CHAPTER- 6.

ANALYSIS PART- 3.

MCH SERVICES OF ASHAs IN THE RURAL, URBAN & TRIBAL AREAS.

A study of the socio-economic profile of ASHAs in terms of age education, marital status, caste, and economic status and income level is important as these variables have a bearing on their functional efficiency. The analysis of the profile has been presented below:

The Accredited Social Health Activist (ASHA) is a voluntary health worker, especially for mother-child health. They get an honorarium for their work in order to their performance. The ASHAs are assigned with a major role in the prenatal, natal and postnatal periods. This chapter is an effort to analyze the ASHA's performance in MCH as well as their problems to perform in the field.

Table 6.1

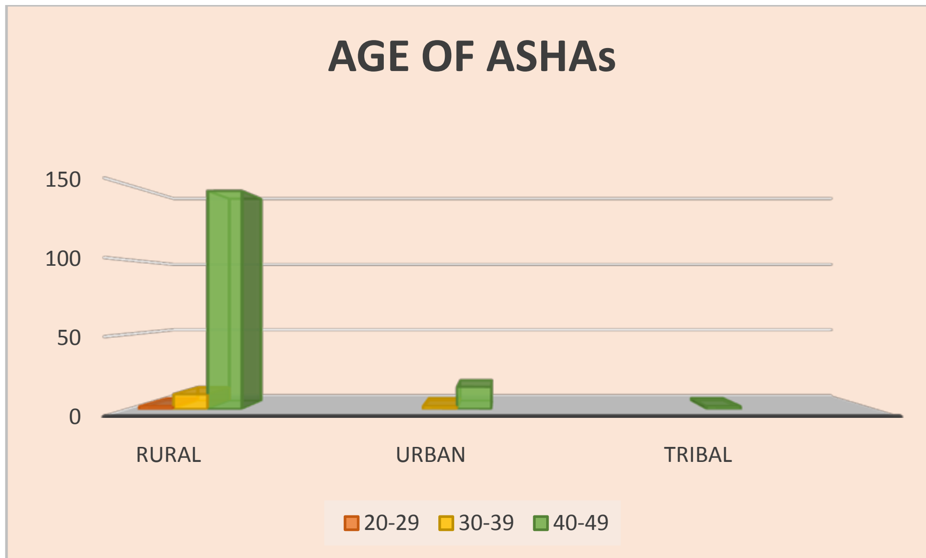
Age of ASHAs

Sl. No	Age	Rural		Urban		Tribal	
		Number	Percent	Number	Percent	Number	Percent
1	20-29	2	1.3	-	-	-	-
2	30-39	10	6.3	2	11.8	-	-
3	40-49	146	92.4	15	88.2	2	100.0
	Total	158	100.0	17	100.0	2	100.0

Source: primary data

It is found that the majority (92.09 percent) of ASHAs belonged to the age group of 40-49 years. The age structure of ASHAs cannot be considered to be young as nearly all of them are above 40 years. The ASHA is not a permanent employee of government, she is a health activist and supposed to work with the compensation paid by government based on performance basis. The majority home maker ladies were not ready to work as ASHA in their productive age because the compensation given by the government is not fair and up to their expectation. Figure 6.1.1.Shows the age of ASHAs.

Figure 6.1.1



Source: primary data

Table 6.2.

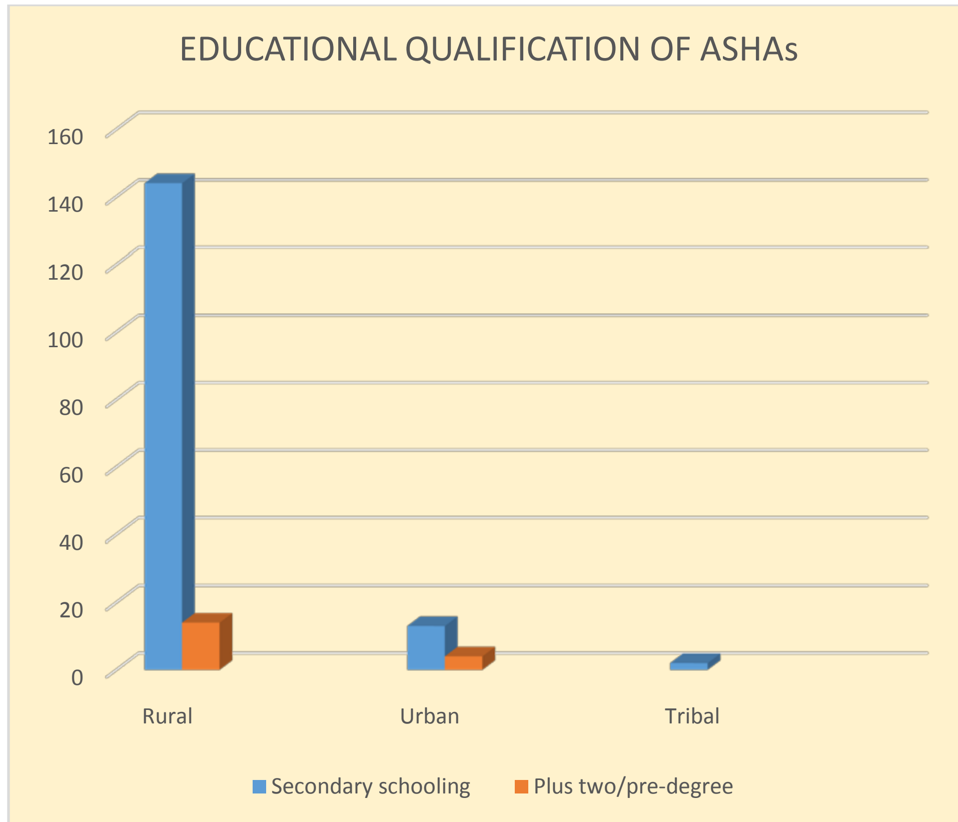
Education of ASHAs

Sl. No	Education	Rural		Urban		Tribal	
		Number	Percent	Number	Percent	Number	Percent
1	Secondary schooling	144	91.1	13	76.5	2	100
2	Plus two/pre-degree	14	8.9	4	23.5	-	-
	Total	158	100	17	100.0	2	100

Source: primary data

Level of education is an important criterion of performance. It is observed that the majority (89.83 percent) of ASHAs have secondary schooling educational qualification. Some of them (10.16 percent) have plus two/ pre-degree qualification also. The minimum educational qualification requirement to work as ASHA is 8th standard. All of them in the study area had the required qualification. Figure 6.2.1 shows the educational qualifications of ASHAs in the rural, urban and tribal areas.

Figure6.2.1



Source: primary data

Table 6.3.

Marital status of ASHAs

Marriage	Rural		Urban		Tribal	
	Number	Percent	Number	Percent	Number	Percent
Married	157	99.4	17	100	1	50
Widow	1	0.6	-	-	1	50
Total	158	100	17	100	2	100

Source: primary data

It is found that the majority (99.4 percent) of ASHAs were lived with husbands. Only 0.6 percent of the ASHAs were widows.

Table 6.4.

Economic status

Economic status	Rural		Urban		Tribal	
	Number	Percent	Number	Percent	Number	Percent
APL ration card holders	128	81	13	76.5	-	-
BPL ration card holders	30	19	4	23.5	2	100
Total	158	100	17	100	2	100

Source: primary data

It is found that the 79.66 percent of ASHAs in the study area were APL ration card holders. The number of ASHAs who belonged to the family of APL card holders were more in the rural areas. All ASHAs functioning in the tribal areas were BPL ration card holders.

Table 6.5

Community wise distribution of ASHAs

Sl. No	Community	Rural		Urban		Tribal	
		Number	Percent	Number	Percent	Number	Percent
1	SC	31	19.6	2	11.8	-	-
2	OBC	127	80.4	15	88.2	2	100
	Total	158	100	17	100	2	100

Source: primary data

It is observed that the majority of ASHAs in the rural area (80.4 percent), urban area (88.2 percent) and tribal area (100 percent) in the study area belonged to OBC community. Some of the ASHAs belonged to Scheduled Caste and more number (19.6 percent) of SC ASHAs were functioning under the rural areas. All the ASHAs in the study area got identity cards and drug kits. All the ASHAs were getting compensation/incentives for their work.

Table 6.6.

ASHAs' satisfaction on compensation

Satisfaction on Compensation	Rural		Urban		Tribal	
	Number	Percent	Number	Percent	Number	Percent
Yes	1	0.6	-	-	-	-
No	157	99.4	17	100	2	100
Total	158	100	17	100	2	100

Source: primary data

The table 6.6. shows that, no ASHA in the urban area and tribal area were satisfied over the compensation which they received for their work. Only 0.6 percent of ASHAs serving the rural area have satisfaction on compensation.

Table 6.7.

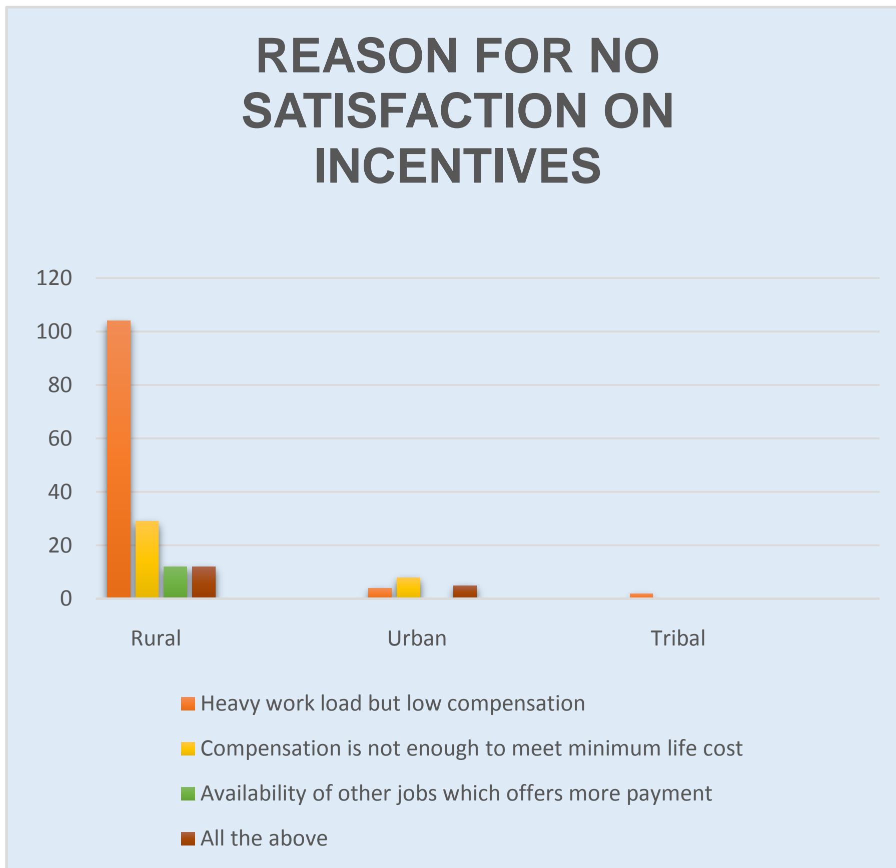
Reason for dissatisfaction with compensation

Sl. No.	Reason	Rural		Urban		Tribal	
		Number	Percent	Number	Percent	Number	Percent
1	Heavy work load but low compensation	104	65.8	4	23.5	2	100
2	Compensation is not enough to meet minimum life cost	29	18.4	8	47.1	-	-
3	Availability of other jobs which offers more payment	12	7.6	-	-	-	-
4	All the above	12	7.6	5	29.4	-	-
	Total	158	100	17	100.0	2	100

Source: primary data

The various reason for dissatisfaction of ASHAs with the compensation is revealed in table 6.7. Majority of the ASHAs (65.8 percent of ASHAs in rural areas, 23.5 percent in the urban areas and cent percent in tribal areas) complained of heavy work load with low compensation. About 47.1 percent of ASHAs in urban areas and 18.4 percent in rural areas found the compensation not adequate to meet the rising cost of living.

Figure 6.7.1



Source: primary data

Table 6.8

Work experience as ASHA

Sl. No	Work experience	Rural		Urban		Tribal	
		Number	Percent	Number	Percent	Number	Percent
1	6months-2years	5	3.1	1	5.9	-	-
2	2yrs-3yrs	55	34.8	7	41.2	-	-
3	3yrs-4yrs	98	62	9	52.9	2	100
	Total	158	100	17	100	2	100

Source: primary data

It is found that 62 percent of ASHAs in rural areas 52.9 percent in urban areas and all the ASHAs in tribal areas had work experience of three to four years.

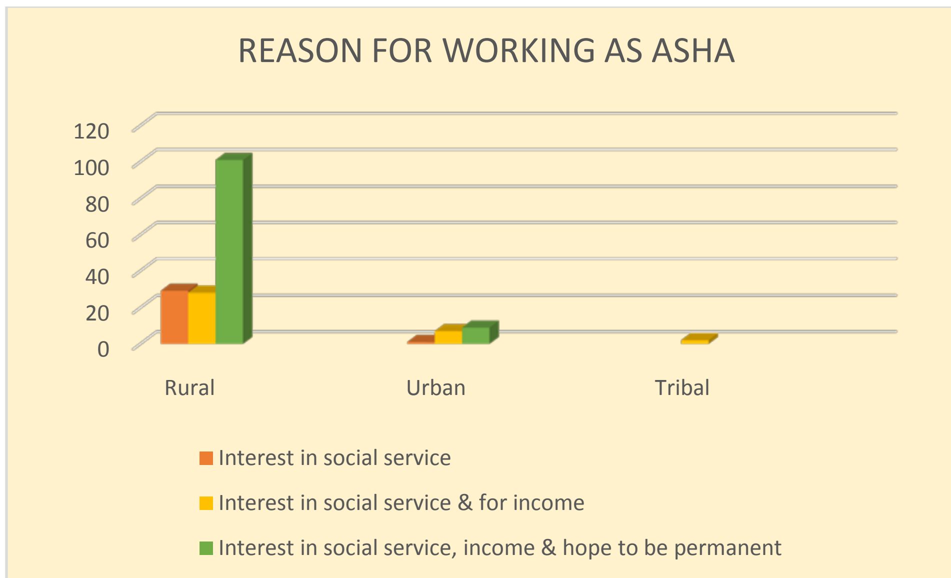
Table 6.9.

Reason for working as ASHA

Sl. No	Why work as ASHA	Rural		Urban		Tribal	
		Number	Percent	Number	Percent	Number	Percent
1	Interest in social service	29	18.4	1	5.9	-	-
2	Interest in social service & for income	28	17.7	7	41.2	2	100
3	Interest in social service,income&hope to get permanent job.	101	63.9	9	52.9	-	-
	Total	158	100	17	100	2	100

Source: primary data

Figure 6.9.1



Source: primary data

It is found that the majority (62.14 percent) of ASHAs in the study area were working as ASHA with a hope to become a permanent employee under government service and also for income. Some of them (16.94 percent) were working due to their

interest in social service. All the ASHAs received training from NRHM and the training which they have attended was both residential and non-residential trainings. All the ASHAs were of the view that the training was good enough to enlighten their health knowledge. All the ASHAs were ready to accompany the mothers to the hospital in the case of demand from beneficiary. All of them used to advise mothers on the importance of checkups at the right time. All the ASHAs informed mothers about the availability of Health Nurse at the Anganwadi Centre, nutritious foods for mothers and children, the availability of nutritious foods for expectant mothers at Anganwadi, different stages of feeding the children, immunization, importance of first milk especially within the first one hour after the birth of child & exclusive breast feeding for 0-6 months, importance of prenatal, natal & postnatal care, JSY/JSSK and home management of child at its stage of illness.

Table6.10

Common health problems found among Expectant Mothers and Mothers at postnatal period

Sl. No	Common health problems	Rural		Urban		Tribal	
		Number	Percent	Number	Percent	Number	Percent
1.	BP, continuous vomiting& back pain	158	100	17	100	2	100
2.	obesity	158	100	17	100	-	-
3.	breathing problem	158	100	17	100	2	100
4.	anemia	158	100	17	100	2	100
5.	diabetes	158	100	17	100	2	100
6.	convulsions or fits	132	83.54	15	88.23	2	100
7.	blurring of vision & severe headache	134	84.81	16	94.11	2	100
8.	sudden swelling of feet during pregnancy	158	100	17	100	2	100
9.	Uterus problems such as bursting of water bag without labor pain, bleeding during pregnancy or after delivery.	148	93.67	14	82.35	1	50
10	Uterus infections	158	100	17	100	2	100

Source: primary data

The table shows that, BP, continuous vomiting& back pain, obesity, breathing problem, anemia, diabetes, convulsions or fits, blurring of vision & severe headache, sudden swelling of feet during pregnancy, uterus problems such as bursting of water bag without labor pain, bleeding during pregnancy or after delivery and uterus infections are the common health problems among the expectant mothers and mothers at their post natal period. Some of the mothers have found with obesity and breathing problems.

Table 6.11

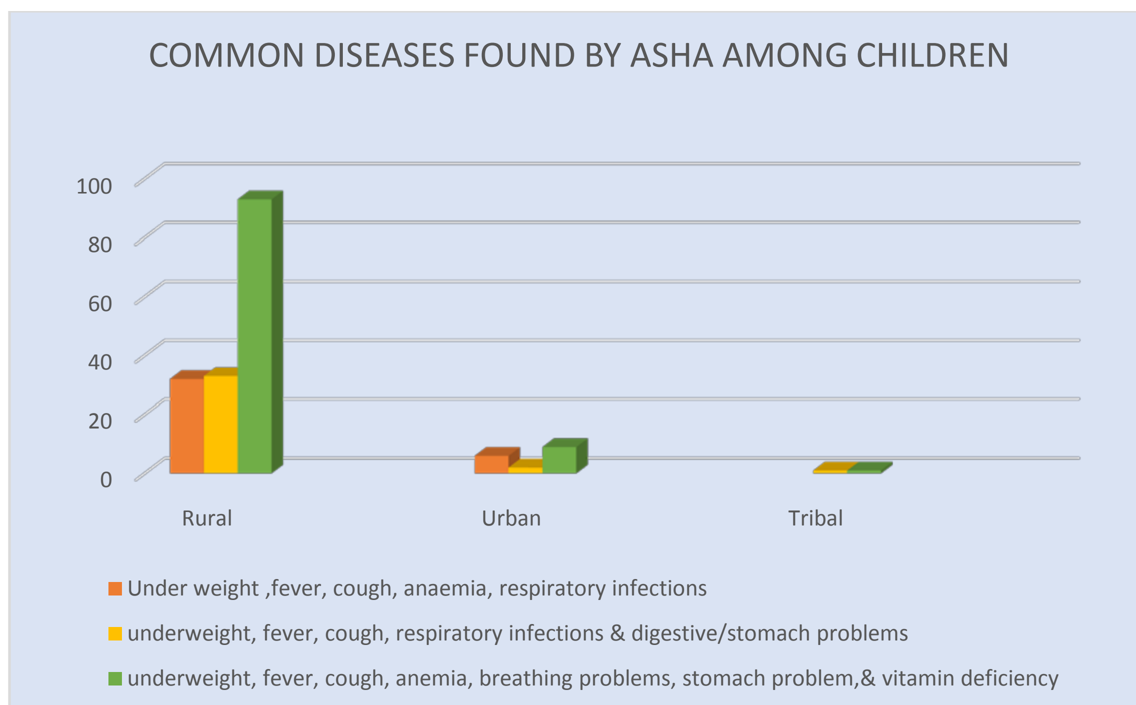
Common Diseases found among children (0-5 years)

Sl. No	Common Diseases found among children	**Rural**		**Urban**		**Tribal**	
		Number	Percent	Number	Percent	Number	Percent
1	Underweight, fever, cough, anaemia, respiratory infections	32	20.3	6	35.3		
2	Underweight, fever, cough, respiratory infections & digestive/ stomach problems	33	20.9	2	11.8	1	50.0
3	Underweight, fever, cough, anemia, breathing problems, stomach problem, & vitamin deficiency	93	58.9	9	52.9	1	50.0
Total		158	100.0	17	100.0	2	100.0

Source: primary data

It is observed that the majority (58.19 percent) of ASHAs discovered underweight, fever, cough, anemia, breathing problems, stomach problem &vitamin deficiency are the health problems among children in the age of 0-5 years.

Figure 6.11.1



Source: primary data

Table 6.12.

Monthly monetary compensation

Sl. No	Average monthly income(Rs.)	**Rural**		**Urban**		**Tribal**	
		Number	Percent	Number	Percent	Number	Percent
1	200-400	5	3.16	1	5.88	-	-
2	400-600	135	85.44	14	82.35	2	100
3	600-800	18	11.39	2	11.76		
	Total	158	100	17	100	2	100

Source: primary data

It is seen that for majority of ASHAs monthly compensation received from different sources are in the range of Rs. 400-600 only (85.44 percent in rural, 82.35 percent in urban and cent percent in tribal). Only 11.39 percent of ASHAs in rural areas and 11.76 percent of ASHAs in urban areas received compensation in the range of Rs.600-800.

Table 6.13

Expectation of ASHAs

Sl. No	Average monthly income(Rs.)	**Rural**		**Urban**		**Tribal**	
		Respondents	Percent	Respondents	Percent	Respondents	Percent
1	500-1000	20	12.65	-	-	-	-
2	1001-2000	110	69.62	10	58.82	1	50
3	2001-3000	25	15.82	6	35.29	1	50
4	3001-4000	3	1.89	1	5.88	-	-
	Total	158	100	17	100	2	100

Source: primary data

It is seen that majority (69.62 percent (rural), 58.82 percent (urban) and 50 percent (tribal)) of ASHAs expect monthly minimum incentive in the range of Rs. 1001-2000.About 15.82 percent of ASHAs in rural areas and 35.29 percent in urban areas expected for minimum monthly incentive in the range of Rs. 2001-3000 was in urban areas.

Table 6.14.

Problems of ASHA in field

Problems of ASHA in field	**Rural**		**Urban**		**Tribal**	
	Number	Percent	Number	Percent	Number	Percent
Non-availability of enough drugs.	1	.6	15	88.2	2	100
Lack of cooperation from the side of beneficiaries	-	-	16	94.11	-	-
Heavy work load but low compensation	158	100.0	17	100	2	100
Lack of transportation into the interior places.	122	77.21	-	-	2	100
Lack of proper road	98	62.02	-	-	2	100
Non-availability of beneficiaries during day time.	157	99.4	2	11.8	-	-

Source: primary data

It is observed that all the ASHAs faced by certain problems in the field such as non-availability of enough drugs, lack of cooperation from the side of beneficiaries, heavy work load but low compensation and lack of transportation due to lack of vehicles towards the beneficiaries' area, lack of proper road and non-availability of beneficiaries during day time.

Table 6.15

Knowledge of ASHAs

The knowledge of ASHAs on the nature of activities and job responsibility is the pre-requisite for effective service delivery. Interview with the ASHAs to assess their knowledge about job responsibilities reveals the following.

Jobs prescribed	**Rural**		**Urban**		**Tribal**	
	Number	Percent	Number	Percent	Number	Percent
Create community awareness on determinants of health.	120	75.94	10	58.82	-	-
Counsel expectant mothers on safe delivery	158	100	17	100	2	100
Counsel on ANC&PNC	150	94.93	15	88.23	2	100
Counsel mothers on nutritious foods.	158	100	16	94.11	2	100
Dangerous symptoms at antenatal stage.	145	91.77	10	58.82	2	100
Breastfeeding	158	100	17	100	2	100
Immunization for child	158	100	17	100	2	100
Two doses of TT for expectant mothers	152	96.20	12	70.58	1	50
Mobilize mothers to access health services	158	100	17	100	2	100
Accompany expectant mother to health facility	140	88.60	8	47.05	2	100
Dose and proper use of medicines	151	95.56	11	64.70	2	100
Home management of small illness	158	100	17	100	2	100

Source: primary data

Cent percent of ASHAs in rural, urban and tribal areas had knowledge on;- counsel expectant mothers on safe delivery, breastfeeding, immunization for child, mobilize mothers to access health services and home management of small illness. Majority of the ASHAs had knowledge on; - create mother beneficiaries on determinants of MCH, counsel on ANC&PNC, counsel mothers on nutritious foods, dangerous symptoms at antenatal stage, two doses of TT for expectant mothers, accompany expectant mother to health facility and dose and proper use of medicines.

Table 6.16

ASHA's perception on the cooperation from beneficiaries

Cooperation from beneficiaries		Rural		Urban		Tribal	
		Number	Percent	Number	Percent	Number	Percent
1	Good cooperation	155	98.10	5	29.41	2	100
2	average cooperation	3	1.89	12	70.58	-	-
	Total	158	100	17	100	2	100

Source: primary data

It is found that the majority (98.10 percent) of ASHAs could get the cooperation of mother beneficiaries in the rural areas. Majority of ASHAs perceived it as 'average cooperation' from the side of mother beneficiaries in the urban areas. It is due to the mothers' limited interaction with neighbours and others. In the rural area, the interaction among the mothers or beneficiary group is high. Hence, they will communicate about all the health related information among them which ASHA wants to inform all. There will be anybody in the houses of rural mothers at whole day, it helps ASHA to meet the mother beneficiary easily and to provide her services. The rural people (mothers) have accepted her faster than in the urban area. Usually there will not be anybody in the houses of mothers during the day time till evening 4.30 pm or 6.00 pm in the urban areas. Nobody in the neighbours houses know that is there anybody in the mother beneficiary's house or not. This is the situation in the urban areas and it limits the health services to reach among the urban mothers.

Table 6.17

Suggestions for the better performance of ASHA

Suggestions	Rural		Urban		Tribal	
	Number	Percent	Number	Percent	Number	Percent
To make regular availability of drugs	72	45.6	6	35.3	-	-
To increase the compensation	3	1.9	4	23.5	-	-
Regular availability of drugs & to increase compensation	83	52.5	7	41.2	2	100
Total	158	100	17	100	2	100

Source: primary data

It is observed that the majority (52.5 percent in the rural area, 41.2 percent in the urban area and 100 percent in the tribal area) of ASHAs suggested for regular availability of drugs & to increase compensation for the betterment of ASHA's performance.

Hypothesis:

Null Hypothesis

"There is no significant difference with regard to the performance of ASHAs in Mother-Child Health care services between urban and tribal areas"

Area	Good performance	Percentage	Poor performance	Percentage	Total
Urban	549	71.11	223	28.88	772
Tribal	194	85.08	34	52.23	228
Total	743	74.3	257	25.7	1000

Chi Square value : 18.005

In order to test the hypothesis Chi Square value was calculated. It was found that the calculated value (18.005) is more than the table value (6.635) at 1% significant level. Hence the hypothesis is accepted. Therefore it is concluded that "there is no significant difference with regard to the performance of Mother-Child Health care services between urban and tribal areas".