



ROLE OF ASHA WORKERS IN HEALTH CARE SERVICES: A STUDY OF PAIPARA PANCHAYAT

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Cite This Article: Dr. Gigi Elias & Dr. Raji K Paul, "Role of ASHA Workers in Health Care Services: A Study of Paipara Panchayat", International Journal of Current Research and Modern Education, Volume 4, Issue 2, Page Number 23-24, 2019.

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Abstract:

The Accredited Social Health Activist (ASHA) program is a cornerstone of India's National Rural Health Mission (NRHM), established in 2005 to bridge the gap between rural communities and the public health system. This study explores the functional dynamics of ASHA workers within Paipara Panchayat. By analyzing primary data from 20 respondents, the research evaluates their socio-economic backgrounds, service delivery effectiveness, and the systemic hurdles they encounter. While ASHA workers are pivotal in increasing institutional deliveries and immunization rates, the study highlights a pressing need for financial and structural reforms to sustain their motivation.

Key Words: Health Care, Services, ASHA Workers, Paipara

Introduction:

Health is not merely the absence of disease but a fundamental pillar of human development. In rural India, geographical and socio-economic barriers often prevent vulnerable populations from accessing basic healthcare. To address this, the Government of India launched the National Rural Health Mission (NRHM). The "ASHA" (meaning 'Hope') worker was envisioned as a trained female community health volunteer who acts as the first point of contact for any health-related demands in rural households. In the context of Paipara Panchayat, these workers serve as the backbone of grassroots health governance, translating policy into practice.

Objectives of the Study:

The research was guided by four primary objectives:

- To evaluate the specific roles played by ASHA workers in localized healthcare delivery.
- To document the socio-economic profile of these workers in the Paipara region.
- To gauge the level of job satisfaction and professional morale.
- To identify and categorize the systemic challenges that hinder their performance.

Methodology:

This study adopts a descriptive research design. Primary Data: Gathered via structured interviews and questionnaires from 20 active ASHA workers in Paipara Panchayat. Secondary Data: Sourced from the Ministry of Health and Family Welfare (MoHFW) reports, previous academic journals, and local Panchayat records. Sampling: A purposive sampling method was used to ensure the inclusion of workers with varying levels of experience.

Profile and Findings:

The demographic data reveals that the workforce is composed of mature, educated women, typically in the 26-30 age bracket. Marriage and local residency are common traits, which fosters a high level of trust within the community.

Key Findings Include:

Service Demand: 50% of the community interactions involve direct healthcare assistance (maternal health, fever, and injury), while the remaining 50% involve counseling and family planning. **Work-Life Balance:** Most workers dedicate 5-6 hours daily, showing a high level of commitment despite the "volunteer" status of the role. **Motivation:** Interestingly, 60% of respondents cited the need for a stable salary as their primary motivator, though 85% expressed overall job satisfaction derived from social service.

Critical Challenges:

Despite their successes, ASHA workers in Paipara face significant "bottleneck" issues: **Financial Precariousness:** The incentive-based structure leads to irregular income, which does not reflect the rising cost of living. **Administrative Burden:** ASHA workers are often burdened with extensive documentation and reporting, which takes time away from actual community visits. **Training Gaps:** While initial training is provided, there is a lack of continuous, specialized medical training to handle evolving health crises.

Suggestions for Improvement:

To optimize the impact of ASHA workers, the following measures are recommended:

- **Fixed Remuneration:** Moving from a purely incentive-based model to a fixed monthly stipend.

- Digital Integration: Providing tablets or mobile tools to reduce manual paperwork and speed up incentive claims.
- Health Insurance: Providing ASHA workers and their families with comprehensive health coverage as a form of non-monetary recognition.

Conclusion:

The ASHA program in Paipara Panchayat is a testament to the power of community-led health interventions. These women have successfully moved health services from the clinic to the doorstep. However, for the program to remain sustainable, the "activist" must be treated as a professional. Addressing the gaps in income and job security is not just a matter of labor rights, but a necessity for the overall improvement of India's rural health indicators.

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