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## Are health workers effective in tribal part? Results from evaluation survey of health workers from tribal community

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### Abstract

**Context:** Acceptance of ASHA in a community determines health status of a community. Tribal women in the age group of 18 to 49 years are the main target population for ASHA. Hence assessment of perceptions of these women is of utmost importance.

**Aim:** To evaluate the work of ASHA among women of age group 18-49 years in field practice area of teaching institute.

**Settings and Design:** A cross sectional study in tribal village of Maharashtra. Total sample size was 57. Women in the 18-49 years of age group are selected randomly after systematic sampling.

**Methods and Material:** A predesigned – pretested interview schedule was used to record the information after taking informed consent.

**Statistical analysis used:** Quantitative analysis was done using the proportions and chi square test used for comparison.

**Results:** It was found that 77% of respondents reported that ASHA was acting as a representative of their needs in health system. 52% of respondents reported that ASHA visit is not a welcome gesture during postnatal period as it is against their culture. 77% of respondents were satisfied with overall ASHA services. 90% of respondents perceive that ASHA is not knowledgeable to get any treatment for fever or growth and development assessment.

**Conclusions:** ASHA is trusted person for most of services but when it comes to seeking solutions for health problems people are very apprehensive. It will be hurdle for community mobilization for health improvement. Hence it need to be addressed on urgent basis by imparting some medical knowledge to ASHA and giving some certifications.

**Keywords:** ASHA, perceptions, satisfaction, tribal women

### Introduction

Under NHM (National Health Mission) cadre of ASHA (Accredited Social Health Activist) caters population of 1000. ASHA is a woman selected from community, trained and is supported to improve the health status of community through Behaviour change communications (BCC). Her functions are to address any health-related demands of population with focus on maternal and child health services. ASHA acts as depot holder for essential provisions like ORS (Oral rehydration therapy), IFA (iron and folic acid), chloroquine, Oral contraceptives pills and condoms etc. Her beneficiaries include all pregnant and nursing women, adolescents and children <sup>[1]</sup>.

Sakvar is a tribal area of Maharashtra with population of 5000. Most of the population of village is residing in groups which forms padas. Each pada is having nearly 300 population. Farming and other farming activities. It has five ASHA workers <sup>[2]</sup>. Major illness' in this population is upper respiratory tract infections, sickle cell diseases and lymphatic filariasis <sup>[3]</sup>. Women in the Sakvar community are mostly involved in farming during rainy seasons. They are dependent on their spouse and family. Decision making for health and other activities resides with their spouses.

ASHA workers play important role in maternal and child health services but in tribal population it was observed that many people hesitate to contact ASHA for taking services. This study was undertaken to know the perceptions among beneficiaries regarding the work of ASHA in the tribal community.

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## Subjects and Methods

This observational study was carried out in Sakvar a tribal area of Mumbai for the period of one month i.e. from 15<sup>th</sup> May 2018 to 15<sup>th</sup> June 2018. Study population was native women of Sakvar Village in the age group of 18 to 49 years. Two stage systematic random sampling was done. One pada was systematically selected and systematic random sampling was done for selecting the beneficiary. Total sample size was 57. The beneficiary was contacted by house visit on the time comfortable and convenient to beneficiary and she was interviewed after informed consent with the help of predesigned and pre-validated questionnaire available on public domain. There were no refusals. The questionnaire consisted of Socio-demographical details, general awareness and perceptions regarding ASHA, services given by ASHA and perceptions regarding the same, availability of Mother Child Protection Card (MCP Card) and perceptions regarding its importance. Data was analysed using SPSS version 16. Quantitative variables were analysed using Mean. Chi square test was used to analyse the proportions.

## Results

Nearly 77% (44 out of 57) of all the respondents belonged to the age group of 20 to 29 years. The average age of respondents was  $24.4 \pm 2.7$  years. Minimum age of the respondents was 19 years and maximum was 45 years. Hundred percent of respondents have heard of ASHA. All the Respondents reported that ASHA was inviting them to attend health awareness meetings. 68.43% (39 out of 57) of women attended meetings arranged by ASHA on health awareness. Considering services in family planning domain around 68.42% (39 out of 57) of women were provided with family planning services. Majority of them (60%) opted for intrauterine device insertion after 6 months in health centres followed by the post-partum intrauterine devices (34%) and 5% opted for oral contraceptive pills. Only 1% of women beneficiaries opted for condoms. Almost all (98%) of women heard of Condoms. However, only half of them knew correct and consistent use of condoms. All the participants (100%) of the study reported that ASHA

was visiting their houses and inviting them for immunization session at health centre. Almost (85%) of women had ASHA's visit in the first week. Around 42% of women said post-natal visits were infrequent after first week of delivery. Around 52% of women reported that visit by ASHA at respondents' house is not welcome gesture by beneficiaries as they feel ASHA is intruding in their life as the period of 30 days post-delivery is sacred and no one is allowed to visit the house according to their culture. 52% of Beneficiaries reported that even though ASHA is asking to take them with her for delivery and check-ups they did not go because of inconvenience caused for arranging the vehicle for the check up and hence they go own their own. All the participants reported that ASHA told them benefits of Janani Suraksha yojana and related monetary benefits however only 78% of them were able to receive the financial benefit in one week. All the Respondents perceived this as a helpful gesture from ASHA. Only 80% of respondents were able to produce MCP Card (Mother Child Protection Card) but very few (10%) could tell about interpretation and importance of growth curve in their card. 90% of respondents perceive that ASHA is not having any knowledge of growth and development as she is not a qualified nurse.

Other domains of services included general services like treatment of minor illness' provision of drugs for fever, ORS for diarrhoea etc. 90% of respondents reported that they receive ORS packets for treatment of diarrhoeas. Only 10% of respondents seek treatment from ASHA for minor illness. Rest considers her non-qualified for these services. 77% respondents believe that ASHA has given voice to their problems in Panchayat meeting and they look upon her as representative.

Satisfaction for various domains of ASHA services revealed that 87% of respondents were satisfied with Mother child (antenatal, postnatal, immunization and family planning) services. 78% of respondents were satisfied with JSY services. Only 10% of respondents are satisfied with the knowledge of ASHA regarding health of community. 77% of respondents were satisfied with overall ASHA services.

**Table 1:** Distribution of respondents as per the satisfaction for various domains of services given by ASHA

Sr. No.	Domain	Percent of respondents satisfied
1	Antenatal	87%
2	Post-natal	87%
3	Immunization	87%
4	Family Planning	87%
5	JSY (Janani Suraksha Yojana)	78%
6	Knowledge of ASHA regarding community health	10%
7	Overall ASHA services	77%

Almost similar percent of respondents reported satisfaction regarding the antenatal, postnatal, immunization and family planning services. JSY (Janani Suraksha Yojana); Overall ASHA services include leadership skills, communications, attitude and behaviour; Knowledge of ASHA regarding community health includes treatment of fever, growth and development assessment, ORS packets distributions, dietary advices

## Discussion

For any assessment of effectiveness of any program rapid appraisal of the workers is the usual method employed.

ASHA forms a connecting link between community and health system who is working on incentives to mobilize the community for better health. An ASHA is a woman selected out of community which have certain leadership qualities. She is expected to give some of services and co-ordinate with ANM (Auxiliary Nurse Midwifery). Some basic services given by her are MCH (Mother Child Health) services, health awareness sessions for whole of community irrespective of caste and categories in the remote areas.

In this study the mean age of respondents was  $24.4 \pm 2.7$  years. It is the age group which is main target of Reproductive Maternal And Child Health Plus Adolescent

Program (RMNCH+A). ASHA will mobilize the community for health improvement. In our study even though ASHA is regularly arranging meetings only 68% of beneficiaries are attending the meetings and almost similar number of beneficiaries are opting for family planning services with majority opting for intra uterine devices. Hence ASHA are performing well on the part of behaviour change communications for invitees. There is a need to look after 32% beneficiaries who are regularly missing meetings. Most of time cultural barriers have been cited. Males are apprehensive of asking for condoms to ASHA.

A report published by common review mission on ASHA updates showed that cultural barriers not only among females but also among males to ask for family planning services from ASHA exist, this could be due to ASHA's role more as facilitator than the activist. Another reason could be the legacy effect of larger family planning methods focusing on some selected methods [3].

Our study found that only 50% of respondents were accompanied by ASHA and remaining had their own arrangements for labour care due to unavailability of quick transport system. A study reported that a weakly supported ASHA from public health system in the form of delayed arrangements for vehicles for ANC care and delivery had affected the her credibility [4, 5].

In this study it was observed that respondents are apprehensive to ask for help during the period of illness to ASHA due to doubts regarding her knowledge levels. A similar report was published By Usha B et al regarding perception towards ASHA workers in tribal area also had similar finding. Even though ASHA is well accepted in the community for her leadership skills, community do not consider her activist for health. Modular training of ASHA is not publicizing her as a certified health activist and hence a barrier exists for community mobilization. To increase the faith of community it is important to give adequate support to ASHA and certify her work in the field of health [6].

Even though a quarter of respondents (78%) are satisfied a domain of knowledge remains unaddressed. Similar results were obtained by Saroshe S *et al.* for knowledge domain perceived by the mothers as beneficiaries for ASHA services. This study also concluded that even though beneficiaries avail services but have less faith in ASHA [7].

In the reports of ASHA updates by National Health Mission highlighted that ASHA is performing well in generating health awareness but actual translation of this to practice remained a challenge especially in tribal areas. This could be partly due to complex behaviour patterns and partly due to lack of persistent efforts by the health system to certify and upgrade skills of ASHA [8].

**Conclusions and Recommendations:** ASHA is locally selected and educated up to 8th standard. People are apprehensive to take any health services from her or meet her for health problems presuming that she is not knowledgeable in health problems. This will be a hurdle in universal health coverage. To build faith in her some major steps are needed example recognizing her work and giving certifications. Various certificate courses on community health will be helpful.

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