Research Article

Analyzing the challenges and demotivating factors faced by accredited social health activist workers in tribal India in implementing their roles

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ABSTRACT

Background: The accredited social health activist (ASHA) is a link between community and health systems, so her services are very crucial for attainting universal health coverage. Comprehensive understanding of the demotivating factors, affecting the work efficacy of ASHA workers in the tribal areas, will not only help us in framing new ideas for providing them a positive work environment but also in retaining these health providers in their current job and increase their productivity and efficiency. **Objectives:** The study aims to find out the challenges and demotivating factors that ASHA workers face while implementing their responsibilities in tribal areas and frame recommendations based on study findings. **Materials and Methods:** An observational cross-sectional study conducted in a tribal area falling within the scope of a primary health care (PHC) center affiliated to a medical college. A semi-structured interview schedule was utilized to interview trained ASHA workers to understand the practical in-field challenges while implementing duties. **Results:** About 63% of ASHA workers were satisfied working in the tribal area. However, the major causes of de-motivation were community resistance (71.7%), less/irregular incentives (69.5%), transportation problems (52.2%), workload and stress (56.5%), and lack of training (23.9%). Family support and cooperation by auxiliary nurse midwife/multipurpose worker and other health-care staff in referral units were satisfactory for ASHAs in tribal areas. **Conclusion:** Most of the ASHA workers of the tribal area were satisfied with their job responsibilities, but timely activity-based incentives for the ASHA workers and regularity in their monthly salary and more community awareness about ASHA can motivate ASHA workers and increase their efficiency in providing PHC.

KEY WORDS: Accredited Social Health Activist Workers; Tribal Area; Challenges; Satisfaction

INTRODUCTION

Primary health care (PHC) comprises services for the prevention, diagnosis, management, rehabilitation, and palliation of any disease, and is integral in attaining universal health coverage and the sustainable development goals 1,7. Hence, an adequate number of trained and motivated health-care providers is required to maintain this vigorously functioning PHC system. For improvising the Indian health system and maintaing its dynamic functioning, the National Rural Health Mission developed the concept of accredited social health activist (ASHA) in year 2005.[1] ASHA is female volunteers who serve as a health promoter and educator, assisting the community to access health services, ultimately working as an interface between the community and the public health system.[2] However, the current health-care industry of India shows a significant upsurge in shortage of health-care providers including ASHAs, which may reach an alarming state in the upcoming future. Hence, the current need is to apply pronounced thoughtfulness in building up

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strategies to retain existing providers and improves provider efficiency and productivity.

The reasons for dissatisfaction among these ASHA workers may be linked to intrinsic dissatisfaction or lack extrinsic motivational factors. The ASHA in our country is working in varied socio-cultural environments and diverse geographical locations. India has one of the largest tribal areas globally and these PHC workers are working in these tribal areas too. Ten percent of the total population of the state of Maharashtra belongs to tribal population groups and there is inadequate health infrastructure in these areas.[3] Hence, the Government of India has allocated one ASHA per 1000 population in tribal areas so that the PHC can be provided to these backward communities. However, these ASHA workers have to deal with countless challenges while working in these tribal areas. Hence, this study is taken up in a tribal area of Maharashtra to gain insights about the hurdles and negative experiences faced by ASHA workers while implementing her job. The ASHA is a link between community and health system so her services are very crucial for attaining universal health coverage.[4] Comprehensive understanding of the demotivating factors, which are affecting the work efficacy of ASHA workers in tribal area, will not only help us in framing new ideas for providing them a positive work environment but also in retaining these health providers in their current job and increase their productivity and efficiency. Depending on the results of this study, we will try to frame recommendation which will intensify the ASHA's job satisfaction.

MATERIALS AND METHODS

This cross-sectional observational study was conducted in a tribal area which falls within the scope of a PHC center affiliated to a medical college. This tribal study area was at Palghar Taluka in Thane district of Maharashtra.

Study Population

Study population trained ASHA workers.

Sampling Method

In this study, convenient sampling method was used. The study was conducted for 1 month duration, i.e., from August 2019 to September 2019.

Inclusion Method

All trained ASHA workers who gave consent and working under the tribal area which fall within the scope of a PHC center affiliated to a medical college were included in the study. Those ASHAs which were available during the study duration (August 2019–September 2019) in this center were considered.

Exclusion Method

ASHA workers not giving consent for participation in the study.

Data Collection Techniques and Tools

The study was commenced after attaining approval from the Institutional Ethical Committee at Seth Gordhandas Sunderdas Medical College and King Edward Memorial Hospital. The researcher used convenient sampling technique and approached the ASHA worker who was trained and available for interview in the primary health center during the research period, i.e., between August 2019 and September 2019.

After taking written consent from the ASHA worker who was interested to take part in the study a female investigator approached them and explained them the details of the study and its procedure. This helped in building a rapport between the investigator and the ASHA worker. The interviews were taken in separate room of the primary care center, for maintenance of privacy, in a time which was comfortable for the individual worker. A pre-tested semi-structured interview schedule proposed for the ASHA worker helped in understanding the practical in-field challenges faced by them while working in the tribal areas, which ultimately marks their satisfaction level. For this study, 46 trained ASHA workers were interviewed, and thereafter data analysis was done which was completed within a month.

Statistical Analysis

All the statistical analysis was performed using SPSS version 16. The categorical variables are presented as frequency and percentages. Appropriate graphical representation was done wherever required.

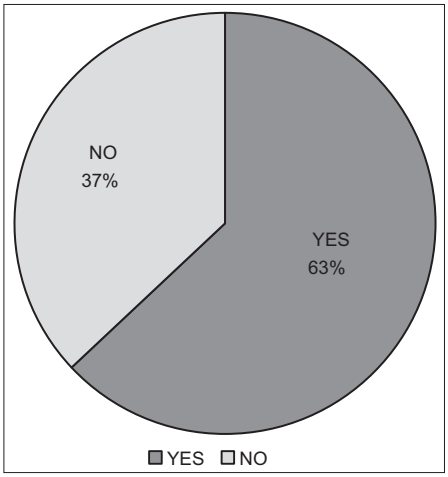

Figure 1: Satisfaction of accredited social health activist worker while working in the tribal community

RESULTS

After analyzing the interviews based on a pre-validated semi-structured questionnaire which was used to assess the major causes of dis-satisfaction faced by the ASHA worker of the tribal areas while implementing their regular jobs and responsibilities in the tribal community, following results were interpreted.

The self-reported job satisfaction among the ASHA workers was 63% (n = 29), which was a fair proportion when compared to 37% (n = 17) of the ASHA workers who were not satisfied with their work. Hence, an effort has been made to highlight the important reasons for demotivation among ASHA workers [Figure 1].

Table 1 signifies that the most common challenge faced by the ASHA worker while implementing their work was community resistance (71.7%). Followed by 69.5% of ASHA workers showing dissatisfaction with inadequate incentives, which was closely followed by another factor of demotivation, i.e., workload and stress (56.5%). Then, 52.2% of ASHA workers were dissatisfied due to non-availability of transportation and non-adherence of the community to the advice provided by ASHA workers demotivated 43.4% of them. These are few significant demotivating factors established through the study.

DISCUSSION

ASHA worker is the backbone of our country's PHC and health system. They act as an interface between the community and the public health system. Hence, it is essential to maintain the zeal of these ASHA workers while completing their community responsibilities, which can be achieved by timely assessment of their satisfaction level while doing their routine duties and also finding out the major causes resulting in their demotivation. Consequently, framing appropriate recommendations to wane away the challenges faced by the ASHA workers will help them in maintaining their dynamism in work and increase efficiency and productivity.

In this study, 37% (n = 17) were dissatisfied with their job as ASHA workers whereas 63% (n = 29) were satisfied with their job. A similar finding has been found in a study assessing the job satisfaction of the ASHA worker in the rural area of our country.[5,6]

The major challenge faced by the ASHA workers working in the tribal areas was the community resistance (71.7%). Further discussions with the ASHA worker enlighten the researchers with the fact that the greatest resistance was implemented by the elderly population (both the genders) and the illiterate population. Another challenge which was interlinked with community resistance was that some of the families did not follow the advice given by the ASHA worker. Hence, sometimes the ASHA workers were disrespected and offended while implementing their regular job responsibilities. This resulted in demotivation and decrease in enthusiasm for work. This is a big lacuna against the success and sustainability of the ASHA program which can be curbed by community sensitization and increasing the knowledge of the tribal communities about the jobs and responsibilities of ASHA workers. Similar findings were found in other research outcomes.[7,8] The second major reason which demotivated the ASHA worker is less and irregular incentives paid to them. Insignificant and irregular monetary incentives were major barriers to ASHAs' performances in many states of our country as quoted by several previous studies.[4,5,7-9] About 56.5% workers projected heavy work-related stress, which was a major challenge in their routine work and 52.17% of the ASHA worker got demotivated because of the transportation difficulty which caused a

Table 1: Demotivating factors identified by the ASHA in implementing their regular job responsibility in the tribal area

*Demotivating factors	Frequency	Percentage (%) (n=46)
Incentives		
Irregular	13	28.3
Less	32	69.5
Transportation non-availability	24	52.2
Shortages of medicine	11	23.9
Attitude of health staff at the referral centers	7	15.2
Family dis-approval	8	17.4
Community resistance	33	71.7
Non-cooperation of the auxiliary nurse midwife/anganwadi worker/multipurpose worker workers	5	10.8
Community not following the information provided by the ASHA worker	20	43.4
Workload and stress	26	56.5
Lack of training	11	23.9
Sample size	46	100

*=Multiple responses. ASHA: Accredited social health activist

set-back in implementing their regular duties as it results into walking for longer distances and excessive work stress. Hence, the provision of proper transportation can curtail a major segment of work-related stress. This judgment pairs with other research outcome.[9-11] Other demotivating factors which were assessed in the interviews were: Shortage of medicines (23.9%), lack of training (23.9%), family disapproval (17.4%), attitude of health staff at the referral centers (15.2%), and non-cooperation of the auxiliary nurse midwife/Anganwadi Worker/multipurpose worker workers (10.8%), and similar outcomes were presented in previous research studies.[12] However, majority of the ASHA worker expressed their gratitude toward their family and husband for supporting them in their work and they mentioned that their experience with other health worker and volunteers of tribal area were good.

Limitations of the study are to be viewed with respect to the sample size, which was small and selected conveniently so; the results cannot be generalized to the whole ASHA workers of a tribal area.

Recommendations

As the majority of the ASHA expressed their discontent with the incentives paid to them; hence, for functional improvement higher and timely incentives followed by fixed monthly payment are essential. Second, generation of more community awareness about ASHA in the tribal areas and explaining the people about their importance in primary care is need for the hour.

Allotment of fixed vehicles for distant and remote areas can manage the transportation issue and stress-induced among ASHA. The training module stipulated for ASHA workers can be more of demonstration rather than theory and should be done on regular basis.

CONCLUSION

Most of the ASHA workers of the tribal area are satisfied with their job responsibilities, but it is evident from the current study that there is a requirement for timely activity-based incentives for the ASHA workers and regularity in their monthly salary. Community resistance and transportation along with workload stress are other demotivating factors which need to dealt aptly for raising the satisfaction level of ASHA worker.

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