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ASHA WORKER AS HUMAN RESOURCE AND PROBLEM FACED BY THEM BEFORE AND AFTER COVID-19

Miss Monika Gogoi

Faculty, Darrang College, Tezpur, Assam

gogoimonika46@gmail.com

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ABSTRACT:

The ASHA workers are working as a frontline warrior during the COVID-19 pandemic. They have to cover every health and nutrition-related issues within their community. After the COVID-19, their work increases rapidly. ASHA workers are voluntary workers, but the irony is that the ASHA worker themselves have no proper rights, and some of them cannot even fulfill their basic needs. So in this paper, the problems of ASHA workers before and after COVID-19 will be discussed, based on both primary and secondary data collecting from sub-center under Bhagamukh PHC of Assam.

Introduction:

ASHA or Accredited Social Health Activist is a scheme under NRHM (National Rural Health Mission) is presently known as NHM (National Health Mission) which was launched to provide effective healthcare at the grassroots level. The women who provide services under this scheme and accountable to the health care of their respective community is known as ASHA Worker. It only includes women and they are selected from the respective community. ASHA workers act as an interface between the community and the public health system. ASHA workers are an honorary worker. They are mostly appointed as voluntary workers and get very little money in comparison to their responsibility. The money they get for their work is not considered as salary but as honorarium. Their work mostly came under voluntary works. Babu P. Remesh said many workers working under the social Development Scheme of India receive a meager amount as honorarium which often is far below the statutory minimum wages (Remesh, 2017). After the COVID-19 pandemic the role and responsibility of ASHA worker have been increasing tremendously. Despite their usual

work they have to take every piece of information regarding COVID-19. But their honorarium has not increased so far and some ASHA workers have not received the mask, sanitizer, and gloves. But they have to be in contact with the people at the grassroots level.

Objective:

The main objective of this paper is to discuss the ASHA worker as Human resource and problem faced by them before and after COVID-19.

Methodology:

In this study, Bhagamukh PHC of Assam is selected as a field of research. Under Bhagamukh PHC, 13 sub-center are there and each sub-center have 3 ASHA worker. In this study, the researcher purposively selects 10 sub-center and 30 ASHA workers are selected for research. The ASHA workers are mainly from lower to lower-middle-class families and believe in Hinduism. Data were collected through in-depth interview.

ASHA worker as Human Resource:

ASHA worker creates awareness on health and its social determinants mobilizing their respective community towards the local health planning and increased nutrition and has to assist women for immunization and supplementary nutrition, counseling her to eat nutritious food, maintaining cleanliness, encourage women to give birth in the hospital, referred leprosy, TB and malaria to Public Health Centre, etc. An ASHA worker will take the step to create awareness and provide information to the community regarding basic sanitation and hygiene practices, nutrition, create awareness about existing schemes and services. She also has to provide primary medical care and first aid for minor injuries. She has to inform about birth and deaths in her village and any unusual health problems to the PHC or Sub-Centers.

ASHA and Anganwadi worker has to work together in some aspect. The Anganwadi worker will help ASHA in performing the following activities.

- i) They organize Health Day once or twice a month. On health day awareness on health-related issues were given such as personal hygiene, sanitation, nutritious food to the women and adolescent girls by the ANM.
- ii) They display posters, folk dance to sensitize the people.
- iii) ASHA will support the AWW in mobilizing pregnant and lactating women and infants for nutrition supplements.
- iv) AWW will update the list of children less than one year of age in the village with the help of ASHA.

After Covid-19 the duty of ASHA workers as a human resource has been increasing. After the outbreak of Covid-19, the Prime Minister of India Narendra Modi declares nation-wide lockdown and social distancing as a measure to reduce Covid-19. But many people were not aware of what

is going on in the country or they try to break the government role by their wish by showing different excuses. Also, the migrant labor that came from the COVID-19 outbreak areas is needed to stay at home quarantine. Because of the lockdown, the people who are working in the outside state along with migrants workers are bound to return to their home because they have no work. Without work, they have no money. Many of them returning from the hot spot of Covid-19 and on the train and buses also they are prone to infection. Covid-19 is an infectious disease that can be transmitted from one to another. So when the working people return to their home the ASHA worker has to keep them under supervision. Many migrant workers by themselves contact the police or the health workers about their returning and after the primary, check-up stays in-home quarantine. But some among them despite the request roam around here and there of their family member came in contact with them. So the ASHA workers have to check the health status of them and record data. Also, they have to create awareness regarding quarantine guidelines. On the other hand, panic situations among the common people have to be removed by ASHA workers. From the field study, I found that in that time in a community on average more than 10 workers back home and they are under the control of one ASHA. So the ASHA worker has to go to the community every morning. During the flood season of Assam, some ASHA workers have to go to the patient home in a boat, which is very risky. Apart from this, they had to record the temperature of patient. In the field study, the ASHA workers mentioned that in the Bhagamukh area many men were returned home because they become jobless. They had to collect the name of the person returning from other states, bring them to the health center for the primary test. They also had to visit their house daily for 14 days and click photos and have to inform the status of that person to the Supervisory Medical Officer. They also had to take part in an awareness program associated with the Anganwadi worker and the Anganwadi worker collect data from them. They had to create awareness among their respective community through pamphlets or by interpersonal communication about home quarantine, common signs, and symptoms, disease prevention, counsel individuals to take precautions to avoid contact with those symptoms suggestive of Covid-19, etc. They had to ensure that the home quarantine uses 3 layered surgical masks at all times. Educate them on the proper use and disposal of masks. They also had to educate them about precautions to be taken while taking care of persons under home quarantine. Each ASHA worker had to visit almost 10 houses a day despite all the problems. One ASHA worker said that she did not know to ride bi-cycle, so she had to go on her foot. In the night they had to prepare records.

Apart from this, they have to keep information regarding cough, fever, headache, etc. Another ASHA worker said that till the time of the field study 3 people were found Covid-19 positive. After the result found positive she had to ensure that the family is staying in quarantine and all of the contact persons test their health status.

So we saw that at the grassroots level an ASHA worker has to do so much work and they are working as a warrior against Covid-19. So from the above discussion, we can say that the ASHA and Anganwadi workers

are playing a pivotal role as a human resource in Covid-19 containment. They are always in touch with the community therefore they are best suitable for working at the grass-root level. Therefore we can consider ASHA Worker as human resource. They are trying to reduce Covid-19 with their best.

Problems faced by ASHA Worker in General:

ASHA worker experienced many problems. In their day to day life they face problem for their low payment, social stigma as lower paid worker and different kinds of Sexual violence during field visit. These are discussed below:

Low payment: ASHA worker received very low payment and considered it as honorarium, which is also not regular. But their work is not less. They have to work from morning to night without any place for rest. Whenever some delivery case occurs in her community they have to go. Even at night time also they have to go to the family and escort the patient to the Hospital. It explains the responsibility of ASHA in a community. Their payment is very low that sometimes they cannot even fulfill their basic needs. Snehal Mutha in her article “The Pandemic is a Timely Reminder of the Issues Faced by ASHA Worker”, wrote that the ASHA Workers receive 2000-3000 rupees per month on a normal day and after the Covid-19 pandemic the government announced to give an extra 1000 per month. So the value of the ASHA Worker is Rs 33 per day (Mutha, 2020). We saw the same issue in Assam also.

Social Stigma: Social stigma is discrimination or devaluation against a person based on their identity to belonging to a definite group. ASHA workers experienced stigma not only in public space but also in private sphere. Some of my respondent said that in their family they feel pressure to discontinue their work because their honorarium is very low. Also in some family they have to take permission from the elder member who always says negative work regarding their work. In most of the family women going out is considered as a bad thing and ASHA s are not free from it. From the community members they gain support but sometimes they experienced stigma related to their work. They have to suffer allegation like they did not provide the proper medicine, nutrition to the families. Their everyday field visit is also stigmatized by some villagers as ‘time pass’. The community member does not believe that their honorarium is very low. Despite their hard work they have to experience such kind of social problem.

Sexual violence: Sexual Violence is any unwanted sexual act, sexual comments or advances, or acts which is directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in public as well as private setting. (Krug, Dhalberg, Mercy, Zwi, & Lozano, 2002) So sexual violence includes any sexual act which is against a person’s will may cover sexual violence by intimate partners or non partners, child abuses, sexual jokes or comments , sexual touch, rape etc. ASHA workers also experienced Sexual violence in the family as well

as during field visit. Some of my respondents said that they experienced stalking, lewd comments etc.

Problems of ASHA Worker after Covid-19:

Covid-19 pandemic impact on every aspect of human life, a new environment set up because of this pandemic. Along with other health worker the ASHA workers are also playing an important role to combat Covid-19. But despite their duty as a frontline warrior against the Covid-19 pandemic, they are not getting a proper salary and other facilities. Some did not even get a mask and sanitizers. During the field study, one ASHA worker responded that she went to check the families by covering her face with a handkerchief as she has no money to buy masks. Another ASHA worker responded that they have getting masks but the quality is not good. Another said that they are not getting proper responses from their community. One respondent said that she is being stigmatized as a carrier of Covid-19 as she came in contact with many people every day. Some quarantine family did not care about her instructions.

Another responded said that earlier they provide immunization to pregnant women and birth control methods. But after Covid-19 they are running out of this, so they became helpless. Some families co-operating with her in this aspect, but some of them blame her without trying to know the truth. Through the news channels and newspaper we are getting to know about the humiliation of ASHA worker from the native people. I asked my respondent regarding this. 8 out of 9 ASHA workers replied that during the return of migrated worker to home, they experienced some kind of humiliation from some family. Another ASHA worker replied that in her area she has not facing any kind of humiliation and all are co-operative.

In their respective neighborhood also they did not get respect, as they are supposed to get. Some neighbors insult them as they did not get a proper salary but have to work every day. One ASHA worker also said that in her family also sometimes she felt insulted and her husband and children ask her to give up the work.

My research area is flood-affected. During the outbreak of Covid-19, the flood has also created problems among the people. Some roads were filled with water and another breakdown. So the ASHA workers have to go to the home of their patient by boat. One respondent said that she drives the boat by herself to reach a patient home. The local people appreciate her for this step. But the ASHA workers say that appreciation is not enough. They want money. As a voluntary worker, the honorarium they get is very less and it could not fulfill their needs. All the respondent ASHA workers in my study are married and have children. Their husband or family are also not well off, so they have the responsibility to look after the family. But they said that sometimes instead of look after their families they have to borrow money from others, to go to the hospital with patients.

The government provides them some kind of extra money after each delivery. But after Covid-19 they have to busy with Covid-19 related duty.

The government announced to give extra one thousand rupee to each ASHA worker but now it is closed. On the other hand, the ASHA worker has to do their duty every day risking their health, but they are not receiving minimum protection measures. The government announced health insurance for other health workers busy with Covid-19 reducing, but the ASHA worker is voluntary workers and came under the scheme. So they are not becoming the beneficiary. As footloose labor, they did not get provident fund, gratuity, pension, etc at the same time their honorarium is very less, but their work is very much.

Conclusion:

So from the above discussion, we saw that the ASHA workers have to do so many works, but they did not receive a proper salary and other facilities. In society also their position is not so good. The irony is that they are voluntary workers but the voluntary workers themselves have no proper facilities. They have no fixed salaries, higher incentives, and inclusion in social safety schemes such as pensions. They are the cheapest health care providers in India. The delay in their honorarium hurt their self-esteem and has a bearing on their service delivery. In the process of combating Covid-19, the ASHA workers are playing an incredible role. But the government has not solved their problems until now. Their role as a human resource in combating Covid-19 has been unseen and unrecognized.

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