sanitary Toilet in House	199	100%
13	Involve in any programme/Project of the government	184	92.4%

Table No.-1 shows that Out of total 199 ASHAs, 100% of them were performing following duties as like registration of pregnant women, ANC visits before delivery, Pregnant women follow up TT vaccination, register of the birth of new born/ infant, Educate the mother for EBF(Exclusive Breast Feeding), Counsel the people for Immunization of Child, Interaction with AWW, Registered Eligible Couple in the study area and Promotion for construction of sanitary toilet in the house. However, the lesser number of ASHAs 192 (96.4%) performed their duties related to promotion of contraceptive use, registering of deceased cases and 196 (98.4%) ASHAs performed their duties related to group talk/Health discussion and 184 (92.4%) of ASHAs also got involved in other programme of the Government.

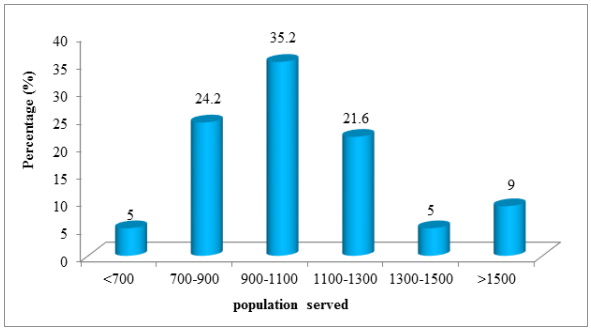

Figure 1. Showing distribution of ASHAs according to the population served by them in the study area

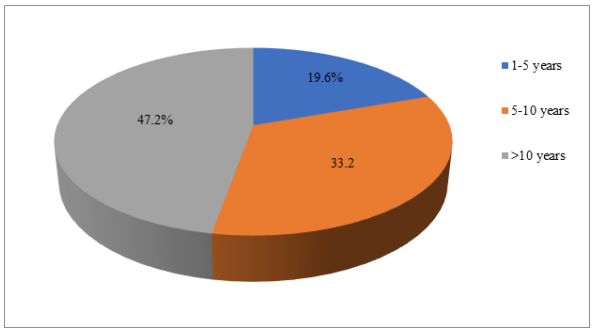

Figure 2 showing distribution of ASHAs according to the length of their service in years

DISCUSSION:

The present study was a community based cross-sectional study carried out in the field practice area of Rural Health Training Centre. In our study, we found that all of the ASHAs registered the pregnant women in their area. Another study conducted by Kohli C et al (2019, Delhi) [5] and Waskel B et al (2014, M.P) [6] found that only 57% ASHA workers were maintaining antenatal registers. In present study ASHAs were involved in activity of ANC visits before delivery, Similar finding were present in a study conducted by Rashmi et al [7]. All of ASHAs performed their duties related to pregnant women follow up and TT vaccination in our study. Karol et al [8] found that 68.54 percent of pregnant women were motivated by ASHAs for administration of TT injection. In current study we found that 96.4% of ASHAs were involved to maintaining register of birth and death in the village. In contrast of our study conducted by Garg et al [9]. In current study all the ASHAs educated the mother for exclusive breast-feeding, similarly another study conducted by Swain et al [10]. In present study we found all the ASHAs were involved in the activity of counseling the people for child immunization. Similar finding were present in the study of Fathima et al, [11] and Guha et al [12]. More involvement of ASHA in counselling for child immunization may be because of the additional emphasis given on child immunization in Mission Indradhanush by the government of Haryana. In our study, all of the respondents registered Eligible Couple in the study area and 96.4% of ASHAs promoted for use of contraceptive methods, similarly another study conducted by Bajpai et al [13] in Bihar. In contrast to our study found in Karol et al [14]. In our study we found all the study participants interacted with AWWs. Similar finding was present in a study of Shrivastava et al [15]. We found that 96.4% of ASHAs registered the death case in study area while Garg et al [9] found that 70% ASHAs registered the death cases. In our study, we found that all most all the ASHAs (98.4%) were involved in the activity of group talk/Health discussion in our study. Bajpai et al [13] found that half of the ASHAs (50%) involved in group talk activity in Rajasthan. In current study all the ASHAs promoted for construction of sanitary toilet in house. In contrast to our study Bajpai et al [13] found that only 8% of the ASHAs in Rajasthan, 1% in Bihar involved in the activity of toilet promotion and more of the ASHA were involved in Chhattisgarh and UP**.** Reason for such finding in our study may be the present study was conducted after the Swatch Bharat Abhiyan. In Our study we found that 92.4% ASHAs involved in various programme. Another study conducted by Guha et al. [12] revealed that 42% of ASHAs involved in various newly launched programmes.

CONCLUSION:

Most of the ASHAs working in the study area participated in their job responsibilities. Our study found that ASHAs mainly focuses more on maternal and child health services component.

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