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Challenges Faced by ASHA Workers During Covid-19: An Analysis

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ABSTRACT

ASHA workers are one of the diverse groups of health workers who are placed as the first line of defense to combat COVID-19 by the government. All over India, more than 900,000 ASHA workers were working head to toe to manage the corona virus in both urban and rural India. A vital cog in the country's primary health care response network, ASHA workers have faced continual neglect and an often-underwhelming recognition for their crucial work, not just during the pandemic but unfortunately over the years as well. The present study was conducted to explore the challenges faced by ASHAs during COVID 19. The article elaborates on the findings of the investigation which were sampled from 50 ASHA workers in and around the Moodubidire area of Dakshina Kannada district of Karnataka by using an interview schedule and discussion method. The results showed that an average ASHA worker faced two major problems during the pandemic one with financial issues and the second with her safety. The findings even showed an extremely low payment, transport issues, lack of family support, inadequate recognition of their efforts, and apathy towards their demands have seen morale dipping during the pandemic. Based on the suggestions of the respondents' article further, recommend the government to make the public health system more robust and responsive to the needs of these unsung heroes of COVID-19.

Key Words : Challenges, ASHA workers, Analysis

INTRODUCTION

When Covid hit the nation and large parts of India went into lockdown a varied group of volunteers, frontline workers, and medical staff stepped in to bridge the gap caused by a reduced workforce. ASHA workers were amongst the first respondents in the field during the pandemic. In a normal year, an average ASHA staff has a comparatively busy schedule. These female health workers are as essential as any other healthcare worker. They are not treated as permanent workers; they are considered more activists than employees. They hold the key to the age-old problem of India, documentation. Right from the pregnancy of a woman, and childbirth to the death of the person, every detail is documented by them.

They stand out as more vital as they are the liaison between every individual of the community and health care management. Her key roles and responsibilities include identifying and registering new pregnancies, births, and deaths; mobilizing, counseling, and supporting the community to seek available health services; identifying, managing, or referring diseased cases; facilitating health service delivery through home visits/community visits, first aid immunization sessions, and assisting health-related camps, maintaining data and actively participating in grass root level health planning.

The role of ASHA in the fight against Covid-19 is vital. They have played a key role in sensitizing the communities about the preventive measures to be adopted such as regular hand washing with soap and water, the importance of wearing masks in public places, and maintaining adequate physical distancing. ASHAs have facilitated the panchayat raj departments in the development of the community quarantine centers, in building like Anganwadi centers and primary schools. They have ensured the adoption of the Aarogya-Setu app at

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the community level through awareness generation and guidance in its installation.

The new tasks also cover surveying 30-50 houses every day to collect relevant information on travel histories, gather the health profile of household members (for example, details like the number of people in the family who suffer from hypertension or diabetes), and visitor details, imparting quarantine instructions, monitoring and assisting persons in quarantine, checking their symptoms, maintaining reports as well as submitting reports to the medical officer at the primary health center (PHC). Administering medicines for hypertensive or diabetic persons: and guiding people on precautions to be taken (for example, educating masses on the importance of social distancing, wearing masks, washing hands, and keeping senior citizens safe). They have also been instrumental in providing Reproductive Maternal Neonatal and Child Health (RMNCH) services which were directly affected by lockdown measures and the need of maintaining physical distancing. They have created awareness about the accessibility of these services and helped to avail them.

In the initial months of the pandemic, patients were either sent to institutional quarantine centers or hospitals, which was the primary task of ASHA workers. As they were the first point of contact for the community, they worked for prolonged hours, being on call round the clock to attend to any health complications in the community. In many states, these frontline female workers worked in containment zones and risked their lives without adequate facilities. They were asked to do door to door survey of 50 houses surrounding each covid case for contact tracing. ASHAs also had to set up testing camps, and gather, and maintain information/reports on all persons tested in containment zones. In the later months of the pandemic, they were also responsible for ensuring that family followed home isolation protocols.

Even during the lockdown, in some Anganwadi centers, ASHA workers had been arranging vaccination sessions and pregnant women checkups, following all social distancing protocols. As community members are scared to go for pregnant women's check-ups and vaccination, they were also engaged in home visits and door-to-door counseling. Apart from surveillance and quarantine work, these health warriors were actively involved in distributing necessary medicines, sticking covid-19 seals in houses, and public messaging.

Challenges faced by ASHAs during COVID-19:

During these days, this cadre of women health workers' workload has increased and intensified compared to normal days because of the additional responsibilities/ tasks and longer commutes. Along with an increased workload; they also shouldered an increased burden in household work. Their remuneration was low and irregular, and they have also lost earnings because of the suspension of their normal incentive-based payments. Their health was endangered because of inadequate safety gear and insufficient training. Despite their crucial role in delivering primary healthcare services, they had no security benefits and were not recognized as health workers. Some ASHA workers reported caste and gender-based discrimination while performing Covid 19-related duties in the community. Being a vital part of the coronavirus prevention chain, they are the first ones in contact with people. Their safety depends upon a bottle of sanitizer and 6 hours disposal mask. The loss of employment and earnings of their household members caused severe economic and emotional distress for ASHAs.

Review of Literature:

Khadeeja Vayalil *et al.* (2021), conducted a study to explore the role of Accredited Social Health Activists (ASHAs) and various problems faced by them during the pandemic era of Covid 19. The study was sampled by 36 ASHA workers in a 5 sub-center of the Kunnothparamba panchayath of Kannur district in Kerala. It was found that ASHAs performed multiple tasks during the pandemic which includes a door-to-door visits and gathering information, contact tracing, maintaining documents, etc. The study also uncovered the challenges faced by ASHA workers during a pandemic such as increased workload/overburden, lack of COVID protective equipment, low payment, etc.

METHODOLOGY

Purpose of the study:

The present study was conducted to explore the challenges faced by ASHAs during COVID-19.

Justification for the study:

In India, ASHAs are an integral part of the health care system, but continue to be considered as volunteers and not full-time employees. These women frontline workers at the forefront of health and nutritional service

delivery were struggling due to increased workload and low pay in the wake of the pandemic. Thus, the present study was undertaken to explore challenges faced by ASHA workers during COVID-19.

Study area and sample size:

50 ASHA workers were selected as respondents for the present study from in and around Moodubidire.

Tools of data collection and sampling technique:

Both primary and secondary data were used for this study. Primary data for this study was collected by using an interview schedule and discussion method. The researcher used the convenience sampling method for the study. The secondary data for this study was collected from media, published reports, newspapers, journals, and e-resources.

Data processing:

After data collection, it was edited, coded, classified, and tabulated.

Limitations of the study:

The study had limitations of resources and time. As the study was limited to a particular geographical area, the findings cannot be generalized. In addition to this, the study was conducted during lockdown; the reluctance of the respondents to give correct answers may also affect the study.

ANALYSIS AND INTERPRETATION

The collected data was analyzed with the help of tables and interpreted accordingly. The researcher conducted a study and explored the challenges of ASHA workers during COVID-19. As a result of the investigation, it was found that the majority of them faced different challenges while performing COVID duty as mentioned below:

Analysis of the findings:

The study shows that 80% of the respondents felt scared and undervalued during their duty. It is imperative to note that 96% of them were overburdened with workload and they were underpaid. It is even evident from the above table that they faced transport problems during the work period. As far as family support is concerned about 68% of them had no support from family to perform their duty. The study clearly shows that 64% of them responded about the non-availability of PPE. In connection with the total respondents, 76% of them opined that the training facility provided them was not sufficient and 74% of the respondents said that their contribution was not properly recognized by the government. It is to be noted that during the pandemic 86% of them had the burden of domestic work. It is also very clear from the table that 72% of them faced community distrust and 78% of the reported problem of leave during covid duty. It is crystal clear from the above table that 86% of them suffered from health issues and 50% of them faced non-

Table 1 : Consolidated result of the study

Sr. No.	Job challenges	Yes	No	Total
1.	Felt scared and undervalued	40	10	50
2.	Increased workload and underpaid	48	02	50
3.	The problem of transport during Covid duty	38	12	50
4.	Lack of family support	34	16	50
5.	Non-availability of PPE	32	18	50
6.	Insufficient training facility	38	12	50
7.	Lack of recognition by the government	37	13	50
8.	The burden of domestic work	43	07	50
9.	Community distrust/refusal to interact	36	14	50
10.	The problem of leave during Covid duty	39	11	50
11.	Health issues during Covid duty	43	07	50
12.	Non-cooperation from higher authority	25	25	50
13.	Work pressure from higher authority	46	04	50
14.	Difficulty to reach work target	40	10	50
15.	Problem to reach the pregnant and lactating mothers	42	08	50
16.	Shortage of human resources	47	03	50

cooperation from higher authorities. The study even shows that 92% of them said that they had work pressure and 80% of them felt difficulty in reaching work targets. A serious look at the findings also provides the presence of problems to reach pregnant women and lactating mothers (84%). In addition to this majority (94%) of them felt the shortage of human resources to perform the workload.

Summary of the discussion with the respondents:

The respondents were going door-to-door, spreading awareness and educating people about the coronavirus, gathering information about those who are likely to be infected with the virus. Some were even recording the temperatures of people who were residing in coronavirus containment zones and of people who have returned from abroad recently. They were instructed to conduct home visits, keep an eye out for migrants and educate people about necessary precautions. They have been assigned multiple responsibilities such as raising awareness about the virus and home quarantine in different communities, enquiring about travel histories and looking for symptoms of the coronavirus infection in individual cases. For the majority of them, the pandemic has meant more hours of work and personal risk.

The change in work commitments during Covid 19, the scare created around the virus spread, made most ASHA workers undergo increased anxiety from their family members, who felt their vulnerability and exposure to the field, would bring the virus home. Many people within their community refused to interact with them. It was challenging for them to work without the provision of proper leave facilities during Covid 19. Most respondents suffered from having no one else to take care of their children at home, while conducting the surveys and exposing themselves, they had a higher possibility of contracting the virus. The bulk of Covid tasks have impacted physical health, many of them experienced body pain, weight loss, anxiety fluctuating blood pressure during duty.

Many of them informed that lack of access to water and long gaps between meals during fieldwork have had an adverse effect on their health. And even though ASHA workers come to contact with people who are quarantined at home, they are yet to be provided with PPEs such as gloves and hand sanitizers. Some have been given masks, but they were not being replenished periodically. Many of them not had proper PPEs and even those supplied with equipments, didn't receive proper training on how to use them on the field. Thus, the present study echoes the importance of ASHAs in community health and how their professional requirement and personal well-being needs to be put at the center of any health care policy.

Way forward...

During the discussion, respondents even suggested some measures to improve their working conditions. They are, it is necessary to increase their pay and there should be a dedicated fund for ASHAs. This will ensure timely payment of the incentives and boost the morale of the volunteers. Streamlining ASHAs remuneration to ensure fair compensation and greater economic security can help boost their status within the health system, community and families. Skill-upgradation through training should be an integral part of the scheme. It is necessary to increase ASHA workers to minimize the overburden of work and to perform numerous tasks. The provision of smartphone and proper transportation arrangements are needed to ensure safety during the community visits and door-to-door surveys.

Conclusion:

Essentially, ASHA workers are the first line of defense wherever and whenever public health needs to be monitored and taken care of. Mostly recruited from lower-income groups, the ASHA worker is an epitome of an infinitely expansive warrior; often a key source of income for vulnerable families in our country. This is an opportune moment to push for substantive and sustained changes to respond to their needs and enable them to occupy a more empowered position within the health system. The pandemic has taught us that, it is time to plan for a forward-looking resilient health system that values its health workforce to address the diverse and pluralistic needs for primary health. The present study also recognized the need for empowered, trained, and performant ASHA workers in achieving universal health coverage.

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