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ASHA- the Lady Health Activist and Health Status of Rural Women – A Case Study of Karimganj District

Suchitra Das
Assistant Professor & Head Department of Economics,
Karimganj College

Abstract

Women constituting almost half of the population of a country are the major human resource and accordingly the involvment of women in every sphere - economic, social, political is urgently felt for the development of a country. Health is one of the major infrastructures to constitute a strong human resource and is emerging as a significant element of human capital and a vital indicator of human development. Improvement in the health status of women plays a very important role in the improvement of socio-economic condition of an economy.

In India nearly 70% of the population are coming from rural areas and are suffering and dying from preventable diseases due to unavailability and inaccessibility of health care services. Among the rural population women are the most sufferer. They are trapped in poverty, malnutrition, low level of literacy, and are facing high rate of infant and maternal mortality rate with low expectancy of life at birth etc. Providing sound health care to these rural women is the urgent need and accordingly the Government of India has launched National Rural Health Mission to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, and women. ASHA – one of the stakeholders of NRHM play a very important role in smoothening the delivery of health care services to the rural population specially the woman. A female from a village acts as an ASHA in improvising the health condition of the rural women. The present paper is prepared with the following objectives:

1. To study how ASHA is functioning in providing health care services.

Methodology and data base:

The study will be based on both primary and secondary data. The primary data will be collected by using multistage sampling. In the first stage of

sample selection 2 Community Blocks of Karimganj will be selected at random. From the selected 2(two) Community Blocks 1 Gaon Panchayat from each Blocks will be selected on the basis of simple random sampling. From each of 2 selected Gaon Panchayat 2 villages will be selected by using simple random sampling. From each village 10% of total household will be surveyed and the ASHA workers will be directly interviewed. The main sources of secondary data are the official publication of governments.

Women are the mother of a race. The development of a nation requires development of women by giving them opportunity to contribute their potentialities. Creating opportunity requires empowerment of women form social, economic and political point of view. In the recent sphere of development paradigm where human development is the most concern, mere increasing the volume of output or other macroeconomic indicator are no more considered as growth or development of a country unless there is improvement of the overall development of human being. The main element of human development paradigm is people and considering the same as human capital. Women constituting almost half of the population of a country are the major source of human capital or human resource. Without the development of women half of the human resources remain unutilized. Realizing the fact all planners and policy makers are giving great attention for women development.

Transformation of human resource to human capital requires strong base of social infrastructure. Health is one of the major infrastructures to constitute a strong human resource and is emerging as a significant element of human capital and a vital indicator of human development. In this respect the health of women is very significant. Good health status of women not only enables them to enjoy long, healthy and creative lives as well remunerative employment but also assures healthy child or healthy family. However, it is a known fact that the health status of women is very low compared to their male counterpart. Mortality either in the form of maternal or infant seems to be highest in case of female. For instance, the maternal mortality rate (per 100,000) is 407 in India, whereas it is only 56 in China, in the year 2004, and 101 in Japan. Infant mortality rate is 85 (per1000); 36 in China. Expectations of life at birth in 2004 was, 63.9 for male and 66.9 for female where as it was 79 and 86 respectively for male and female in Japan. But the picture is very acute for the rural population of India. Of the total population, Infant mortality rate is

75 (per1000) compared to 44 in urban areas.

Since women are the custodian of the health of a family they play a unique role in maintaining the health and wellbeing of communities. Accordingly the International Conference on Population and Development at Cairo in 1994 and Fourth World Conference of women at Beijing in 1995, it was accepted that women's health and reproductive rights are important means of women's empowerment and quality of life. In India importance of improvising women's health is thus felt and the landmark approach in this regard is the National Rural Health Mission launched in April 2005. The prime focus of the mission is child and mother. The mission seeks to improve the health care delivery system. To strengthen the infrastructure of health delivery a cadre of Accredited Social Health Activist (ASHA) is created to bridge the gap in rural health care especially for the women and child. Selected from the village itself and accountable to it, the ASHA is a female health activist who is trained to work as an interface between the community and the public health system.

About functions of ASHA:

Rural women are selected as ASHA and they perform various functions related to health care delivery however, here those related to women and child is mentioned:

- Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is a fountainhead of community participation in public health programmes in her village.
- ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.
- ASHA is a health activist in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilization and accountability of the existing health services.
- She is a promoter of good health practices and provides a minimum package of curative care as appropriate and feasible for that level and makes timely referrals.
- ASHA provides information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of

health & family welfare services.

- She counsels women on birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child.
- ASHA mobilises the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centers, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government.
- She acts as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc..

Due to non- availability of good health care delivery system, illiteracy and ignorance of the importance of women's health earlier the maternal mortality was very high. All these functions of ASHA workers are directly affecting the health status of rural women. Here the parameters of health status of rural women are confined to maternal mortality, infant mortality.

In this respect it *necessitates* in the present paper to study the how ASHA workers being a lady health activist are engaged in improving health status women in particular and rural areas in particular in the Karimganj District of Assam.

Background of the study

Karimganj with an area of 1839sq.km is a district in the southern part of Assam. Of the three districts of Barak valley, Karimganj has an international border with Bangladesh in its North West side, Tripura on its southwest, Mizoram in the south and other two districts of Barak valley Cachar and Hailakandi on the eastern side.

Karimganj is situated between longitude 92˚15′ and 92˚35′east and between 24˚15′ and 24˚55'east latitude. The north and north eastern district are plain areas while south and south western parts are covered by dense forests. Largest number of population of Karimganj i.e.92.67% resides in the rural areas and their main occupation is agriculture and allied activities. Rice accounted for nearly 80% of the gross cultivated area. But this practice is

seasonal, in other times they mainly depend on other occupations such as day labour.

Overview of the district:

1.	Total land area	1089 sq.km
2.	Total population	1003678
3.	Total rural population	934126
4.	Total urban population	73,747
5.	Sex ratio	944
6.	Literacy rate	55.74
7.	Poverty line	40.86

Source: Department of statistics and economics. (2001 census)

With largest rural areas Karimganj has local rural self-government or Panchayat Raj institution (PRIs) constituting of 1 Zillah Parishad, 7 Anchalik Parishads with 96 Gaon Panchayat.

Objectives of the study:

The paper is presented with the following objectives:

1. To study the changes in health status of rural women with the service provided by the ASHA workers.

Methodology and data base:

The study is based on both primary and secondary data. The primary data is collected by using multistage sampling. In the first stage of sample selection 2 Community Blocks of Karimganj is selected at random. From the selected 2(two) Community Blocks 1 Gaon Panchayat from each Blocks is selected on the basis of simple random sampling. From each of 2 selected Gaon Panchayat 2 villages is selected by using simple random sampling. From each village 10% of total household is surveyed and the ASHA workers are directly interviewed. The main sources of secondary data are the official publication of governments.

Findings:

The first part of the findings of our study is about the health status of the women of the rural areas in Karimganj district. This is depicted in the table below:

1.	Total land area	1089 sq.km
2.	Total population	1003678
3.	Total rural population	9,30,131
4.	Total urban population	73,747
5.	Sex ratio	944
6.	Literacy rate	55.74
7.	Birth rate *	26.6(per thousand)
8	Death rate *	9.2(per thousand)
9.	Poverty line	40.86
10.	Fertility rate	7.08
11.	Doctor-population rates (per lakh of population)	6.48
12.	Health facilities	
	1. ASHA(per lakh of population)	99.99
	2. No. of bed available (per lakh of population)	6.45

The maternal mortality rate in Assam in 2004-06 was 254 and was 212 in 2007-09.Infant mortality is 70 per thousand. Performance of ASHA in promotion of health status of the rural women can be visualized in the following cases:

Increase of institutional Delivery: The numbers of rural mothers for preferring institutional delivery has increased. It is found that the number of institutional delivery has increased district wise form 4920 in 2007 to 11439 in 2010. As from the table 1 it can be seen that the percentage of institutional delivery has increased from 25 percent in 2007 to 61.2 percent in 2010. These increased preferences are due to the awareness of the rural masses about the benefit of both good health of mother and child, less risk of infant and maternal death and other complicacy during after the birth of child. It is an undoubted fact that ASHA workers are most responsible for increasing the preference of institutional delivery as well promotion of maternal health.

The following table shows the number of increasing institutional delivery in the sample areas.

Table 1: No of institutional delivery in the sample areas.

Year	Institutional delivery
2007	25%
2008	27%
2009	49%
2010	61.2%

Source: Author

Table no 2. No. of Institutional Delivery in Karimganj District

Year	Karimganj District
2007	4920
2008	7557
2009	7964
2010	11439

Source: Joint Director of Health Services, Karimganj

Awareness of people: Another performance of ASHA workers is increasing the awareness level of the rural women to live a healthy life. Keeping in continuous touch with each and every rural woman they become aware about different practices to live a healthy life which included child immunization, nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services. Visiting the rural areas interviewing with the villagers it was found that there has been increasing realization of the numbers of rural masses for complete immunization of their children. It was a known fact that rural people due to their ignorance and poverty fail to give proper nursing to their children and thus giving an unhealthy future to the society. This challenge is reduced as ASHA workers have successfully coming forward with increasing the awareness of the people to immunize their children from deadly diseases. It is found that about 90.50 percent of the rural people are aware about the providing polio drop and nearly 69.93 percent about complete immunization (refer table no 3 Awareness score). Almost 96.09 percent of children are fully immunized in the district in 2010 (Joint Director of Health Services, Karimganj)

Table 3 Awareness score of rural women:

Sl. no	Heads	Score (in percentage)
1	Aware to use sanitation	35.75
2	Aware to use purified water	72.07
3	Aware about NRHM	23.02
4	Aware about complete child immunization	69.93
5	Aware about giving polio drop to child	90.50
6	Aware about institutional delivery	58.10
7	Knows ASHA of their village	100
8	Knows the functioning of ASHA	68.72

Source: Author

This changes in the health status as well the awareness level to live healthy life is the reflection of the better performance of the ASHA.

In the conclusion it can be said that ASHA the lady health activist in the rural area is thus smoothening and promoting the health scenario of the rural women. Being a female she is working as custodian of the promotion of health status of females in her village. Interviewing the ASHA workers it is found that they are enjoying empowerment both social and economic empowerment. It has been found that this village lady with some basic education and health training performing the best. Her status in the family as well in the society has increased. Another important fact to be mentioned here is that the both the female is working as the promoter of health condition of the society one as a distributer(ASHA) and other as the receiver (the rural woman) of health care services.

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