

ROLE OF ASHA ACTIVISTS IN IMPROVING WOMEN'S AND CHILDREN'S HEALTH IN THE RURAL AREAS.

VENUGOPAL. H. S. Asst Prof of Commerce

Dr. K. Shivarama Karantha Govt First Grade College Bellare, Sullia. D. K. Dist.

Introduction

India's health care system is strained in terms of the number of healthcare professionals including doctors and nurses. The health care system is also highly concentrated in urban areas. This results in many individuals in rural areas seeking care from unqualified providers with varying results.

Women and children health in India can be examined in terms of multiple indicators which vary by geography, socio-economic standing and culture. To adequately improve the health of women and children in India multiple dimensions of wellbeing must be analysed in relation to global health averages.

Recognizing the importance of health in the process of economic and social development and improving the quality of women's and children's health, in 2005 the Govt. of India ministry of Health & family welfare as a part of National Rural Health Mission (NRHM) in the Eleventh Five year plan (2007-2012) was launched in April 2005, took further 14 months i.e., July 2006 for framework implementation. In the year 2007-08 the programme became fully operational. Some of its primary goals were to reduce infant mortality and also the maternal mortality ratio.

Literate women's are playing a vital role in the Indian society, also in the management of Govt. departments like Education and Healthcare. Their contribution to the census process is memorable, as they are working hard for continuously 5 months in preparing the facts and figures of the nation. The departments in which women's are preferably working are of social transformation. These factors made the NRHM to think in a dynamic way to improve the Health system of India by involving the women in the root level.

The NRHM brought about a significant change in the role and scope of community participation. Major areas of NRHM initiative was the formation and financing of village health, sanitation and nutrition committees. Important innovations such as community monitoring and civil society involvement in district health planning further enhanced community participation.

Community health workers are frontline public health workers who are trusted member of and/ or have an usually close understanding of the community served. This trusty relationship enables community Health workers can help reduce system costs for health care by linking beneficiaries to community resources.

ASHA

In order to get the co-operation or involvement in the social level NRHM insisted ASHA (Accredited Social Health Activist) for promoting the health awareness among the people. ASHA is a health facilitator, a service provider and a health activist. Broadly her functions involve providing preventive and primitive and basic curative care in a role complementary to other health functionaries, educating and mobilizing communities particularly those related to belonging to marginalized communities for adopting behaviours' related to better health and create awareness on social determinants.

ASHA local women trained to act as health educators and promoters in their communities. To complement the work of ANM, ASHA is selected through a selection process to fill the gaps in the healthcare delivery system. The ASHA strengthens the health promoting services between health sector and a common man. ASHA is a govt. insisted healthcare promoting activist who is working in the rural area for the benefit of the indigenous people. She is promoting the healthcare as part time work after getting trainings from the primary health care centres. ASHA should have tenth passed qualification in order to work in the non-tribal area which is having a population of 1000 people. In case of tribal area of having 1500 people, she should have a qualification of eighth pass. She is not a full time worker, she should bring into the notice of any diseases and minor health problems to the ANM nurse in the located area. Even she can give treatment to minor health problems with the medical kit given to her.

ASHA is a link worker/facilitator, having several strengths and opportunities for enhancing the program the continuum of care that they offer to mothers, children & families through antenatal care, safe delivery, postnatal care, early childhood nutrition & care, routine & sick child care, care for common communicable diseases & family welfare.

The unique feature of the ASHA program in Karnataka is the measures taken to ensure sustainability. Other states adopted an NHRM cadre of ASHA mentors with one mentor per 15 ASHA's. In Karnataka, mentors were hired at the block level and district level and supervision of ASHA's was entrusted to ANM's & LHV's. Additionally other states had much higher NGO involvement in the ASHA training, whereas in Karnataka, the first trainings were done by NGO's & subsequently rolled out by SIFHW. This means that Karnataka program is more strongly embedded with the health system, and is therefore more sustainable.

SIGNIFICANCE

The research on healthcare has done very less in India and the research on community health worker like ASHA is a new concept, less research has done on this. Confining to Kodagu district the research on health care marketing has not been done. The status of the health care marketing and the beneficiaries and the track record of the ASHA activists have to be done in depth.

The ASHA programme has generated global interest and is the subject of several studies and evaluation. It is more significant to study the ASHA activists of Karnataka in particular Kodagu as ASHA's are trained by SIFHW, unlike that of NGO's in other states.

In the rural areas the responsibility of promoting health care has been entrusted by the Government to several link community workers like ANM, AWW, ASHA and Health officers. It is appropriate to study each community worker and their contribution.

OBJECTIVES

The core objective of the study is to project the status, trends and future projection and key factors determining the health care promotion in particular through ASHA. To introspect and preserve the socio-economic and demographic profile of the beneficiary and ASHA

As it is a research work, this paper mainly concentrates the healthcare aspects and risky factors involved in discharging care of Karnataka state, Kodagu district, Somwarpet taluk, Shanthalli PHC, HEGGADA MANE VILLAGE people.

SCOPE OF THE STUDY

The study limits to Karnataka state, Kodagu district, Somwarpet taluk, Shanthalli PHC, Heggadamane village. Heggadamane is a village of 40 houses with a population of 120, scattered in a densely forested Western Ghats Pushpagiri reserve forest range. Topography of this village is slant and vertical mountain ranges, and small and tiny water- falls and a deep and big one which is popularly called Mallalli falls.

NEED OF THE STUDY

This is a village with lack of transportation facilities, bad roads and even seasonal small water-falls during rainy season which makes some of the houses break from the rest of the people, threat of wild animals also.

A study has been conducted on the service of ASHA activist and the health problems faced by the women and children in that village, even the ASHA activist facing during the time of servicing with the questionnaires.

As most of the residents in the village are small estate owners, they are moderately educated by the nearby village schools and most of the youths are working outside the district as in the case of rest of the districts in the state. As they are educated health consciousness of the villagers is at an average.

HEALTH SERVICE PROVIDERS

Health service providers of the village are Health Assistant, Anganwadi worker, ASHA Activist etc. These three service providers are particularly women who are providing not only the health service but also the other services provides by the state and central govt.

Health assistant and Anganwadi workers are the oldest media of service providers who are having a good track of promoting eradication of Polio disease. But ASHA is newly introduced media for the health service by the Govt. who is also working hard for the health promotion at the village level.

ASHA especially in the hilly area and especially in the Heggadamane region is working excellently. According to the survey conducted through questionnaire, Most of the problems faced by the localities and the

services provided by the ASHA for that are Snake bite, Blood deficiency, Leeches suck, Arthritis, Antenatal and Maternal care etc.

The general problems faced by the residents and also faced by the ASHA is as follows.

- a) Transportation,
- b) Wild animal attacks
- c) Distance from PHC,
- d) Distance from medical shops.
- e) Scattered houses etc.

DEMANDS OF THE VILLAGERS

Urgent need of a PHC sub-centre with the presence of an ANM, and a Small ambulance for 24X7 hours of service.

FINDINGS OF THE STUDY

- a) PHC Shanthalli is the only health centre nearer to the Heggadamane is 25 kms which is really far as the village is scattered which takes minimum 1 hour for the reach of PHC in case of emergencies.
- b) There is no kit given to ASHA activist as specified in the NRHM programme
- c) Even ASHA activist is finding difficult to reach the each every house of the village.
- d) ASHA activist is not a locality of the Heggadamane village.
- e) Health care promotion in the village is rarely finding.
- f) In case of health, villagers are familiar with ANM health service provider comparatively with ASHA and Anganwadi worker.

These findings are procured by 15 questions questionnaire. The sample of the questionnaire is as follows

- 1) Who is taking care of the health of the villagers?
 - a) Health Assistant(ANM) b) Anganwadi worker c) ASHA d) All these
- 2) What do you think is a hurdle for the ASHA activist to get contact with the villagers?
 - a) Transport b) wild animals attack c) Far from own village c) All these
- 3) What is the media using to promote health in the village?
 - a) Speeches b) videos c) pamphlets d) All these
- 4) Is there any need of ASHA in between ANM and Anganwadi worker?
 - a) Yes b) No c) can't say
- 5) What do you think about the women worker as health activist?
 - a) Satisfied b) dissatisfied c) can't

SUGGESTIONS

- a) At the village level women workers are best suitable for healthcare promotion
- b) ASHA activist should belong to one village irrespective of the population instructed in the NRHM.

- c) NRHM should distinctively consider the hill stations as scattered houses and less population.
- d) Atleast 15 Km one PHC sub- centre should be provided.
- e) As suggested in NRHM, first aid kit should be given
- f) Payment of the ASHA should be reviewed.

Key words: ASHA, NRHM, PHC.

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- 2) Social Marketing – Philip Kotler
- 3) NRHM Monthly magazine.
- 4) Questionnaire

