

ASHA Workers and Sustainable Development Goals 3, 5, and 10: A Qualitative Study in the Urban Area of Bangalore, Karnataka

Neha S. Nair

Student
BA Economics Honours
Christ University, Bangalore
Nehas.nair@arts.christuniversity.in

Roopa Patavardhan

Assistant Professor
Department of Economics
Christ University, Bangalore
roopa.patavardhan@christuniversity.in

Abstract

India's National Rural Health Mission (NRHM) introduced Accredited Social Health Activists (ASHA) workers between 2005 and 2006. Improvements in regional healthcare were a significant factor in the introduction of ASHA workers. Both in rural and urban areas, per 1000 population, 1 ASHA employee must be available as per the requirements of NRHM. ASHA only hires female employees between the ages of 25 and 45 who have completed at least a class eight education. Before receiving the title, these women must undergo a series of training. For supporting global immunization, referral, and escort services for reproductive and child health (RCH) and other healthcare initiatives, the ASHAs are compensated depending on performance.

For the growth of a nation, sustainable development is crucial and India was a significant contributor to the formulation of the Sustainable Development Goals. According to the most recent SDG India Index released by NITI Aayog, India has consistently met the Sustainable Development Goals (SDGs) of the United Nations in infrastructure, energy, and health. India's overall SDG score increased from 60 in 2019 to 66 in 2020–21, a 6-point improvement. The nation placed 121st out of 163 countries in the 2022 Global Index of the SDGs. It has positions 120 in 2021 and 117 in 2020 respectively. In spite of marginal improvements, India is not on pace to achieve the international goals for sustainable development by the deadline of eight years if the ranking declines.

Through this study, we explore the practices and training provided to ASHA employees and how they contribute to sustainable development. Purposive sampling is employed and semi-structured in-depth interviews about their training and employment in line with the SDGs are conducted. SDG 3: Good Health and Well-Being, SDG 5: Gender Inequality, and SDG 10: Reduced Inequalities are addressed in the questions and after which qualitative analysis is done. The paper focuses on specific aspects of reducing gender inequality and shows how the government and health sector are collaborating to achieve the same goal. The findings demonstrate how training for ASHA workers can be improved and how their skills can advance more sustainable practices in healthcare.

Keywords: *ASHA, sustainable development, reduced inequalities, good health, global immunization*

Introduction

On April 12, 2005, the National Rural Health Mission (NRHM) was established in India to improve the health system, raise health spending, and offer high-quality decentralized healthcare. A key strategy was to improve the facilities and human resources of the existing Primary Health Centers (PHCs) and Community Health Centers (CHCs) to achieve many objectives to lower newborn and maternal mortality and the occurrence of various infectious diseases (Sanjay V, 2014).

The Ministry of Health and Family Welfare (MoHFW) vertical public health programs are often integrated with other related sectors, such as drinking water, sanitation, and nutrition, to create a more comprehensive approach to overall healthcare delivery at the local level (MoHFW, 2005).

The creation of a group of skilled female health activists known as "Accredited Social Health Activists," or ASHA (Meaning Hope), is one of the NRHM's main initiatives. ASHA serves as a "bridge" between rural residents and health services providers and is essential to achieving the nation's population and health policy objectives (SIFPSA, 2013).

India's National Rural Health Mission (NRHM) introduced Accredited Social Health Activists (ASHA) workers between 2005 and 2006. Improvements in regional healthcare were a significant factor in the introduction of ASHA workers. As per NHRM 1, ASHA workers must be available per 1000 population in rural and urban areas. ASHA only hires female employees between the ages of 25 and 45 who have completed at least a class eight education. Before receiving the title, these women must undergo a series of training. For supporting global immunization, referral, and escort services for reproductive and child health (RCH) and other healthcare initiatives, the ASHAs are compensated depending on performance.

India, one of the developing countries, is vital to the adoption and success of the Sustainable Development Goals due to its significant burden of global challenges, including extreme inequality in socio-economic and demographic indicators, which has a significant impact on the rate of global growth (Saikia & Kulkarni, 2017).

Sustainable development is crucial for a nation's growth, and India was a significant contributor to the formulation of the Sustainable Development Goals. According to the most recent SDG India Index released by NITI Aayog, India has consistently met the Sustainable Development Goals (SDGs) of the United Nations in infrastructure, energy, and health. India's overall SDG score increased from 60 in 2019 to 66 in 2020–21, a 6-point improvement. The nation placed 121st out of 163 countries in the 2022 Global Index of the SDGs. It has positions 120 in 2021 and 117 in 2020, respectively. Despite marginal improvements, India is not on pace to achieve the international goals for sustainable development by the deadline of eight years if the ranking declines.

The methods and procedures used by ASHA employees to promote sustainable development are examined in this study. The ASHA Workers of Bangalore Urban, Karnataka, is the study's primary subject. India needs to be on course to achieve the United Nations targets for sustainable development by the deadline of eight years, notwithstanding slight improvements. The study focuses on some regions of reducing gender inequality and demonstrates how the public and private health sectors are working together to accomplish the same objective.

Through this pilot study, we explore the practices and training provided to ASHA workers and how they contribute to sustainable development.

Literature Review

ASHA will provide information to our community on aspects of health that influence it, such as nutrition, basic sanitation, hygienic practices, healthy living, and work environments, according to an analysis of the literature. They will also educate us on the advantages of swiftly utilizing health and family welfare services and the availability of various health services.

J & Angadi's (2015) study's primary goal was to assess how well ASHA workers understood their duties and responsibilities. A cross-sectional study was conducted on 132 ASHA workers randomly chosen from five Primary Healthcare Centres (PHCs) in the Bijapur taluk. The authors used a prestructured proforma with interviewing techniques to obtain data. According to the authors, most ASHA workers needed to be aware of the newer roles and obligations placed on them under several national programs, including the immunization schedule and recommendations. Every ASHA employee was aware of the performance-based incentive for their community service activities and associated with their right to request that reward. The report's authors advise that induction training be assigned to the district level, that there be no training gaps in any state, that a full-time training structure and trainers be put in place, and that all new ASHAs receive enough training before working in the field.

According to Sanjay V (2014), the effectiveness of Accredited Social Health Activists, who work at the community level, is crucial to the National Rural Health Mission in India. ASHA is considered crucial in providing primary healthcare in rural regions. She is a necessary part of delivering health care to the grassroots level because she raises community knowledge of health issues and encourages participation in local health planning. This has led to a rise in maternity and pediatric healthcare use. The main topic of discussion in this paper is how ASHAs can be a valuable resource in supporting the health system and supporting initiatives to meet the Millennium Development Goals. The author mentions that ASHA serves as a bridge between the community and the healthcare system and is crucial in encouraging people to use the current healthcare services.

Shrivastava & Shrivastava (2012) aim to assess ASHA employees' knowledge, attitudes, and practices concerning child health. For three months, the authors conducted a cross-sectional study at Palghar Taluka in Maharashtra's Thane area. There were 150 ASHA workers, but four lacked training and were therefore not included in the study. 70 (47.9%) workers were under 25, and 67 (45.9%) had only completed secondary education. ASHA employees were 67.1% ignorant of the proper preventative measures for vitamin A deficiency. 29 (19.9%) of the ASHAs felt there was no need to refer a diarrhoeal infant who was unable to breastfeed or drink. The authors concluded that despite the training provided to ASHAs, knowledge gaps regarding several elements of child health morbidity persist. Monthly gatherings can serve as a forum for reinforcing different facets of child health. All of the hired ASHA staff should undergo regular refresher training. Future training sessions should place a greater emphasis on high-risk cases that need a timely referral.

Another paper related to the research is the socio-demographic factors that affect ASHA employees, their job profiles, knowledge, and awareness of their roles and responsibilities in providing healthcare services. The goal of this paper was to research the socio-demographic factors that influence ASHA employees' employment, their work characteristics, and their knowledge of their roles and responsibilities in the provision of healthcare services. The authors made specific recommendations for the ASHA program based on the findings. The study was cross-sectional and was conducted in the Odisha district of Khordha. This survey was conducted from March to June 2018. Finally, 1218 ASHAs were counted in the study. A predesigned, The pretested questionnaire was administered to ASHA personnel during the monthly sector/block-level meetings. They were evaluated on these days. The first AID and DOTs training was provided to about 93% of ASHA employees. ASHA employees who needed refresher training received so

in 34% of cases, whereas 88.4% received FTD/Malaria instruction. 1218 ASHAs (100%) contributed to immunization. Most of them, 1199 (98.4%), assisted in deliveries, and 1198 (98.3%), were aware of family planning practices. ASHA's activities should be enhanced along with incentives for her to earn up to Rs. 10,000–15,000 per month. IEC/BCC skills for ASHA may be developed through certification of short courses. Other services include expanding ASHA's influence on health promotion and prevention, particularly concerning marriage age, nutrition, home-based care, and the time between the births of the first and second children (Panda et al., 2019).

Sharma et al. (2014) point out that since 2005, female village workers known as Accredited Social Health Activists (ASHAs) have played a significant part in filling the community health workers in India. ASHAs help two government departments in a trialed model in Rajasthan, even though they primarily work for the health department. This study examines how several variables that arise from the complicated environment in which an ASHA works impact her performance and motivation. These include diverse personal (like education), professional (like training, job security), organizational (like infrastructure), and others that result from the outside working environment. The participants offered numerous solutions to these problems. In addition to prioritizing remedial activities on the organizational and professional fronts, one of the solutions provided was to equally give importance to fostering friendly working relationships between ASHAs and other community-level employees to improve their performance of ASHAs. Additionally, it was to benefit the general health of the community.

Gopalan et al. (2012) describe ASHA as a female volunteer chosen by the community, which is then assigned to her village (one in every 1000 residents) following a brief training in community health. She is desired to be between the ages of 25 and 45, with a minimum of 8 years of formal education and evident leadership abilities. ASHAs are not paid and are part of the voluntary cadre of health staff as they get fixed activity-based rewards. This study examined the ASHA program in India's community health workers' (CHWs') performance motivation and its factors. 386 CHWs, or 10% of all CHWs in the designated districts, were recruited through multi-stage stratified sampling. According to the study, individual and community-level factors had the highest levels of performance motivation, whereas health system factors had the lowest levels. The study also found that their motivation was diminished by poor healthcare delivery and some of their working methods. The benefits of the CHW program were community involvement and gender mainstreaming in the community health strategy, particularly on the demand side.

Multiple and disputing accounts of what defines an ASHA's proper function exacerbate the difficulty of evaluating ASHAs. The ASHA's three typologies— an activist, a link worker or facilitator, and a community-based health care provider—are at the center of the conversation about the organization's function. This paper investigates the variety of ASHA programs across Karnataka's districts and in general. In the villages of the research districts in Karnataka, it was discovered that the ASHA program was in action. Most of the ASHA employee's work is that of community health and link workers; social activism is only a minor part of their job descriptions. Through their home visits to community members' homes, link workers have improved access to primary prenatal care and increased the number of institutional deliveries and immunizations within the purview of their position as link workers. The study also discovered that marginalized households within villages and hamlets do not receive appropriate coverage in rural and peri-urban Karnataka (Mony & Raju, 2012).

(Murthy et al., 2019) The study aimed to determine how knowledgeable ASHAs were about strokes through a qualitative perspective. The ASHAs assumed that a stroke victim would have to spend the rest of his life in bed because no proven treatment could help. For short-term comfort, they trusted ayurvedic medicine and heat massage. It was discovered that the ASHAs lacked sufficient general knowledge regarding stroke, its causes, and associated medical procedures. The ASHAs oversimplified the reasons by attributing them to lifestyle elements, such as drinking, smoking, etc.

(Ahmad Mir & Singh, 2022) This paper provides a thorough examination of the sustainability of the health sector. It revolves around the aims of the country's existing healthcare systems and practices and suggests ways to make healthcare genuinely universal and in line with sustainable development goals. The biggest priority in the country is now healthcare. Failure to seize this opportunity, especially in light of the COVID-19 epidemic, could have disastrous effects in the future.

Worldwide, low-middle-income nations continue to be responsible for almost all pregnancy-related deaths, which are generally avoidable by using critical maternal health care services like antenatal care (ANC) and skilled labor help (SBA). Numerous capacity- and policy-related obstacles, as well as considerable inequity in the existing services, make it more challenging to encourage the use of ANC and SBA services. Using World Health Organization (WHO) data on ANC and SBA utilization among the member states, the paper carries out descriptive research to better understand the geography of inequity in service utilization. To promote a more equitable and long-lasting outcome at the national and international levels, progress toward targets connected to maternal health should be interpreted in terms of inequities (Yaya & Ghose, 2019).

The predicament of ASHA workers in India is highlighted in this study as an interesting example of the interaction between caste and gender, which prevents these employees from having a secure and fulfilling workplace, particularly in times of pandemic (Siddiqui & Bajpai, 2020).

According to the information provided by this paper, many expecting and new mothers are in a bind due to the nationwide lockdown and the absence of detailed regulations for maternal and child care. Therefore, taking a few quick and coordinated policy steps is imperative to address the neglected maternal and child health issues while managing the present pandemic. First and foremost, it is critical to provide women the trust they need to have a safer institutional birth, which necessitates the construction of temporary hospitals as a band-aid solution to guarantee expectant mothers' safety and the baby's access to essential immunizations. Second, telemedicine needs to be widely publicized. To extend the reach of telehealth in rural areas, investments should be made in data and technological infrastructure. This will guarantee that pregnant women receive prompt consultations and treatment. Third, creating distinct task forces (Manchanda, 2020).

Research Gap

According to the literature review, the vast majority of recent studies conducted in the context of India concern the Health Sector as a whole and only a small number of sustainable development-related topics. Since its founding in 2005, ASHA has served as the nation's foundation, and the epidemic brought it to the attention of Indians in particular. The work performed by ASHAs needs to be examined in greater detail in light of sustainable development goals 3,5, and 10. Following the SDGs is crucial for a nation like India since it will significantly advance national development. A study on sustainable development carried out through the ASHA workers can open other doors to progress in the health sector because ASHAs are the foundation of the nation's healthcare, and sustainable development is equally vital.

Research Objective

- To explore how the ASHA worker's responsibilities and training relate to the chances for improved health and well-being (SDG 3), gender equality (SDG 5), and reduced inequalities (SDG 10).

Data and Methodology

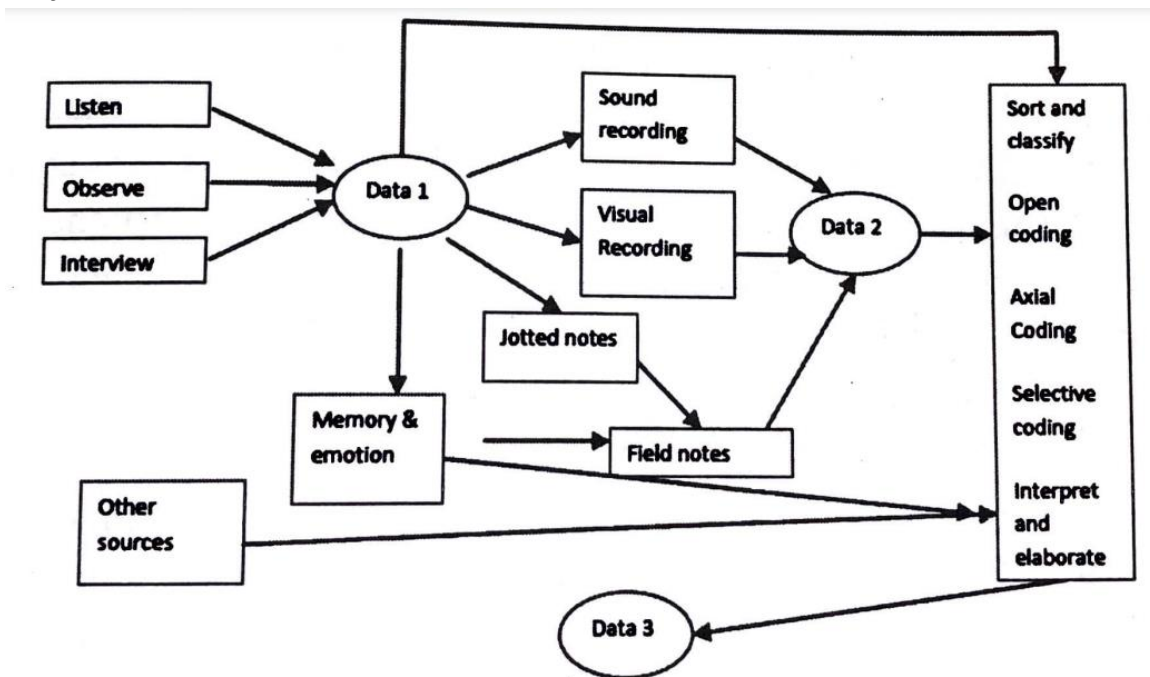
Source of Data

The primary mode of data collection is the principal method used for this study. The Primary Healthcare Centers in Bangalore, Karnataka's Urban Region, are the concentrated regions. The responses of three samples are studied in this pilot paper. The questions were asked to the respondents through the call, which was recorded. The questions were posed in Kannada and then translated into English. The proposal and the interview schedule was approved by Internal Ethical Review Board. Semi-structured in-depth telephonic interviews regarding their education and job to the SDGs are undertaken using a purposive sampling technique.

Data Analysis Method

The questions cover SDG 3: Good Health and Well-Being, SDG 5: Gender Inequality, and SDG 10: Reduced Inequalities, and a qualitative analysis are conducted.

Data in field Research



Source: Adapted from Ellon (1984 a :214) by Neuman (1997) and taken from Neuman (1997)

Data 1 describes the initial stage's raw data collection. This will entail speaking with the sample, hearing what they have to say, and observing how they react. Here, the memory and emotion connected to each response are also noted. In this process, pertinent information is written down. The telephone interview was recorded in order to collect Data 2, and various field notes were also included in accordance with the responses. Sorting and categorizing the data in accordance with the themes, coding the responses, and then interpreting and elaborating on them were the last steps in the analysis process.

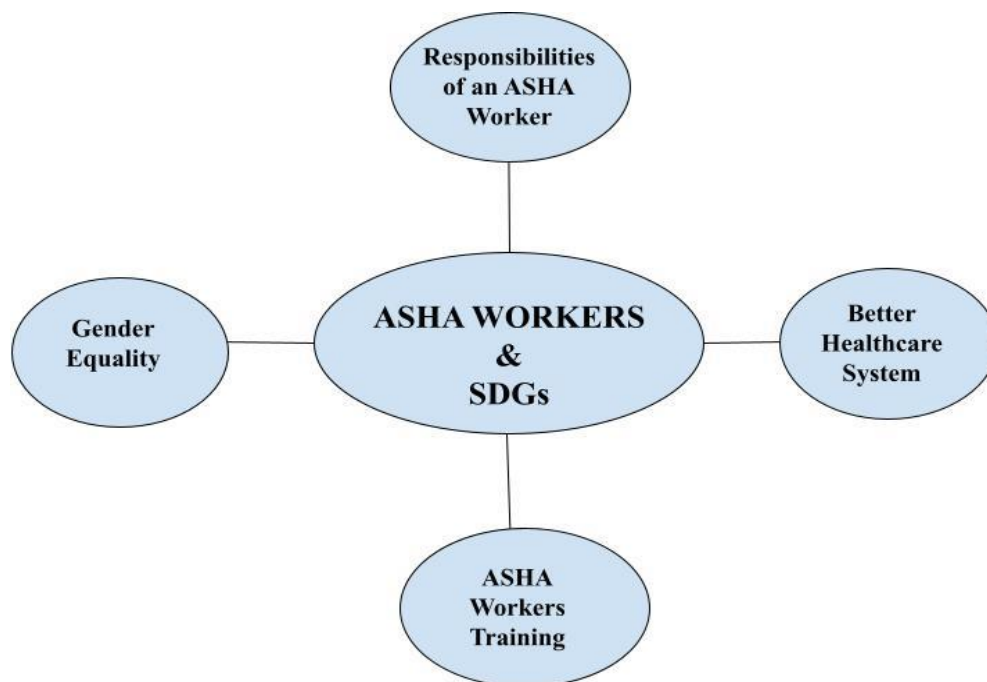
Analysis of Data

The data analysis revealed four key themes, the first of which is having a firm understanding of what an ASHA worker does, as this is one of their most fundamental responsibilities. The three respondents were

clear about their primary duty: saving the mother and child. However, except one of them, the other two were unaware of the duties associated with the same, which included training the people on immunization, using contraception, and preventing common infections like Reproductive Tract Infections and Sexually Transmitted Infections. Other than this, they were unaware of their essential responsibilities, such as educating people about good living circumstances, basic hygiene and sanitation, and the availability of health services.

This brings us to the second main issue: the advantages of ASHA Worker's training. An ASHA worker must have sufficient training to comprehend their primary duties. They can learn about sustainable development, its objectives, and how to implement them in their day-to-day jobs. According to the respondents, they were only given eight (8) days of the training period. Only one responder had experience working in a hospital, giving her an edge over the others in her healthcare sector expertise. The other two respondents recommend that they receive more training because the training they received was insufficient and of little use to them.

Moving in the direction of a better healthcare system is the third theme. Since the novel coronavirus disease (COVID-19) first appeared in December 2019, it has expanded widely and negatively affected the economy and society. The respondents propose that there has been a shift in how treatment or even administrative work is done due to the COVID-19 pandemic. Instead of writing down the patient's information by hand, technology is being used, such as entering the patient's information on computers and mobile devices. One of the respondents claims that the introduction of ASHA workers to the healthcare industry has had a significant impact on women. This is primarily because most pregnant women in rural areas refrain from discussing their struggles or problems with pregnancy with their families.



The promotion of gender equality was the final recognized theme. Since there are exclusively female employees at ASHA, the sustainable development objective of gender equality is highly relevant to them. This can be considered a step in the direction of gender equality. Two respondents indicated that the ASHA is a fantastic opportunity for women from all different backgrounds when asked about gender equality. Additionally, they suggest that this is one way they can demonstrate to society that they can

accomplish what they enjoy. The third respondent responded that despite some progress, there is still a long way to go. The three of them specifically mentioned that there might be unfavorable working circumstances. The communities given to them may be distant from their homes, making it difficult for them to return home before their family are ready for them. They also believe that even though they are being respected, their pay is insufficient compared to the amount of labor they are doing.

Implications and Conclusion

Sustainable development practices can be widely applied in the healthcare sector. It can serve as a platform for advancing the nation's sustainable development goals. It is essential that India's ranking rises rather than falls because it plays a vital role in the creation of sustainable development goals. ASHA workers can act as the initial step in this extensive procedure. Three sustainable development goals, 3, 5 and 10, can be achieved by promoting ASHA.

One of the primary issues the samples revealed was that many women stopped working at ASHA because the workplace was unsafe. For ASHAs to function, suitable working conditions, including transportation, must be provided. Offering transportation can reassure them that they are in a secure location and will not need to worry if they have late-night tasks.

Offering a set income can encourage more women to join ASHA. Currently, rather than receiving a salary, they are compensated according to the work they complete. The current ASHA workers' morale can also be improved by allocating regular remuneration.

ASHA worker training should be treated seriously. According to replies, a training of eight is insufficient. The ASHA should be given a clear explanation of their responsibilities. The authorities must be sure they are familiar with the location they will work in for their upcoming projects. This will help them learn more about the field of health, and they can contribute more by spreading awareness about different diseases and helping out during pandemics and outbreaks without any confusion. This would enable individuals to gain more knowledge about the medical industry and make a more significant contribution by raising awareness of various illnesses and providing exceptional assistance during pandemics and outbreaks. Overall, ASHA employees can support sustainable development goals

References

- Ahmad Mir, T., & Singh, M. (2022). Indian Healthcare Sector and Sustainable Development. *International Journal of Current Research and Review*, 14(03), 43–47. <https://doi.org/10.31782/ijcrr.2022.14308>
- Factors affecting the performance of community health workers in India: a multi-stakeholder perspective. (n.d.). Taylor & Francis. Retrieved October 20, 2022, from <https://www.tandfonline.com/doi/full/10.3402/gha.v7.25352>
- Gopalan, S. S., Mohanty, S., & Das, A. (2012). Assessing community health workers' performance motivation: a mixed-methods approach on India's Accredited Social Health Activists (ASHA) programme. *BMJ open*, 2(5), e001557.
- J, S. K., & Angadi, M. M. (2015). Assesment of Roles and Responsibilities of ASHA workers in Bijapur taluk of Karnataka. *Indian Journal of Pharmaceutical and Biological Research*, 3(02), 78–80. <https://doi.org/10.30750/ijpbr.3.2.9>
- Karol, G. S., & Pattanaik, B. K. (2014). Community Health Workers and Reproductive and Child Health Care: An Evaluative Study on Knowledge and Motivation of ASHA (Accredited Social Health Activist) Workers in Rajasthan, India. *International Journal of Humanities and Social Science*, Vol.4(No.9). http://www.ijhssnet.com/journals/Vol_4_No_9_July_2014/15.pdf

- Khalid, A. M., Sharma, S., & Dubey, A. K. (2020). Concerns of developing countries and the sustainable development goals: case for India. *International Journal of Sustainable Development & World Ecology*, 28(4), 303–315. <https://doi.org/10.1080/13504509.2020.1795744>
- Manchanda, N. K. (2020). Maternity and child care amidst COVID-19 Pandemic: A forgotten agenda. *Journal of Global Health*, 10(2). <https://doi.org/10.7189/jogh.10.020334>
- Mony, P., & Raju, M. (2012). Evaluation of ASHA programme in Karnataka under the National Rural Health Mission. *BMC Proceedings*, 6(S5). <https://doi.org/10.1186/1753-6561-6-s5-p12>
- MOHFW (2006): Indian Public Health Standards, Guidelines for Community Health Centre, Ministry of Health & Family Welfare, Government of India, New Delhi.
- Murthy, M. S., Thomas, P., & Dasgupta, M. (2019). Potential for a comprehensive stroke education: Assessing awareness about stroke among community health workers - A qualitative study from Urban Bangalore, Karnataka, India. *Journal of Family Medicine and Primary Care*, 8(7), 2424. https://doi.org/10.4103/jfmpc.jfmpc_303_19
- Panda, M., Nanda, S., & Giri, R. C. (2019). A study on the work profile of ASHA workers in a district of Odisha in eastern India. *International Journal of Community Medicine and Public Health*, 6(2), 675.
- Sanjay V, K. (2014). Strengthening Primary Health Care Through Asha Workers: A Novel Approach in India. *Primary Health Care: Open Access*, 04(01). <https://doi.org/10.4172/2167-1079.1000149>
- Saikia N, Kulkarni PM. 2017. An assessment of India's readiness for tracking SDG targets on health and nutrition. *Observer Research Foundation* (No. 108).
- Sharma, R., Webster, P., & Bhattacharyya, S. (2014). Factors affecting the performance of community health workers in India: a multi-stakeholder perspective. *Global Health Action*, 7(1), 25352. <https://doi.org/10.3402/gha.v7.25352>
- Shrivastava, S., & Shrivastava, P. (2012). Evaluation of trained Accredited Social Health Activist (ASHA) workers regarding their knowledge, attitude and practices about child health. *Rural and Remote Health*. <https://doi.org/10.22605/rrh2099>
- Siddiqui, N., & Bajpai, M. (2020). ASHA Workers : Womxn Warriors Struggling For Survival. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.3708056>
- SIFPSA (2013): Report on Evaluation of ASHA Scheme under NRHM in Uttar Pradesh, VIMARSH, Uttar Pradesh.
- Yaya, S., & Ghose, B. (2019). Global Inequality in Maternal Health Care Service Utilization: Implications for Sustainable Development Goals. *Health Equity*, 3(1), 145–154. <https://doi.org/10.1089/heq.2018.0082>.