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Study of the role of the accredited social health activist (ASHA) in reducing maternal mortality rate in Tumkur district of Karnataka

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ABSTRACT

ASHA, the mechanism to strengthen the village level service delivery, will be a local resident and selected by the Gram Panchayat or the Village Health Committee (VHC). She will be supported in her work by the AWW, school teacher, members of local community based organizations, such as SHGs, and the Village Health committee. ASHA's role would be to facilitate care seeking and serve as a depot holder for a package of basic medicines. She will be reimbursed on a performance based remuneration plan. ASHA workers play a pivotal role as the primary interface between the communities and the public health system. Women, children and adolescents form the core of the society. A substantial portion of ASHA workers interaction is with the women and children. A positive impact on this targeted population will have long lasting results on the health, wellbeing and productivity. The study has clearly shown that institutional deliveries increased and MMR significantly reduced to 79 against the 106 of last year.

INTRODUCTION

Government of India has launched National Rural Health Mission to address the needs of the rural population, especially the vulnerable section of the society. The sub-centre is the most peripheral level of contact with the community under the public health infrastructure. This caters to a population norm of 5,000, but is effectively serving a much larger population at the sub center level; the ANM is heavily over worked which impact the outreach services in the rural areas.

Maternal death is a death of a woman during pregnancy, delivery and within 42 days of child-birth, irrespective of the site of pregnancy or the duration of pregnancy. Studies have revealed that 75 per cent of the death is preventable and interventions to deal with maternal death can also reduce the infant deaths.

A new band of community functionaries named as "Accredited Social Health Activist" (ASHA) is proposed to fill this void. ASHA will be the first port of call for any health related demands of village people in general and deprived section of the population especially women and children in particular who find it difficult access health services.

Objectives :

- The main role of ASHA is act like a bridge between ANM and Public.
- The main aim is reduction of IMR and MMR.
- The ASHA works within 1000 population, she takes care of small health problems.

- Improving the institutional delivers.
- Prevention and control of communicable and non-communicable diseases.
- Promotion of health life styles.

Strategy :

- ASHA primarily be a woman resident of the same village-preferably selected married widowed/ divorced.
- ASHA to act as a health resource person for maternal and child health matters.
- ASHA empowered with knowledge and drug kit to delivery first contact healthcare.
- ASHA will participate in public health programmes.

ASHA can provide a variety of services to community like treatment of minor ailments, service for women registering pregnant, counseling for family planning services, child health, household survey, reporting maternal deaths etc. (Anonymous, 2007 and Sumitra *et al.*, 2006) Before going to field, they undergo training in all preventive healthcare aspects of pregnancy etc. it is the 30-days training.

Incentives for ASHA :

The ASHA will not be paid any fixed salary or honorarium per month. Instead, they will be paid incentive amounts mainly for specific events of utilization of maternal and child health care services within her village population by the S/C S/T and BPL families.

(A) At village level ASHA/AWW /SHG. (B) Sub-centre ANM. (C) At PHC level the MO PHC. Who will in turn report to the DHO reporting within 24 hours by telephone / Fax.

Role of ASHA or other link health worker associated with JSY would be to :

- Identify pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC.
- Assist the pregnant woman to obtain necessary certifications wherever necessary.
- Provide and / or help the women in receiving at least three ANC checkups including TT injections, IFA tablets.
- Identify a functional Government health centre or an accredited private health institution for referral and delivery.
- Counsel for institutional delivery.
- Escort the beneficiary women to the pre-determined health centre and stay with her till the woman is discharged.
- Arrange to immunize the newborn till the age of 14weeks.
- Inform about the birth or death of the child or mother to the ANM/MO.
- Post natal visit within 7 days of delivery to track mother's health after delivery and facilitate in obtaining care, wherever necessary.
- Counsel for initiation of breast feeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.

ASHA should get her-first payment for the transactional cost at the health centre on reaching the institution along with the expectant mother. The second payment should be paid after she has made postnatal visit and the child has been immunized for BCG.

Note :

Work of the ASHA or any link worker associated with Yojana would be assessed based on the number of pregnant women she has been able to motivate to deliver in a health institution and the number of women she has escorted to the health institutions.

Tumkur district is about 70 km to the west of Bangalore, the capital city of Karnataka, three national highways run through the district connecting many districts of Karnataka to Bangalore. Tumkur is at 818.51 meters from the sea level, has 10596 sq km land area and it is in the third place in land area of Karnataka state occupying 5.53 per cent of total area consisting of 10 taluks, for the smooth administration the district is divided into three revenue divisions. According to 2001 census Tumkur district is having a population of 2584711 (rural 2077509, urban 507202) out of which males are 1313801 females are 1270910 with a literacy rate of 76.10 per cent and 56.90 per cent, respectively (Anonymous, 2004). Tumkur district has 10 towns and 2708 villages where 5.50 lakh families reside, out of which 4.41 lakh (80.18%) and 1.09 lakh (19.82%) families reside in rural and urban areas, respectively.

In Tumkur district against the 2475 of ASHAs only 1618 (65.37 %) were working and 857 ASHA posts were yet to be selected.

MATERIAL AND METHODS

The role of the Accredited Social Health Activist (ASHA) in reducing maternal mortality rate in Tumkur district Karnataka State India was carried out during 2013-14.

200 ASHA were selected from ten Taluks of Tumkur district. ASHA were selected by proportionate random sampling method from ten taluks (20 from each taluk) as respondents and data were collected by personal interview method and questionnaire.

Data were also collected from secondary sources of information such as reports of Department of Women and Child Development Department, PRIs and Health and Family welfare Department. Discussions were held with elected members of Panchayat Raj institution, officials of these Departments, experts, and executives, to elicit their views, ideas and opinion

Table 1 : Distribution of respondents according to education level (n=200)

Sr. No.	Category	Accredited social health activist (ASHA)	
		Frequency	Percentage
1.	9th Pass	34	17.00
2.	10th Pass	124	62.00
3.	12th Pass	42	21.00
4.	Graduates	00	00.00
	Total	200	100.00

Table 2 : Distribution of respondents according to their age (n=200)

Sr. No.	Category	Accredited social health activist (ASHA)	
		Frequency	Percentage
1.	Young age (<35 yrs)	89	44.50
2.	Middle age (36-50 yrs)	102	51.00
3.	Old age (> 50 yrs)	9	4.50
	Total	200	100.00

Table 3 : Distribution of respondents according to their monthly incentives (n=200)

Sr. No.	Category	Accredited social health activist (ASHA)	
		Frequency	Percentage
1.	Rs. 1000-2000	13	6.50
2.	Rs. 2001-3000	72	36.00
3.	Rs. 3001-4000	89	44.50
4.	Rs. 4001 and above	26	13.00
	Total	200	100.00

Table 4 : Key health indicators

Sr. No.	States and India	MMR (Source SRS: 2001 to 2003)	IMR
1.	India	301	58
2.	Karnataka	228	50
3.	Tumkur (DLHS2)	106	18
4.	Tumkur present	79	16

Source: Health and Family Welfare Department

Table 5 : Total deliveries in 2013-14 in Tumkur district

		2013-14			
Sr. No	Months	Institutional deliveries	Home deliveries	Total deliveries	Total deaths
1.	April	3173	29	3202	1
2.	May	2835	5	2840	3
3.	June	2808	27	2835	2
4.	July	2967	21	2988	2
5.	August	2861	29	2890	2
6.	September	2865	28	2893	3
7.	October	3305	22	3327	3
8.	November	3007	21	3028	2
9.	December	2898	24	2922	3
10.	January	2886	27	2913	4
11.	February	2874	16	2890	0
12.	March	2889	26	2915	3
	Total	35368	275	35643	28 (MMR 79)

Source : Health and Family Welfare Department on the important issues pertaining to maternal mortality rate and the role of ASHA. The data were collected through personal interview and secondary source was analyzed by using suitable statistical techniques.

OBSERVATIONS AND ANALYSIS

The results from Table 1 indicated that majority (62.00 %) of the respondents were having 10 th pass or High School education followed by 12th pass education (21.00 %), and 17.00 per cent of the respondents were having 9th pass education.

It is apparent from Table 2 that majority of the respondents (51.00 %) were under middle age category followed by young age (44.50 %) and less percentage (4.50 %) of old age group.

To understand the role of accredited social health activist (ASHA) in reducing the mortality rate in Tumkur district (Karnataka) was analyzed. The ASHA will not be paid any fixed salary or honorarium per month. Instead, they will be paid incentive amounts mainly for specific events of utilization of maternal and child healthcare services within her village population by the S/C S/T and BPL families.

The findings from Table 3 showed that majority (44.50 %) of the respondents were taking the incentive of Rs. 3001 to 4000 per month followed by 36.00 per cent of the respondents were taking incentives of Rs. 2001-3000 per month. Only 13.00 per cent of the ASHA workers were getting the incentive (high) of Rs. 4000 and above per month.

It is evident from Table 4 and 5, in 2013-14 there were total deliveries of 35643, out of which 35368 *i.e.* 99.22 per cent, were institutional deliveries and 0.77 per cent were home deliveries and MMR was 79 against the 106 of last year.

Conclusion :

The study has clearly shown that institutional deliveries increased and MMR significantly reduced to 79 against the 106 of last year due to the involvement of the Accredited Social Health Activist (ASHA) in motivating and educating regarding MMR and IMR to rural pregnant women. Findings of the study revealed that out of 2475 of ASHAs, only 1618 (65.37 %) were working and 857 ASHA posts were yet to be selected. Many of the ASHA workers expressed the delayed payment of incentives, which is demoralizing the interest of working with rural poor.

It is essential to address these issues by establishing the suitable system and monitoring mechanism so that ASHA motivated to work and perform well to achieve the goals / objectives of NRHM.

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