

RESEARCH ARTICLE

SOCIO-ECONOMIC PROFILE AND BACKGROUND OF ASHAs IN UTTAR PRADESH, INDIA

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ABSTRACT

The state of UP has witnessed the CHW engagement through a long history since the 70s and currently it is the key strategy to percolate primary health care to the masses. The current lot of CHWs in UP are the ASHAs who are the daughters-in-law of a family that resides in the same community that they serve as the grassroots health worker since 2005 when the NRHM was introduced in the EAG states. UP is one such state. The current study explores some of the crucial variables of the socio-economic profile of the ASHAs in four districts of UP. Through this profile, the selection criteria of ASHAs, education profile of ASHAs, religion of ASHAs and the number of population that they cover in their catchment and their work hours are reflected upon to give a picture that represents the entire state of UP. The relevance of the study assumes significance as data on the details of socio-economic profile of ASHAs are not available even in large scale surveys like National Family Health Survey 4 done in 2015-16. A total of four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted in the villages of the respective districts with the help of a pre-tested structured interview schedule with both close-ended and open-ended questions. In addition, in-depth interviews were also conducted amongst the ASHAs and a total 250 respondents had participated in the study. The average age of ASHAs in the 4 districts was in the range of 34-37 years. ASHAs were with more working experience in Banda and Saharanpur in comparison to the other 2 districts. About 1/5th of the ASHAs in 2 districts did not meet the criteria of Government Of India that they should have studied up to 8th standard. There was an illiterate ASHA in one of the district. Here it was found that about 7% of ASHAs in Gonda district and about 3% of ASHAs in Banda district did not reside in the village that they work as ASHAs. Analysis of the average monthly income of the household of ASHAs showed that Saharanpur had the highest income among the four but Banda in spite of being the lowest developed district among the four, had the second highest income. Analysis of the social category of ASHAs showed that among the four districts, most of the scheduled castes ASHAs were in Saharanpur district. Aost of the ASHAs were from Hindu religion. Banda district had about 7% of ASHAs from Muslim religion followed by about 3% in both Barabanki and Saharanpur districts. Gonda district had only one Muslim ASHA and the lone Christian ASHA was from Banda district. Across the four districts it was seen that all the ASHAs covered more than 1000 population that means they are overloaded with the population that they cover or cater to. The average working hours per week across the four districts showed less than the prescribed 25 hours a week by NHM. All the ASHAs across the four districts had an average of 7 family members in their family suggesting their large household size.

Key words: ASHA, NRHM, EAG, CHW.

INTRODUCTION

The ASHAs were recruited by the Local Self Governance from their own communities as per the guidelines set by NHM. Subsequent to the roll out of guidelines at the central level, the state of UP also rolled out the recruitment of ASHAs through the setting up of State Program Management Unit of NHM at state level and the District Program Management Unit (DPMU) at district level. These DPMUs helped set up the Block Program Management Unit at the block level. These units got in touch with the Panchayati Raj Institutions which was part of LSGs and these PRIs represented by the Gram Pradhans or the village panchayat head nominated the ASHAs from the respective communities. They attached the ASHAs with the public health system at the block level to work as ASHAs who are incentive based workers. (GOUP, PIP, NHM, 2008). Like India, UP also went through the CHW scheme in 1970s through the introduction of Village Health Guide in 1977 (5th Plan GOI, 1974-79) and the concept was ratified further in the Alma Ata conference of 1978 on primary health care.

On the other hand, with the introduction of Integrated Child Development Services in 1975 (5th Plan GOI, 1974-79) the Angan Wadi Workers were in place as CHWs in phases. Simultaneously, local Traditional Birth Attendants were in place since 1977 as CHWs (5th plan, GOI, 1974-79). Thereafter, the multipurpose male and female health workers came in to place through the Child survival and Safe Motherhood program in 1992 (Yearly Plan, GOI, 1992). Besides the sporadic efforts of NGOs putting in place CHWs through their small efforts in definite geographic areas, the cadre of Basic Health Workers were put in by the health system from 1992 till 2005 (GOI, 2005). Gradually the CHWs came here to stay with the introduction of ASHAs in 2005 through the introduction of NRHM (GOI, 2005). As per GOUP, there were 1,50,000 ASHAs in UP in 2017. In spite of the current focus on the community health workers (CHW) program, there is a paucity of evidence with respect to CHWs' selection by the LSGs (Local Self Governance). In India, there are more than 1 million Accredited Social Health Activists (ASHAs) and 1,50,000 in UP as the community health workers instituted by the Ministry of Health and Family Welfare (MoHFW) as part of the National Rural Health Mission (NRHM) (NHP, GOI, 2017). Although studies on ASHAs in UP have covered on aspects like education criteria,

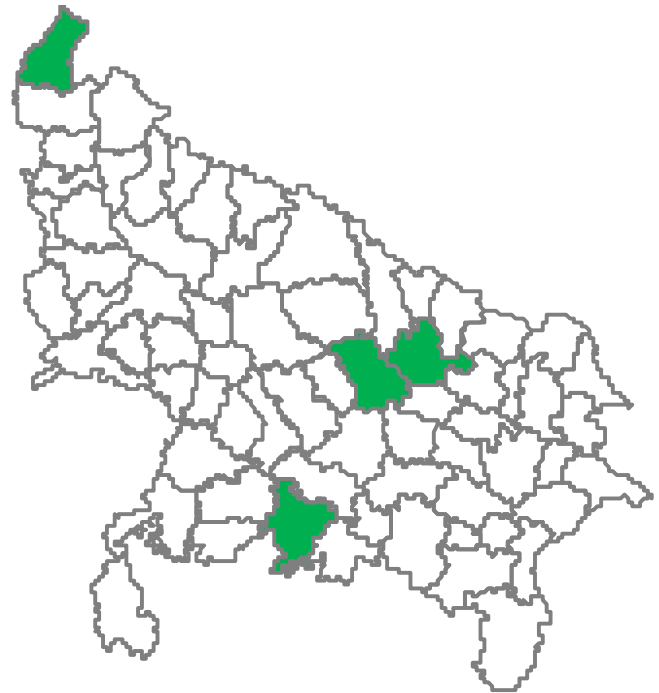
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working hours and covered population, they had not touched upon their age, years of marriage, household income, social category, religion profiles and the community they reside and the community that they work with. The current study reflects on these aspects in detail.

Background of ASHAs: CHWs may be the only feasible and acceptable link between the health sector and the community that can be developed to meet the goal of improved health in the near term (Kahssay, Taylor and Berman, 1998). This was the exact proposition on which the ASHAs were put in place since 2005. The ASHAs emerged in India's public health system during the launch of NRHM in 2005 in the state of Uttar Pradesh (GOI, 2005). The ASHAs were in fact inducted to NRHM with the primary aim to roll out the JSY component of NRHM (GOI, 2005). CHWs are indigenous, trusted and respected members of the underserved community. They can serve as a bridge between peers and health professionals. The article cited three best practice domains namely therapeutic alliance, risk reduction and health care utilization that can be used as evaluative indicators to reduce health disparities with enhanced utilization of CHWs (Mary Ann, Rosemary S, 2003). Another study in 2012 regarding evaluation of ASHA program in 8 states (includes UP) mentioned that educational qualification of ASHAs did not make a difference to health outcomes but duration and content of training made a difference (Sundarraman, *et al.*, 2012). This finding emphasized the importance of strengthening the process of selection of ASHAs who have capacity to work. An appraisal of NRHM was done in 2010 which covered UP regarding the role and performance of ASHAs. It stated that selection process and criteria to select ASHAs were not proper, they had less than prescribed work hours per week and were covering more population than they should cover (Ved *et al.*, 2011). Hence, it also suggested a career progression for the ASHA to become a part of the formal health system (Bajpai N, Dholakia R, 2011). The current study done in 2017 examines the profile of ASHAs, process of selection, work hours, catchment area and explores how the ASHAs have followed social inclusion principles.

RESEARCH METHODOLOGY

Using purposive sampling technique, four districts were chosen from the four different economic regions of UP, namely Central, Eastern, Western and Bundelkhand. Further, the Government of UP in 2009 categorized the districts as per their development status using a composition of 36 indicators. Purposefully, the high developed district chosen for the study is Saharanpur from the western region, the medium developed district chosen for the study is Barabanki from the central region, the low developed district chosen for the study is Gonda from the eastern region and the very low developed district chosen for the study is Banda from the Bundelkhand region (GOUP, 2009). In the next step, purposefully two blocks were selected from each of the district and all the ASHAs in these blocks were chosen as the universe for the study. From the list of all the ASHAs in each of the two blocks, 31 ASHAs were chosen randomly from each block for the study. In this way, 62 ASHAs were chosen for the study from each of the districts. In Gonda district, 64 ASHAs were selected to make the total number of ASHAs for the study to 250. The following figure shows the four districts of UP in the map of the state of UP.



The data was analyzed using SPSS software to calculate the percentage values of ASHAs using the detail profiles as per the data in the four study districts. The quantitative data related to the profiles was seen against the prescribed guidelines for ASHAs by GOI which forms the basis of the ensuing results and discussion.

Research tools

The ASHAs were interviewed using an in-depth, open-ended interview schedule which included a section on variables on socio-demographic aspects, capacity building initiatives and home visits. Under the background section of the tool, the ASHAs were asked on their socio economic profiles that reflected on their selection criteria and capacity.

RESULTS AND DISCUSSIONS

The table above gave the profile of all the 250 ASHAs surveyed in the four districts and the data for each of the indicator in the profile was given for each of the four districts. The average age of ASHAs in the 4 districts was in the range of 34-37 years and it also showed that youngest ASHAs were in Barabanki district and the older ASHAs were in Banda and Saharanpur districts. Similarly, the average years of marriage of ASHAs was lowest (17) in Barabanki that was they have been married for last 17 years and for last 20 years in the rest of the 3 districts. If we analyzed the average number of years that they were working as ASHAs, it was 8.5 years in Banda and 8 years in Saharanpur. It was 7 years in Gonda and 7.5 years in Barabanki. This implied that older ASHAs were working as ASHAs for one year more than the younger ASHAs. This also meant ASHAs were with more working experience in Banda and Saharanpur in comparison to the other 2 districts. The GOI policy stated that eligibility criterion for ASHAs was that they should have studied at least till class 8th. It was found that about 20% and 18% of ASHAs were educated below 8th grade in Banda and Saharanpur districts. These figures for Barabanki and Gonda districts were 7% and 13% respectively.

Table 1. Background profile of ASHAs in the selected districts

| Characteristics of ASHAs in surveyed districts (n=250) | Banda | Barabanki | Gonda | Saharanpur |
|--|-------|-----------|-------|------------|
| Number of ASHAs surveyed | 62 | 62 | 64 | 62 |
| Average age of ASHAs in years | 37 | 34 | 35 | 37 |
| Average years of marriage of ASHAs | 20 | 17 | 20 | 20 |
| Percentage educated below 8 th grade | 19.6 | 7.2 | 13 | 17.6 |
| Average monthly household income in ₹ | 18338 | 11451 | 9562 | 21516 |
| Percentage working in the residence village | 96.7 | 100 | 92.8 | 100 |
| Average number of years of working as ASHA | 8.5 | 7.5 | 7 | 8 |

Table 1.1.0 - Current age of ASHAs in completed years

| Districts | Mean | Std. Deviation | Median | Minimum | Maximum |
|------------|-------|----------------|--------|---------|---------|
| Banda | 37.37 | 4.953 | 38.00 | 24 | 48 |
| Barabanki | 34.13 | 5.488 | 35.00 | 25 | 55 |
| Gonda | 35.69 | 5.801 | 35.00 | 26 | 55 |
| Saharanpur | 37.48 | 5.650 | 38.00 | 24 | 55 |
| Total | 36.16 | 5.622 | 36.00 | 24 | 55 |

Table 1.1.1. Number of years that the ASHAs have been married

| Districts | Mean | Std. Deviation | Median | Minimum | Maximum |
|------------|-------|----------------|--------|---------|---------|
| Banda | 20.50 | 5.059 | 20.00 | 5 | 30 |
| Barabanki | 17.10 | 4.945 | 16.00 | 3 | 28 |
| Gonda | 19.87 | 6.383 | 19.00 | 10 | 40 |
| Saharanpur | 20.02 | 6.784 | 20.00 | 5 | 42 |
| Total | 19.38 | 5.968 | 19.00 | 3 | 42 |

Table 1.1.2. Number of years that the ASHAs are working as ASHA

| Districts | Mean | Std. Deviation | Median | Minimum | Maximum |
|------------|------|----------------|--------|---------|---------|
| Banda | 8.47 | .535 | 8.00 | 7 | 9 |
| Barabanki | 7.66 | 1.736 | 8.00 | 1 | 10 |
| Gonda | 7.69 | 1.111 | 8.00 | 3 | 9 |
| Saharanpur | 7.81 | 1.143 | 8.00 | 1 | 9 |
| Total | 7.90 | 1.245 | 8.00 | 1 | 10 |

Table 1.1.3. Number of ASHAs in your village (including the respondent)

| Districts | Mean | Std. Deviation | Median | Minimum | Maximum |
|------------|------|----------------|--------|---------|---------|
| Banda | 1.21 | .813 | 1.00 | 1 | 7 |
| Barabanki | 1.00 | .000 | 1.00 | 1 | 1 |
| Gonda | 1.30 | .494 | 1.00 | 1 | 3 |
| Saharanpur | 1.00 | .000 | 1.00 | 1 | 1 |
| Total | 1.13 | .490 | 1.00 | 1 | 7 |

Table 1.1.4. Monthly household income of ASHAs in INR

| Districts | Mean | Std. Deviation | Median | Minimum | Maximum |
|------------|----------|----------------|----------|---------|---------|
| Banda | 16161.29 | 4153.582 | 15000.00 | 10000 | 30000 |
| Barabanki | 11451.61 | 2979.038 | 10000.00 | 8000 | 20000 |
| Gonda | 9562.50 | 3923.373 | 10000.00 | 1000 | 20000 |
| Saharanpur | 21516.13 | 5419.279 | 20000.00 | 10000 | 30000 |
| Total | 14632.00 | 6244.723 | 15000.00 | 1000 | 30000 |

Table 2

| Social category of ASHAs | Banda | Barabanki | Gonda | Saharanpur |
|---------------------------------|-------|-----------|-------|------------|
| Percentage of ASHA- ST category | 0 | 0 | 0 | 1.6 |
| SC category | 29 | 22.5 | 10.9 | 40.3 |
| OBC category | 38.7 | 48.3 | 34.3 | 51.6 |
| General category | 32.3 | 29.2 | 54.8 | 6.5 |

This meant the ASHAs of Barabanki district had the best literacy status followed by Gonda, Saharanpur and Banda. The data also reflected that the eligibility criteria for selection of ASHAs were better adhered in Barabanki and Gonda than the other two districts.

This also gave the reason for poor performance of ASHAs in UP as Saharanpur was the most developed district among the four but still had 18% ASHAs who did not meet the eligibility criteria. In contrast, Banda was the lowest developed district so had the maximum number of ASHAs who do not meet the

Table 3.

| Religion of ASHAs | | | | |
|-------------------------------|------|------|------|------|
| Percentage of Hindu ASHAs | 91.9 | 96.7 | 98.4 | 96.7 |
| Percentage of Muslim ASHAs | 6.5 | 3.3 | 1.6 | 3.3 |
| Percentage of Christian ASHAs | 1.6 | 0 | 0 | 0 |

Table 4.

| Number of population covered, working hours and family members of ASHAs | | | | |
|---|------|------|------|------|
| Average population covered by ASHAs | 1243 | 1103 | 1356 | 1204 |
| Average working hours of ASHAs per week | 18 | 19 | 16 | 21 |
| Average number of family members of ASHAs | 7 | 7 | 7 | 7 |

Table 4.1.0. Number of members in the families of ASHA

| Districts | Mean | Std. Deviation | Median | Minimum | Maximum |
|------------|------|----------------|--------|---------|---------|
| Banda | 7.34 | 2.395 | 7.00 | 1 | 14 |
| Barabanki | 7.32 | 3.665 | 7.00 | 3 | 25 |
| Gonda | 7.34 | 3.969 | 6.00 | 2 | 25 |
| Saharanpur | 7.74 | 2.127 | 8.00 | 4 | 12 |
| Total | 7.44 | 3.134 | 7.00 | 1 | 25 |

Table 4.1.1. Average number of hours of work as an ASHA in a week

| Districts | Mean | Std. Deviation | Median | Minimum | Maximum |
|------------|-------|----------------|--------|---------|---------|
| Banda | 17.87 | 2.731 | 18.00 | 8 | 24 |
| Barabanki | 18.90 | 3.001 | 18.00 | 8 | 24 |
| Gonda | 16.28 | 7.965 | 18.00 | 2 | 30 |
| Saharanpur | 21.03 | 3.539 | 21.00 | 10 | 28 |
| Total | 18.50 | 5.114 | 18.00 | 2 | 30 |

Table 4.1.2. Population that ASHAs cover

| Districts | Mean | Std. Deviation | Median | Minimum | Maximum |
|------------|---------|----------------|---------|---------|---------|
| Banda | 1243.08 | 450.927 | 1087.00 | 720 | 3200 |
| Barabanki | 1103.42 | 332.278 | 1084.00 | 100 | 2180 |
| Gonda | 1356.66 | 562.740 | 1260.00 | 750 | 5000 |
| Saharanpur | 1204.06 | 189.087 | 1200.00 | 750 | 1769 |
| Total | 1227.84 | 417.206 | 1150.00 | 100 | 5000 |

eligibility criteria. One ASHA in Banda was illiterate. The other criterion was that ASHA should be from the same community/village they reside in. Here it was found that about 7% of ASHAs in Gonda and about 3% of ASHAs in Banda did not reside in the village that they work as ASHAs. This again showed flaws in the selection process which becomes a barrier for ASHAs to work effectively. Analysis of the average monthly income of the household of ASHAs showed that Saharanpur had the highest income among the four but Banda in spite of being the lowest developed district among the four, had the second highest income. The lowest income was in Gonda district and above it came the Barabanki district. This gave an idea that Gonda was a low profile socio-economic district. Banda although from the poor Bundelkhand region showed better economic status of the household of ASHAs.

The tables below gave the descriptive statistics like mean, median, standard deviation, the minimum and maximum value for the indicators of ASHAs as given in the table above. Analysis of the social category of ASHAs showed that among the four districts, most of the scheduled castes ASHAs were in Saharanpur district. Saharanpur had 40.3% of ASHAs in SC category which was 11% more than Banda district that comes next. Barabanki and Gonda had about 23% and 11% SC ASHAs respectively. Similarly, Gonda had about 55% of ASHAs in general category followed by Banda at 33% and Barabanki at about 30%.

Only about 7% of ASHAs were from general category in Saharanpur district. Saharanpur district also had the lone ST ASHA in Gongoh block. Across the 4 districts, most of the ASHAs were in OBC category where Saharanpur had about 52% and Barabanki at 49% of ASHAs in OBC category. Similarly, across the four districts, most of the ASHAs were from Hindu religion. Banda had about 7% of ASHAs from Muslim religion followed by about 3% in both Barabanki and Saharanpur districts. Gonda district had only one Muslim ASHA and the lone Christian ASHA was from Banda district. Across the four districts it was seen that all the ASHAs covered more than 1000 population and in Gonda district it was more than 1350 where as it was more than 1200 in Banda and Saharanpur. Only in Barabanki district the figure was around 1100. This showed that ASHAs covered more population than the prescribed limit of 1000 population. The average working hours per week across the four districts showed less than the prescribed 25 hours a week by NHM. All the ASHAs across the districts had an average of 7 family members in their family suggesting large household size. The tables 6.1 to 6.3 mentioned below had the detailed statistics related to the variables of the table 6.

Conclusions

The above results showed that the profile of the ASHAs vary a lot across the districts. The major problem is the selection

criteria of ASHAs. The ASHAs also cover more than the prescribed population that they should cover. The challenge lies in orientating ASHAs who have not completed education up to 8th grade. What is needed is the onsite selection of ASHAs by the supervisors of the ASHAs (currently the Sanginis who look after about 20 ASHAs) in consultation with the LSG members. Learning how to select an ASHA as per the norms is also critical. The process should also focus on involving all the stake holders and the ASHAs should represent all the social categories and religious groups optimally so that they are better accepted by the communities. This will help ASHAs to be effective CHWs. Data should be collected in large scale surveys on these socio-economic profiles as huge costs are incurred in the orientation and mentoring of the ASHAs. There is no output if the ASHAs are incapable to work because of faulty selection.

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