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## Empowering Health sector: The Integral Role of Women, with Special Reference to Asha Workers in Nation Building

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### Abstract

Globally, the engagement of Community Health Workers (ASHAs) in healthcare services is getting wide as they are unavoidable to meet Universal Healthcare services and the Millennium Development Goals". ASHA workers, primarily female health activists aged 18 to 45, are selected from within communities and receive specific training to address health-related issues effectively. As indispensable components of the primary healthcare system in India, ASHAs serve as crucial links between communities and healthcare services. This study explores The Integral Role of Women, with Special Reference to Asha Workers in Nation Building regarding empowering health sector. The research delves into the evolution of the ASHA program, its objectives, and the comprehensive duties undertaken by these community health workers.

The study also investigates the involvement of ASHAs in various health schemes, such as Janani Suraksha Yojna, Janani Shishu Suraksha Karyakram, and others. The methodology involves the collection of secondary data from different resources, including journals, government websites, reports, and newspapers etc. "The study underscores the positive impact of ASHAs on health sectors, revealing improvements in institutional deliveries, reduced maternal and neonatal mortality rates, and enhanced antenatal and postnatal care. Notably, ASHA interventions have demonstrated a significant positive influence on economically disadvantaged women and marginalized communities."

**Keywords:-** Asha workers, health care services, health schemes, health care development.

### Introduction

Globally, the engagement of Community Health Workers (ASHAs) in healthcare services is getting wide as they are unavoidable to meet Universal Healthcare services and the Millennium Development Goals". (Perry & Zulliger, 2020). The idea of community health workers has evolved with the community-based healthcare system in which they work for making healthcare facilities accessible for all. The World Health Organization (WHO) describes community health workers (CHWs) as people from the same communities they serve. These individuals are chosen by the community itself and receive support from the healthcare system. They have less extensive training compared to professional healthcare workers (To et al., 2020).

"India is in acute need of healthcare reforms. Despite its flourishing economic and technological development, the country lags behind much of the developing world in key health indicators (D'Silva, 2013). In spite of improvements in healthcare, pregnancy and giving birth continue to be a risky time for women. Numerous women in India lose their lives because of direct issues during pregnancy and childbirth. The majority of these issues can be avoided or managed with proper care. The primary complications responsible for approximately 75% of maternal deaths include severe postpartum bleeding, hypertension, delivery-related complications, infections, and unsafe abortions. Globally, India has the second-highest number of mothers losing their lives during childbirth. The remedies for these problems are widely recognized. What women primarily require is access to high-quality healthcare throughout pregnancy, childbirth (Babu, 2021)".

“Therefore, in 2005, the National Rural Health Mission (NRHM) was launched to improve the healthcare delivery system across rural India (Bhaumik, 2012). Additionally, the National Urban Health Mission (NUHM) was launched in May 2013 to enhance the health-related status of urban people, especially the urban poor and other marginalized sections of society, by providing primary healthcare facilities (National Health Mission [NHM], n.d.). In which ASHAs are being appointed and now they have become an integral component of the primary healthcare system and serve as an important link between the primary healthcare delivery system and their communities. As community health workers, ASHAs are considered the most valuable assets of the health system. Their performance is shaping the overall primary healthcare delivery system at the community level (Sanjay V, 2014)”.

### **The objectives of this study are:**

1. To understand the concept of ASHAs and their duties in health care services.
2. To know the role of ASHAs in various health schemes.
3. To know the impact of ASHAs health care services in empowering health sector.

### **Research Methodology**

The purpose of my investigation is to know the Integral Role of Women, with Special Reference to Asha Workers in Nation Building regarding empowering health sector. So for this purpose secondary data has been collected and the data has been taken from journals, government websites, reports, newspapers, etc.

### **The concept of ASHA workers and their duties**

“The ASHA program plays a pivotal role in the execution of government healthcare initiatives, particularly those related to maternal and child health (MCH) (Babu, 2021). ASHAs are female health activists and promoters of health services at the community level. ASHAs are first port of call in the community, especially for weaker sections of society, with a focus on women and children (National Health Mission [NHM], n.d.). They advise and educate the community about existing government health-related services. They are the frontline healthcare workers who work for the healthcare system. They create awareness and provide information about sanitation and hygiene among the community members. They counsel women about maternal and infant care, as well as immunization, among other things. They are selected as health activists to bridge the gap between the community and the health system (Panda et al., 2019)”.

“ASHA has evolved as an important factor in improving the health of the community, especially for women and children within the health system. They play an important role in inspiring people to utilize the existing healthcare facilities and act as a bridge to fill the gap between the community and the healthcare system (*Asha Workers of Primary Health Centres.Pdf*, 2021)”.

“ASHAs are female community health workers in the age group of 18 to 45 years. They are selected from within the community with a minimum formal qualification of up to 8th grade. Each ASHA worker mobilizes and facilitates community health services for a population of 500 to 2500 people, covering 200 to 500 houses (Ministry of Health and Family Welfare, 2013). They receive 23 days of training to promote health-related services at the community level under the guidance of the health department. They empower women in their community to lead healthy lives by adopting a healthy lifestyle. An ASHA has empowered impoverished women through financial compensation, knowledge acquisition, and an elevated social standing (Perry & Zulliger, 2020)”.

### **These are the following basic duties that are performed by ASHAs (Sanjay V, 2014):**

- They create awareness about health-related issues and services among the community members.

- They provide information and guidance to women about safe pregnancy, childcare health, secure delivery, breastfeeding, family planning, etc.
- They facilitate and mobilize the community towards health-related services and facilities.
- They provide treatment for minor ailments within the community.
- They guide and support pregnant women, providing childcare and health services at the community level.
- They administer DOTS (Directly Observed Treatment, Short-course) for tuberculosis.
- They serve as depot holders for essential items such as ORS (Oral Rehydration Solution), IRF (Iron and Folic Acid) tablets, DDK (Distributed Drug Kit), condoms, and oral pills, among others.
- They provide care for new born babies and treatment for childhood illnesses.
- They gather information about deaths, disease outbreaks, and other health-related matters. etc.

### **Role of ASHAs in Various Health Schemes (Kumar, 2016)**

#### **Janani suraksha yojna (JSY)**

“The Janani Suraksha Yojna (JSY) scheme has been launched by the government of India to promote institutional deliveries among the weaker and vulnerable sections of society. Under this scheme, the government provides cash assistance to pregnant women for delivering a child in a public health facility. The aim of this scheme is to encourage women to opt for institutional delivery in order to reduce the rates of maternal and neonatal mortality”.

#### **Janani shishu suraksha karyakram (JSSK)**

“The Indian government introduced the Janani Shishu Suraksha Karyakram scheme to reduce out-of-pocket expenditure for poor pregnant women. Under this scheme, free services are provided to all pregnant women who utilize public health institutions for their deliveries. No service charges are applicable, including for cesarean sections. It has now been expanded to cover all complications of antenatal care (ANC) and postnatal care (PNC)”.

#### **Home-based new-born care scheme (HBNC)**

“A home-based new-born care scheme has been launched to save the lives of new-born babies. The scheme aims to reduce the neonatal mortality rate by providing an opportunity for early diagnosis of any dangerous symptoms and promoting adequate health facilities with the provision of new-born care facilities”.

#### **Ensuring spacing at birth**

“Under this scheme, ASHAs counsel and guide newly married women to ensure a gap of 2 years after marriage. They also guide married couples who have one child to give a space of 3 years after having one child”.

#### **Home delivery of contraceptives (HDC)**

“The government has launched this scheme to facilitate the utilization of contraceptive methods by the vulnerable and marginalized sections of society. Under this scheme, ASHAs are responsible for delivering contraceptives directly to the doorsteps of beneficiaries”.

#### **Rashtriya bal swasthya karyakram (RBSK)**

“The scheme provides child health screening and intervention services to detect and manage the 4 Ds: deficiencies, defects at birth, diseases, and developmental delays due to disability. If any health-related issues are detected, free treatment is provided to children. ASHA workers conduct health screenings for new-born babies either at their birthplace or during home visits by ASHAs”.

### **Project of kala-azar elimination**

“Kala-azar is an endemic disease. To eliminate it, early detection and proper treatment are being prioritized, along with early diagnosis of this illness. A test and an oral drug called miltefosine for kala-azar have been introduced to enable rapid detection and proper treatment. The government is providing 100% support to ASHAs in identifying suspects and ensuring the completion of treatment”.

### **Japanese encephalitis**

“Japanese encephalitis has been detected in certain parts of the country, and it is considered an endemic disease. Early diagnosis and proper management are crucial in reducing complications and mortality rates. ASHAs have been actively involved in identifying patients with Japanese encephalitis to ensure they receive timely vaccination”.

### **Impact of ASHAs health care services in empowering health care sector**

“Since the inception of ASHAs under NHM, the ground-level health status has improved. Many studies have looked into ASHA services, especially those related to maternal and child health. In 2018, Farah N Fathima discovered that “over 80% of ASHAs were visiting homes, giving advice on pregnancy care, helping women get to the hospital for childbirth, treating minor health problems, assisting tuberculosis patients with DOTS, and arranging community health meetings. Additionally, about 60% of women who gave birth in hospitals did so because ASHAs encouraged them to do so.” In 2013, Bhattacharya H and colleagues discovered that “nearly 90% of pregnant women were utilizing ASHA services. They also found that 95% of the women in their sample had registered their pregnancies, with ASHA's assistance contributing to 90% of these registrations. The study revealed that ASHA services were particularly beneficial for pregnant women, aiding them in receiving antenatal check-ups, iron and folic acid supplements, laboratory tests etc. (Babu, 2021) “. Similarly, a 2019 study by Samisha Agarwal showed that “receiving ASHA services led to a significant increase in the number of women attending antenatal care visits, having skilled birth attendants (SBA) during childbirth, and delivering in healthcare facilities. (Babu, 2021). This positive impact of ASHA services was especially notable among economically disadvantaged women and those belonging to scheduled castes and other backward castes”.

“In 2008, the United Nations Population Fund also conducted a study to evaluate the national health program. It was found that the rate of institutional delivery was 12% in 1992-93, but in 2008, it had increased to 55%. The infant mortality rate, which was 58 per 1000 live births in 2005, dropped to 30 per 1000 live births in 2012. The maternal mortality rate, which was 301 in 2001, has decreased to 100/100,000. The total fertility rate, which was 2.9% in 2005, changed to 2.1% in 2012. A study conducted in Uttar Pradesh shows that 59% of immunization activities have been facilitated by ASHA workers. Additionally, many other studies demonstrate that the neonatal mortality rate declined by 70% between 1993 and 2003 after linking ASHA with maternal and infant care (Sanjay V, 2014)”.

### **Conclusion**

“In conclusion, the important role of ASHA workers in Nation building, specially within the health sector, cannot be ignored. These dedicated individuals serve as an important links between communities and healthcare services, contributing significantly to the improvement of overall health outcomes in rural and urban areas. By bridging gaps in healthcare accessibility, promoting preventive measures, and facilitating community empowerment, ASHA workers play a vital role in fostering sustainable development. Their tireless efforts contribute to the enhancement of healthcare infrastructure, awareness, and well-being, ultimately paving the way for a healthier and more prosperous Nation”.

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