Research Article

Effectiveness of "ASHA INCENTIVE SCHEME of 2013" on enhancing the functioning of ASHA in motivating couples having two or less children to undergo permanent sterilization in Surendranagar district

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Received February 2, 2016. Accepted February 15, 2016

Abstract

Background: The National Rural Health Mission (NRHM) was launched on April 12, 2005; it seeks to provide accessible, affordable, and quality health care at the grass-root level in India. ASHA (Accredited Social Health Activist) is one of the key components in the NRHM for the effective implementation of health-care services. ASHA is an honorary volunteer and receives monthly incentives. From April 1, 2013, a new scheme was introduced in "ASHA INCENTIVE SCHEME" for promoting family planning—permanent sterilization. It is an incentive of Rs. 1,000 given to an ASHA who motivates and promotes couples having two or less than two children to undergo permanent sterilization. This study was undertaken with a view to find out if there was any qualitative and/or quantitative improvement in the functioning of the ASHA after this scheme was introduced.

Objective: To find out effects of the new ASHA incentive scheme on the performance of ASHA in motivating couples to undergo permanent sterilization method.

Materials and Methods: Achievement data of permanent family planning methods were collected from the records of all primary health centers (PHCs) of Surendranagar district, with the assistance of medical officer. Ten PHCs were randomly selected from each Taluka, and all ASHAs of these PHCs were interviewed. A focus group discussion was also conducted on a group of 10 ASHAs from each PHC regarding problems faced during their motivation and their attitude toward incentive.

Result: Study revealed that the knowledge of family planning methods such as oral contraceptive pills, condom, and intrauterine contraceptive device range from 92.86% to 95.71%, but for nonscalpel vasectomy (NSV) as a method was known to only 80.95%. Knowledge regarding incentive scheme was poor with only 17% who knew that incentive was given for both male (NSV) and female (laparoscopic tubal ligation/tubal ligation) sterilization methods. Contribution of ASHAs toward achievements in female sterilization shows that maximum work was done by ASHAs, and ASHAs performance was increased; 1.13 times for eligible couples and 1.14 times for couples having two or less children after introduction of an incentive, and incentive showed a significant impact on motivation of eligible couples ($\chi^2 = 121.744$, $df = 1$, $P < 0.0001$) and motivation couple having two or less children ($\chi^2 = 74.893$, $df = 1$, $P < 0.0001$) for female sterilization method by ASHAs. Focus group discussion and interview of ASHAs revealed many problems faced during their visits.

Conclusion: Achievements in female sterilization before and after the incentive scheme introduced showed statistically significant improvements, and the contribution of ASHAs toward these achievements was significant when compared with other workers. Incentive scheme was beneficial in improving the acceptance of permanent sterilization method by the couples having two or less children.

KEY WORDS: ASHA, incentive, family planning, LTL, NRHM

Access this article online	
Website: http://www.ijmsph.com	Quick Response Code:
DOI: 10.5455/ijmsph.2016.02022016395	

Introduction

The National Rural Health Mission (NRHM) was launched on April 12, 2005; it seeks to provide accessible, affordable, and quality health care at the grass root level in India.[1] It is now sub-mission under National Health Mission (NHM). The key goal is to ensure achievement of indicators, toward enabling and

achieving the stated vision by various strategies, for example, it seeks to reduce maternal mortality rate to 1/1,000 of live births, infant mortality rate to 25/1,000 of live births, and total fertility rate to 2.1.[2]

ASHA (Accredited Social Health Activist) is one of the key components in the NRHM for the effective implementation of health-care services.[3] ASHA is an honorary volunteer and compensated by monthly incentives which is based on National Rural Health Mission—Project Implementation Plan (NRHM—PIP) granted by Government of India. From April 1, 2013, a new scheme was introduced in "ASHA INCENTIVE SCHEME" for promoting family planning—permanent sterilization methods. It is an incentive of Rs. 1,000 given to an ASHA who motivates and promotes couples having two or less than two children to undergo permanent sterilization.[4,5]

This study was undertaken with a view to find out if there was any qualitative and/or quantitative improvement in the functioning of the ASHA after this scheme was introduced. Study objectives were to find out effects of the new incentive on the performance of ASHA in the specific field compared with their performance in the previous year and to find out the performance of ASHA against other motivators working in the same field as well to extrapolate the results to see whether the incentive scheme has served the purpose for which it was introduced.

Materials and Methods

Achievement data of permanent family planning methods were collected from the records of all primary health centers (PHCs) of Surendranagar district, with the assistance of medical officers. Ten PHCs were randomly selected from each Taluka, and all ASHAs of these PHCs were interviewed using a simple, predefined, pretested questionnaire to know their basic sociodemographic details, knowledge regarding family planning methods, and knowledge about incentive scheme. A focus group discussion was also conducted on a group of 10 ASHAs from each PHC regarding problems faced during their motivation and their attitude toward incentive.

Statistical Analysis

Data were analyzed using Microsoft Excel 2007 and SPSS software, version 20.

Result

Table 1 shows that around 46% ASHAs belong to the age group of 25–35 years. Majority (45.71%) of ASHAs had education up to secondary level. Regarding experience as ASHA, nearly 38% had experience of 4–6 years. Regarding knowledge of ASHAs about various family planning methods [Figure 1], knowledge of nonscalpel vasectomy (NSV) was poor compared with other methods of family planning and regarding knowledge about permanent family planning methods [Figure 2], laparoscopic tubal ligation (LTL) and NSV were known to 80%–90% of ASHAs. However, it was shocking that more than 20% of ASHAs believed that oral contraceptive pills, condom, and intrauterine contraceptive device (IUCD)

Table 1: Profile of ASHAs included in the study (n = 210)

	N	%
Age group (in years)		
15–25	48	22.86
25–35	97	46.19
35–45	55	26.19
45–55	10	4.76
Literacy status		
Primary	79	37.62
Secondary	96	45.71
Higher secondary	32	15.24
Graduation or above	3	1.43
Total experience as ASHA (years)		
<1	15	7.14
1–3	61	29.05
4–6	79	37.62
>6	55	26.19

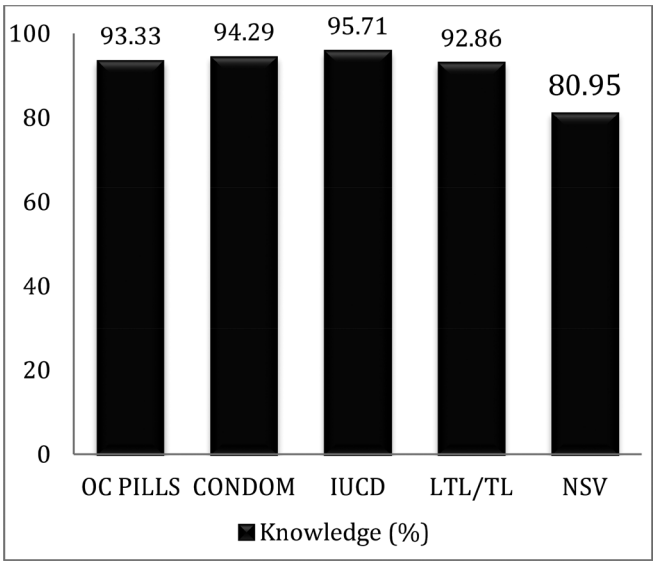


Figure 1: Knowledge of ASHAs regarding family planning methods (n = 210).

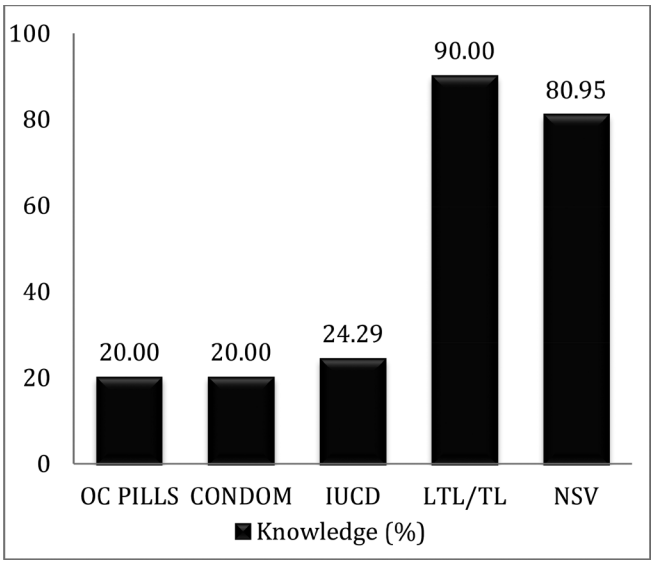


Figure 2: Knowledge of ASHAs regarding permanent family planning methods (*n* = 210).

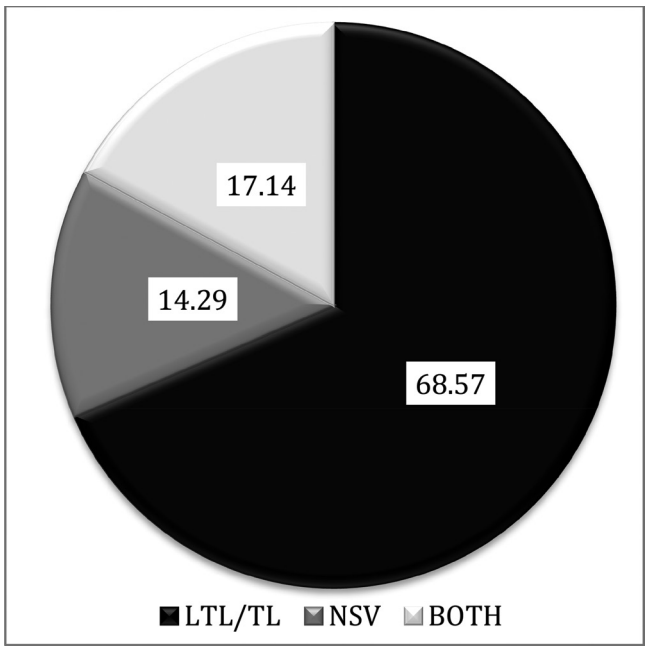


Figure 3: Knowledge of ASHAs regarding incentive scheme for permanent sterilization method (*n* = 210).

were also permanent methods of family planning. Figure 3 shows that majority of ASHAs (69%) believed that incentive of Rs. 1,000 was given only for female permanent sterilization method (LTL/TL). Figure 4 shows that maximum work was done by ASHAs, and their performance was increased; 1.13 times for eligible couples and 1.14 times for couples having two or less children after introduction of an incentive. Table 2 shows that incentive showed a significant impact in couple motivation for female sterilization method by ASHAs for motivation of eligible couples (χ^2 = 121.744, *df* = 1, *P* < 0.0001) and for motivation of couples having two or less children (χ^2 = 74.893, *df* = 1, *P* < 0.0001).

On focus group discussion, the study explored the perceived impact of "the incentive scheme" on quality of services and performance of the ASHAs in motivation; on an average, each ASHAs visited nearly 10 eligible couples per month, and, of them, only one to two couples get motivated. Almost all ASHAs said that minimum four to five visits were needed to motivate one couple. There were also difficulties related to misbehavior, insults, noncooperation of family members, and difficulties in motivating male for NSV that affected the performance of ASHAs. When asked about their perception regarding their scheme and feeling of involvement, one-third of the ASHAs committed that they were motivating couples only because of incentives. But, around half of them felt that motivating couples was also helping them to have a better rapport with the community, which was useful in their other health services.

Discussion

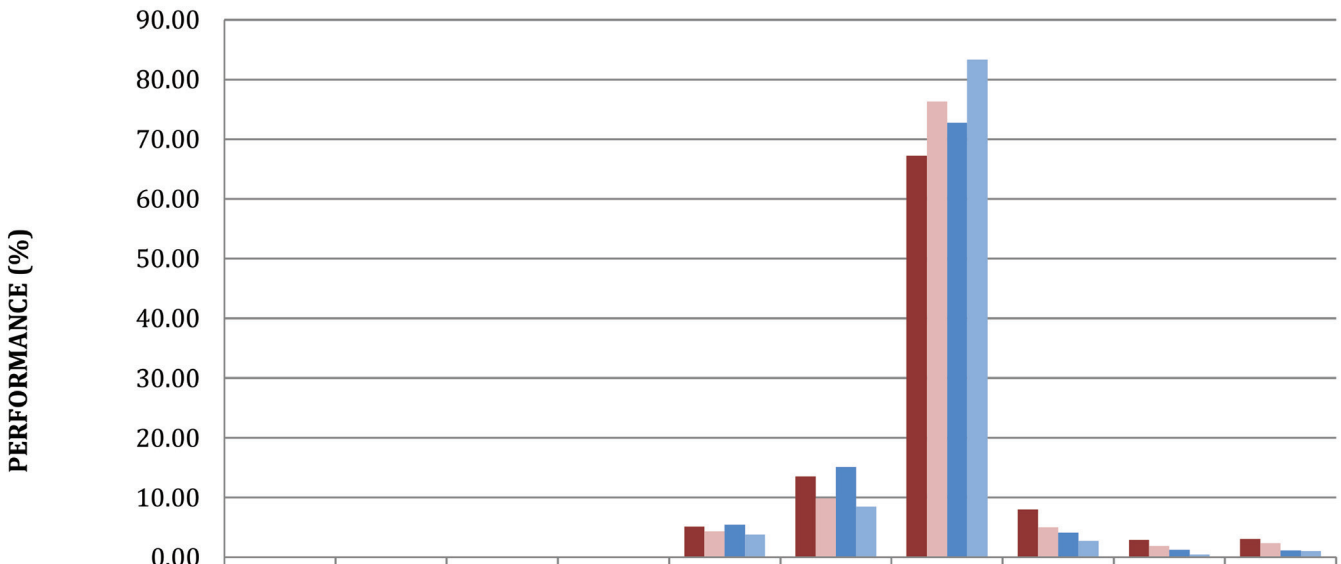
In this study, knowledge of family planning methods and incentive scheme was poor. However, study revealed that achievements in female sterilization before and after the incentive scheme was introduced showed statistically significant improvements; and the contribution of ASHAs toward these achievements was significant when compared with other workers.

ASHA is an honorary volunteer and compensated by monthly incentives for various activities such as maternal and child health, immunization, and family planning, which is based on NRHM—PIP granted and revised by Government of India.[4,5] This study only covered an incentive specific to permanent family planning method to find out impact of it on enhancing the functioning of ASHAs in motivating couples, and no other similar studies were found to discuss which shows relationship between incentive for permanent family planning method and ASHAs' performance.

Information regarding modular training of ASHAs was not included, and it was a limitation of the study.

Conclusion

Incentive showed significant impact on enhancing the functioning of ASHAs in motivating couples having two or less children to undergo permanent sterilization and beneficial in improving the acceptance of permanent sterilization method



	MO	AYUSH	MPHS	FHS	MPHW	FHW	ASHA	AWW	SELF	OTHER
YEAR - 2012-13	0.00	0.00	0.03	0.00	5.16	13.51	67.26	8.02	2.95	3.08
YEAR - 2013-14	0.00	0.00	0.03	0.02	4.41	9.87	76.32	5.02	1.93	2.41
YEAR - 2012-13	0.00	0.00	0.04	0.00	5.48	15.13	72.76	4.16	1.28	1.15
YEAR - 2013-14	0.00	0.00	0.04	0.04	3.79	8.52	83.30	2.77	0.51	1.02

Figure 4: Performance of different motivators in motivating eligible couple (pink) and couple having two or less children (blue).

Table 2: Achievements in female sterilization methods (LTL/TL) before and after the incentive scheme was introduced

Motivation of eligible couples by	Incentive for permanent family planning		Total (%)
	No (%), year: 2012–2013	Yes (%), year: 2013–2014)	
ASHA	4,133 (47.86)	4,502 (52.14)	8,635 (100)
Others*	2,012 (59.02)	1,397 (40.98)	3,409 (100)
	6,145	5,899	12,044

$\chi^2 = 121.744$, $df = 1$, $P < 0.0001$.

Motivation of couples having two or less children	Incentive for permanent family planning		Total (%)
	No (%), year 2012–2013	Yes (%), year 2013–2014)	
ASHA	1,645 (45.69)	1,955 (54.31)	3,600 (100)
OTHERS*	616 (61.11)	392 (38.89)	1,008 (100)
	2,261	2,347	4,608

$\chi^2 = 74.893$, $df = 1$, $P < 0.0001$.

by the couples having two or less children. Study recommended that proper dissemination of information regarding incentive scheme and better education to the ASHAs regarding permanent family planning methods could be advantageous for the program.

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How to cite this article: Nimavat JH, Jasani PK, Joshi JB, Jadeja YM, Sochaliya KM, Kartha GP. Effectiveness of "ASHA INCENTIVE SCHEME of 2013" on enhancing the functioning of ASHA in motivating couples having two or less children to undergo permanent sterilization in Surendranagar district. Int J Med Sci Public Health 2016;5:1920-1924

Source of Support: Nil, **Conflict of Interest:** None declared.