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Community Medicine

EXPLORING THE CHALLENGES FACED BY ACCREDITED SOCIAL HEALTH ACTIVIST WORKERS WHILE DELIVERING HEALTHCARE SERVICES IN A TRIBAL DISTRICT OF MAHARASHTRA: A QUALITATIVE STUDY

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ABSTRACT **Background:** The National Health Mission (NHM) is based on ASHAs. They raise awareness of health-related issues and encourage better use as well as community participation in local health planning. This study aims to ascertain the challenges faced and strategies adopted by ASHA workers to overcome challenges encountered when delivering healthcare services. **Methodology:** 33 members of ASHA from the five health and wellness centers in the Palghar block participated in this qualitative study. An audio recorder and a semi-structured in-depth interview questionnaire were used to gather data. The subjects gave written informed consent. Data was analyzed thematically. **Result:** The majority of ASHAs reported that their work enhanced their social connections and built their confidence. The majority of ASHAs say their pay is inadequate and they are dissatisfied with their performance-based incentives. Along with managing resources like Xerox machines and ambulances, ASHAs also have to deal with problems like overwork and limited access to transportation.**Conclusion:** The majority of the ASHA workers encountered physical, financial, emotional social, technological, and occupational environment-related challenges.

KEYWORDS : Accredited Social Health Activist, Challenges faced, Strategies, Palghar.

INTRODUCTION:

An accredited Social Health Activist (ASHA) is a community health activist who raises health-related awareness, encourages community engagement in local health planning, and advocates for improved healthcare system utilization. [1] ASHAs also encourage healthy lifestyle choices, refer patients when appropriate, and offer basic curative treatment as needed.

To ease the work pressure of Health Worker Females (HWF), the National Rural Health Mission (NRHM) developed a new group of community-based functionaries known as ASHA in 2005. Subsequently, the initiative was continued by the NHM. She serves as an interface between the community and the public health system. [2] According to the National Health System Resource Centre, the total number of ASHAs in India and Maharashtra is 10,03,790 and 70,267, respectively, as of November 25, 2023. [3]

ASHAs are subjected to a variety of pressures and difficulties as part of their job, that can detrimentally influence both their performance and overall well-being. This study explores the challenges faced by ASHA workers in delivering healthcare services in Palghar, Maharashtra, a region with a large tribal population. Utilizing qualitative research methodology to look at the complex interactions between several elements that affect the experiences of ASHA workers, provides insight into qualitative characteristics.

ASHAs form the backbone of NHM, are selected and accountable to their village. Initially, enrolment and training received significant emphasis. [4] Several studies have assessed ASHA services, but few address the challenges they faced, ill-equipped dispensaries, resources scarcity, irregular incentives, workload, failure to achieve targets and inadequate support from leaders. [5] Lack of transportation access, delayed payment, insufficient support from healthcare personnel exacerbate their feeling of being overworked and underpaid. [6] Despite serving populations of 800–1200, often working up to 20 hours per week, ASHAs embrace various activities, though this workload contributes to feelings of rush and fatigue. [7]

The significance of this study lies in its potential to influence policy and practice by identifying targeted measures to improve the well-being of ASHA workers and healthcare efficiency in tribal regions. Furthermore, the findings can contribute to a broader global discussion about community health workers, putting light on the issues they encounter in resource-constrained and culturally varied environments. Recognizing and tackling the issues faced by ASHA workers is critical to India's commitment to achieving universal health care. ASHAs are the foundation of NHM. She advocates for increased use and accountability of the existing healthcare system, community participation in local health planning, and health-related awareness. This fills the gap between policy, academia, and grassroots reality.

Objectives:

The objectives were to identify the challenges faced by ASHA employees and identify the strategies they used to overcome those challenges while delivering healthcare services.

MATERIALS AND METHODS

A qualitative study design was chosen because it is flexible and interactive; qualitative approaches are beneficial in providing explanations and meanings for the perceptions, experiences, and attitudes of the research subjects within their setting. [8] The current study was conducted over two months, from December 2023 to January 2024. The Institutional Ethical Committee (IEC) provided ethical clearance before the start of the research.

The study was carried out in the Ayushman Arogya Mandir/Health and Wellness Centres of Palghar Tehsil, Palghar District, Maharashtra, India. Palghar district, which has a population of 29,90,116, is largely tribal, consisting of Kathodis, Katkaris, Kokanas, Kolis, and Vanjaris. The district consists of eight talukas: Mokhada, Talasari, Vasai, Vikramgad, Palghar, Dahanu, and Wada. Palghar block has a population of 5,50,166, and its health infrastructure includes three rural hospitals, 10 PHCs, 62 HWCs, four medical rescue camps, one primary health unit, and two zila parishad dispensaries [9] of which five Ayushman Arogya Mandir/ Health and Wellness centers (Satpati, Kharekuran, Morekuran, Umroli, Sirgaon) were intentionally selected to ensure wider coverage of geographical, socioeconomic, and cultural status.

Data was collected on the day of the monthly meeting with ASHA workers to ensure the availability of all 37 ASHA workers who work in five selected HWCs. We have information from 33 of those who were present that day. Participants provided written informed permission, and in-depth interviews (IDIs) lasted 20-30 minutes each. An audio recorder was utilized to collect data. General information on the ASHAs was gathered, and open-ended questions were developed to gain an understanding of the challenges that ASHAs faced while carrying out their community service tasks, as well as how they faced all of these challenges.

Digital recordings of interviews in local dialects (Hindi and Marathi) were transcribed into English. Reading these transcripts aided our familiarity with the data. Using the thematic framework analysis, we manually categorized the data into codes and sub-codes, then created a

themes chart in Microsoft Word. [10] A deeper understanding of the context and perspective conveyed in the audio helped in identifying sub-themes, categories, and irrelevant items, which were reviewed and discussed for additional insights.

RESULTS:

Out of 33 ASHAs interviewed, the majority were over 45 years old and married, with all being literate with at least secondary education. Their spouses were identified as the main earners in most families. Monthly earnings ranged from Rs. 2000 and Rs. 5000 for most ASHAs. Only four reported comorbid conditions including asthma, diabetes, or hypertension. Many owned homes and had two children. Five ASHAs served populations under 1000, four served communities of 2000, with most serving around 1000 and 2000. The majority had nine or more years of experience. Meetings and training sessions were the primary information sources, followed by training modules, with few utilizing social media and traditional media sources.

The thematic qualitative analysis revealed the following themes: (1) Challenges faced by ASHAs while performing their duties, (2) strategies used by ASHAs to overcome challenges.

Theme 1: Challenges faced by Accredited social health activists (ASHAs) while performing their duties

Physical challenges:

We identified that ASHAs encounter several physical obstacles when doing their duties, such as extensive travel to reach remote villages and working in strenuous conditions. Their health was compromised by the appalling circumstances to which they were subjected, rendering them incapable of mobility. Another big concern was the possibility of contracting contagious infections. If that weren't already difficult enough, carrying medical equipment and supplies over uneven ground puts stress on them and creates further difficulties in providing healthcare services.

"We need to travel throughout the day, usually under the strong noon sunlight, to provide services." [ASHA 13] "We only get sick the very next day while looking for cases of viral fever." [ASHA 10]

Financial Challenges:

Due to a perception of underpayment, nearly all ASHAs were discontented with the performance-based incentives. The frequent unavailability of ambulances, which forces individuals to pay out of pocket, compounds the already major difficulty of limited money for transportation to rural places. It was a major hassle for them to fill out all the paperwork that documented their effort just to get their honorarium. They had to take prints from a private business and pay for the charges themselves as there weren't any photocopiers at work. ASHA mentioned in their interviews:

"I like doing this work, but getting payment on time is a very big problem. We only get remuneration if we work. Even if it is midnight, we have to go because of the nature of work. If we do not help and they go to a private hospital, then our remuneration is lost." [ASHA 19]

"I am also a patient of hypertension, and for work, I need to travel very long distances, there are no vehicle services and I only pay for my travel expenses." [ASHA 24]

"There is no photocopy machine in the office, so we give our money to take printouts from private shops." [ASHA 4]

"There is no ambulance for pregnant women, so we carry them in an auto-rickshaw, and we only pay for auto." [ASHA 6]

Emotional Challenges:

Our research indicates that ASHAs deal with a variety of emotional issues at work. They have a hard time finding family time. In addition to their professional responsibilities, they were expected to handle the housework, frequently putting off their health requirements. They had to deal with the emotional discomfort of patients and their families in addition to witnessing the suffering of community members. Furthermore, they occasionally deal with allegations from the community regarding the mistreatment of expectant patients at medical facilities. ASHA mentioned one incidence of maternal mortality case.

"Once, a pregnant woman experienced complications and unfortunately died. Her family puts allegations on me, claiming I was the reason for her death." [ASHA 33]

"Because of work, I don't get time for my family and my husband gets annoyed by this." [ASHA 9]

Occupation Environment Challenges:

ASHAs struggle to complete numerous things at the same time, frequently feeling overworked and falling short of deadlines. They do not always receive adequate help from other healthcare personnel, which makes it difficult to coordinate their tasks and receive timely instruction. Furthermore, a shortage of basic equipment such as medicines, family planning products, health education materials, and transportation facilities limits their ability to provide efficient healthcare services.

"Sometimes family member leaves the pregnant women with us, and go to work, at that time we only take care of the patient." [ASHA 27]

"When we are unable to communicate with our seniors on time, the work gets postponed for the next day." [ASHA 21]

Technological Challenges:

In the digital age, ASHAs are also obliged to enter work-related data onto portals using mobile devices and tablets. Some, however, are experiencing connectivity issues and limited access to digital tools. One of them enlisted the assistance of their children to enter the information online. The majority of them stated the need for more proper training and familiarity with digital technology, which they believe will improve their productivity while collecting and reporting data via health information systems or mobile applications.

"It happens very often, I get confused while putting data onto the portal, so I seek help from my elder daughter." [ASHA 10] "Repetitive training on mobile applications is necessary. Distributing medicine is easier than uploading data on mobile." [ASHA 25]

Social Challenges:

Palghar's population is predominantly tribal. Many ASHAs face pushback from community members over modern healthcare procedures. Furthermore, cultural taboos and stigmas associated with specific health issues, such as reproductive health or newborn nutrition, hamper ASHA's efforts to deliver comprehensive health services. We discovered that although ASHAs provide accurate information to people, community members may not take the advice or make behavioral changes due to their severe religious views and behaviors.

"Orthodox people reside here, and convincing them to accept our healthcare service is very challenging for us. They don't even want to give one drop of blood for a sugar test. They even ask us, whether I am on my period or not, if not, then only do they allow us into their household." [ASHA 29]

"We also inform about the food to be given after 6 months of exclusive breastfeeding, but still people continue to follow their traditional eating habits." [ASHA 11]

"Males never come to us for condoms, instead we only go to their house and provide condoms to females." [ASHA 2]

"We need to repetitively call out to elderly women for checkups, but even after repeated calls, they often refuse to leave their houses, stating that medicine will not work for them." [ASHA 17]

Theme 2: Strategies used by Accredited social health activists (ASHAs) to overcome challenges

Communication with senior healthcare workers and colleagues:

ASHA serves as the National Health Mission's foundation, and she is involved in several community projects. She serves as an interface between the community and the healthcare delivery system. ASHA promotes communication and engagement. We found that many ASHAs considered it easy to express their concerns with the people they work with, and they also seek advice from their seniors, such as Medical officers and Auxiliary Nurse Midwives (ANMs), to gain a better knowledge of their responsibilities. One of the ASHA stated the following.

"Our seniors and Medical Officer (MO) sir, are very supportive, when we don't understand something, they explain it very well." [ASHA 28]

Education and credibility from the community:
To deliver correct information to the community, ASHA must also develop a variety of new skills. To do this, they participate in training sessions and study modules. We discovered that obtaining knowledge enhances their confidence and encourages them to learn more. ASHAs established credibility in the community and were able to sustain their families via their work. They were overwhelmed by the increased use of health services. An ASHA conveyed her thoughts.

"Since I started earning, my family has become happier, and I see people in my community taking advantage of facilities available in hospitals." [ASHA 1]

"I enjoy my work, in every monthly meeting, we have the opportunity to learn new things." [ASHA 22] "It feels good to provide service to people, who are not literate." [ASHA 26]

DISCUSSION:

The present study sheds light on the challenges faced by Accredited Social Health Activists (ASHAs) and the strategies they follow to overcome those challenges while delivering healthcare services in Palghar, a tribal district of Maharashtra. NRHM guidelines indicate that one ASHA could feasibly serve a population of 1,000 people with a minimum accepted standard of care. Our findings showed that over 65% of the ASHAs serve a population of more than 1,200 individuals. Other studies have shown that when ASHAs have to cater to a larger population than the prescribed norms, they find it difficult to complete their tasks on time. [11]

ASHAs are physically and financially burdened; they usually walk to provide services to the community; however, some rent autorickshaws to commute when work sites are far away or ambulances are unavailable for ANC mothers to take them to the hospital for delivery, and they end up paying out of pocket. Similarly, in the study conducted by Manjunath U et al., ASHA had to use autorickshaws to reach health facilities during crises, accompany pregnant women for check-ups/delivery, and ultimately pay out of pocket. [6]

In the current study, ASHA workers are dissatisfied with their performance-based incentives and irregularity, and they want the government to enhance the fixed component of their compensation. This view is consistent with the findings of Lipekho Saprii et al., who concluded that minimal incentives, along with restricted options for earning money, resulted in unhappiness and continual negative comparisons with other frontline worker cadres, such as Anganwadi workers. [12]

ASHAs also encounter resource limitations, such as insufficient essential drugs, condoms, and health education materials, as well as problems such as a lack of photocopies, the absence of restrooms at visiting sites, and the absence of ambulances. They frequently spend the cost of internet and mobile services individually and receive insufficient support from higher management. These findings are consistent with those of Neha Dagar et al., who conducted a study in Delhi that identified comparable difficulties such as ill-equipped facilities, insufficient leadership support, irregular incentives, and inability to meet targets. [5]

Cultural practices have a significant impact on ASHA workers' ability to provide health services. Interacting with male community members and encouraging older women to seek medical attention poses difficulties. Taboos, religious beliefs, and cultural standards might sometimes restrict ASHA from entering families, which impedes service delivery. Similar findings from other studies indicate that this barrier is not simply religious, but also exists when CHWs come from a different cultural background than the community.[13] We found that many ASHA struggle to access particular households and discuss sensitive health matters such as contraception and safe sex. In some circumstances, communities are angry with CHWs and blame them for harmful behaviours such as unprotected sex. [14]

We evaluated ASHA problems and strategies for addressing them. They seek support and direction from senior healthcare workers and colleagues through training and communication. Furthermore, they discover new technology and health information, which enhances their confidence and pushes them to continue learning. This is consistent with Wahid SS et al.'s research on ASHAs developing technical skills.[15] People who seek health information from ASHAs are more satisfied with their work. According to Anand Kawade et al., most ASHAs were pleased with their role and considered it beneficial for social work. [7] The people appreciate their positive attitude, dedication, and hard work.

We observed that the health system focuses on ASHA performance in terms of health services and fulfilling targets. Still, there is little investment in understanding or addressing ASHA challenges and problems, despite their direct impact on performance and healthcare system targets.

CONCLUSION:

The study emphasizes the need to resolve ASHAs' problems so that they can provide better care. Most ASHA workers faced physical, financial, social, technological, and workplace problems while providing health care services. To tackle these difficulties, ASHAs consult with their seniors and colleagues and seek assistance from higher authorities. Most ASHA workers strongly agreed that they had learned new skills, which increased their confidence and allowed them to support their families financially.

Recommendation:
Recognition of ASHA employees' hard work through public recognition and increased incentives. Provided ASHA staff with necessary resources. Revising the incentive structure to ensure timely and comprehensive payment of incentives to ASHAs. Regular education on mental health literacy, stress management, and coping skills to be given to ASHA. Implementing a feedback system to collect information from ASHA employees about their workload, issues, and suggestions for improvement.

Limitation:
Since the study focused solely on the issues faced by ASHA workers in a single tribal district in Maharashtra, the findings may have limited applicability to ASHA workers in other regions and non-tribal communities. A longitudinal study with a high sample size can be conducted to gain more comprehensive knowledge, as well as a comparative study in various healthcare environments.

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