

## SHORT ARTICLE

# Focused Group Discussion of urban ASHA workers regarding their workrelated issues

Mansi M Brahmhatt<sup>1</sup>, Jay K Sheth<sup>2</sup>

<sup>1</sup>Ex-Resident Community Medicine, Smt NHL Municipal Medical College, Ahmedabad, Gujarat, India

<sup>2</sup>Associate professor, Community Medicine, AMCMET Medical College, Ahmedabad, Gujarat, India

<a href="#">Abstract</a>	<a href="#">Introduction</a>	<a href="#">Methodology</a>	<a href="#">Results</a>	<a href="#">Conclusion</a>	<a href="#">References</a>	<a href="#">Citation</a>	<a href="#">Tables / Figures</a>
--------------------------	------------------------------	-----------------------------	-------------------------	----------------------------	----------------------------	--------------------------	----------------------------------

## Corresponding Author

Address for Correspondence: Dr. Mansi M. Brahmhatt, 15, Tarabaug Society, Near Avadhut Society, Vishvamitry Road, Vadodara, Gujarat - 390011.

E Mail ID: [mbmannhappy@gmail.com](mailto:mbmannhappy@gmail.com)



## Citation

Brahmhatt MM, Sheth JK. Focused Group Discussion of urban ASHA workers regarding their work-related issues. Indian J Comm Health. 2017; 29, 2: 187 – 190.

Source of Funding: Nil Conflict of Interest: None declared

## Article Cycle

Received: 17/02/2017; Revision: 25/02/2017; Accepted: 01/04/2017; Published: 00/06/2017

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

## Abstract

**Background:** Urban ASHA workers bridge the gap between the Urban Health system and urban poor to provide accessible, affordable, accountable, reliable & effective primary health care. **Amis & Objectives:** To identify work related problems faced by urban ASHA workers and to seek suggestions for their work-related issues. **Settings and Design:** FGD of Urban ASHA workers posted at Urban Health Centres of Ahmedabad. **Methods and Material:** Random sampling was used to select two UHCs and 8 Urban ASHA workers from both the UHCs for conducting FGDs. **Statistical analysis used:** interview transcribing. **Results:** Service gave them satisfaction, Salary did not!!! Some of the other important issues related to their work include transportation, cooperation from community, environmental issues & extended working hours. **Conclusions:** The problems identified and suggestions received needs to be taken seriously, addressed promptly and timely to improve service delivery.

## Keywords

FGD; Urban ASHA workers; Field-work

## Introduction

Rapid urbanization has led to rapid increase in number of urban poor population living in slum. The need for improving health care of the urban poor has been increasingly recognized as “thrust area” by National Health Policy, 5-year plans & RCH-II.

To fulfill this need, NUHM is set up in Jan’08, in 430 cities. It covers 210 million urban population with special focus on 62.5 million urban poor living in slums (1). The main aim of Urban Health Center is to provide accessible, affordable, accountable, reliable & effective primary health care to urban poor. Urban

ASHA workers serve as a bridge which connect health care system & community.

In developed and developing countries, job satisfaction has been found to be a significant predictor of the quality and efficiency of the health systems (2-7) So, with the ultimate aim of improving urban health services the present study was carried out for identifying work related problems faced by the Urban ASHA workers. It is assumed that findings from the study will help in planning & implementing appropriate technical, legal or administrative measures to improve the work efficiency of Urban ASHA workers and will have a long-term impact on indicators of urban health

## Aims & Objectives

1. To identify work related problems faced by Urban ASHA workers.
2. To seek suggestions for their work-related issues.

## Material & Methods

**Study Design:** Focused grouped discussions  
**Study Area:** Urban Health Centers (UHCs) of Ahmedabad city  
**Study population:** Urban ASHA workers  
**Inclusion criteria:** All the Urban ASHA workers, who...

- were present at the selected urban health centers on the pre-decided day of FGD
- were working for a minimum of 1 year
- gave informed voluntary verbal consent

**Study period:** June to August 2013

**Sampling technique:** Random sampling was used to select two UHCs and 8 Urban ASHA workers from both the UHCs for conducting FGDs. FGDs were conducted with a circular sitting arrangement around a table. Moderator facilitated the FGD. Mobile was used as audio recording instrument. Predefined set of questions were used. Responses were recorded from participants for each question. Sociogram was prepared by the note taker for all the questions differently. FGDs were conducted in their vernacular language - Gujarati and responses are translated into English.

## Results

The qualitative analysis of the FGD is discussed according the focused questions after appropriate translation to English language for wider dissemination

### Q 1. Discuss about the problems you face to reach your field practice area.

Main Responses were “unavailability of bus or rickshaw resulting in wastage of time to go from UHC to field-area” followed by other responses which include traffic problem, far off field area taking more than half an hour to reach, long waiting time till the shuttle rickshaw becomes full, difficulty walking carrying the heavy bags, Unaffordable bus and rickshaw fares, issues of safety and fear of dog biting.

### Q 2. Discuss about the response of the people in your work area

Main Reason given was, because of swelling at vaccination site, people refuse to take vaccine

subsequently. Other important reasons in areas with drinking water supply problem or drainage issues, include people’s refusal for services with insistence on improvement of basic municipal services first. Other reasons were, insult by local people who don’t allow to mark the doors/walls & Fear of being harassed by male who are living alone in field area.

### Q 3. Discuss about hurdles you face during your field work?

Answers revealed problems like fear of dog bite & nuisance of cows, unavailability of hand washing facility even during mamta sessions, no provision of CL (e.g. during pregnancy to get enough of rest), refusal for ID (intra domestic survey) activity along with occasional insulting words & lack of proper sitting arrangement during field camps / polio vaccination.

Other answers were harassment by alcoholic people, no reimbursement of mobile phone bills which is mainly used to solve field issues & certain other field issues related to season (i.e. problems specific to monsoon, summer)

### Q 4. Discuss about your working schedule

Usually, they are required to go two times every day to the centres which is not feasible. Whenever meeting is planned they have to be there for extra hours other than work. They also showed concern that in the afternoon after 1 pm they have to stay at the center especially for making reports. Their other issue was repetition of entering the same data in different formats. They are usually relieved late and reach home by 3pm; so, more work is taken than what they are paid for. Another issue was compulsion to come whenever they are called & In case of outbreak situation, there is no time limit for their job without additional pay or overtime charges.

### Q 5. Discuss about good & bad aspects of BPL card scheme

Main concerns were, giving cheque to beneficiaries is problematic as they don’t know how to proceed ahead & urban ASHA’s have to run for them. Opening bank account is not an easy process. Main concern was people who really deserve BPL card don’t have it.

Other concerns were refusal from community to get enrolled in scheme because of compulsion of opening account into bank which invest their 1000 Rupees.

### Q 6. Discuss about environmental sanitation in your field area

Responses were “area is very dirty with leaking sewage lines & people don’t maintain cleanliness inside as well as outside house”. People themselves throw all the rubbish outside their houses and then complain. Heavy mosquito nuisance in the field area is also very grave.

**Q 7. Give some suggestions, “what more can be done to improve your work.”**

Suggestions primarily focus on incentives equivalent to their work. They said that they have to spend their own money on photocopy, mobile calls, rickshaw and bus fares, which should get reimbursed. As per their concern, in different area distribution of slum/non-slum is unequal, so everyone gets different incentive based salary. So, either fix the salary or give equal area distribution. According to them training increases their work efficiency, so more training should be arranged. They don’t get holidays on festival days, during illness or not even during pregnancy, so there should be some provision for casual or sick lives”.

Other suggestions include equal incentive for registration of infant death and child birth. According to them Multi-purpose health worker (MPHW) should accompany them once or twice in a month to get good community participation.

## Discussion

Limited average incentive of just Rs. 1500/- per month was the unanimous issue raised by the Urban ASHA workers. This finding is comparable to an observation in Iran where community health workers were satisfied with their assigned tasks and colleagues but were highly dissatisfied with salary and benefit packages. (8)

Transportation issues include personal expenditure for transport, far off areas, transportation through shuttle auto, walking with heavy bag (with registers and supplies) as well as problems of stray dogs, cows, alcoholics etc. Cooperation from community is affected by environmental sanitation issues and side effects of vaccination. This results into poor cooperation (e.g. not allowing writing on wall/door), non-acceptance of services and sometimes use of abusive language & insulting behaviour ultimately reflecting into non-compliance to health education messages.

Environmental issues include poor environmental sanitation (particularly during heavy rain) and problems of street dogs, alcoholics etc.

Meeting/training/report preparation or even outbreak/emergency situation compels them to work for extended hours. Non-approval of their leaves adds to their problems and affects their genuine dedication to their work.

Service delivery is greatly affected by high level of illiteracy (particularly filling forms for various governmental schemes). Issues with valid proof/documents/BPL card, issues in opening bank account for transfer of benefits etc adds to their problems in effective delivery of quality services. Routine monitoring by the MPHW should be on the lines of “SUPPORTIVE” supervision so that in community people accept them as health care workers & respect them enough.

Transportation issue may be resolved by providing fix/ lump-sum travel allowance or some sort of travel support. The issue can also be better approached by proper allocation of field areas.

Proper IEC, regular supervision, improving infrastructural support, providing logistic support, delivery of quality services including vaccination, Collaboration with public health engineering department to solve various environment related issues of the field etc will help increase community sensitization.

The findings highlight need to implement health policies that focus on incentives, working conditions, workloads, and personnel management at grassroots level. (9)

As honorary workers, all additional expenses related to the field work by the Urban ASHA workers like photocopying, communication, transport should be addressed promptly.

Performance-based incentives and benefits for grassroots health workers should be improved. (10) Resolving issues related to beneficiary selection criteria particularly BPL, simplifying data collection formats, compilation and reporting & improving integration in field work across different national health programs would increase the effectiveness of work carried out by Urban ASHA workers in the field.

## Conclusion

Urban ASHA workers have various “field work related” issues which might affect the service delivery component and health indicators on a long run. On one hand almost all of them were satisfied with their work, while on the other hand none of them were satisfied with their salary. Service gave them satisfaction, Salary did not!!! The problems

identified and the suggestions received needs to be taken seriously, addressed promptly and timely to improve service delivery by Urban ASHA workers.

### Recommendation

Performance-based incentives and benefits for grass root health workers should be improved. As honorary workers, all additional expenses related to the field work by the urban ASHA workers should be addressed promptly with additional allowance. Routine monitoring by the MPHWS should be on the lines of “SUPPORTIVE” supervision.

### Limitation of the study

FGDs with urban ASHA workers help to bring out issues related to their field work but more FGD may be required to validate these findings.

### Relevance of the study

The present study helps in identifying work related issues of the urban ASHA workers which can be used to improve the health service delivery in Urban areas

### Authors Contribution

**MB:** Concept and Design, data collection, data analysis, drafting, editing and reviewing the article for intellectual content and final approval; **JS:** Concept and Design, data analysis, drafting, editing and reviewing the article for intellectual content and final approval.

### Acknowledgement

We are thankful to Urban ASHA workers of Ahmedabad Municipal Corporation who participate in the FGDs.

### References

1. Sunderlal. Text book of Community Medicine. 3rd Edition, New Delhi: CBS Publishers & Directors Pvt Ltd, 2011. p.637
2. Toh SG, Ang E, Devi MK. Systematic review on the relationship between the nursing shortage and job satisfaction, stress and burnout levels among nurses in oncology/haematology settings. *Int J Evid Based Health Care* 2012;10:126-41.
3. Romig B, O'Sullivan Maillet J, Denmark RM. Factors affecting allied health faculty job satisfaction: a literature review. *J Allied Health*. 2011 Spring;40(1):3-14. Review. PubMed PMID: 21399846. [[PubMed](#)].
4. Onyett S. Revisiting job satisfaction and burnout in community mental health teams. *J Ment Health*. 2011 Apr;20(2):198-209. doi: 10.3109/09638237.2011.556170. Review. PubMed PMID: 21406021. [[PubMed](#)].
5. Caers R, Du Bois C, Jegers M, De Gieter S, De Cooman R, Pepermans R. Measuring community nurses' job satisfaction: literature review. *J Adv Nurs*. 2008 Jun;62(5):521-9. doi: 10.1111/j.1365-2648.2008.04620.x. Epub 2008 Mar 19. Review. PubMed PMID: 18355229. [[PubMed](#)].
6. Van Ham I, Verhoeven AA, Groenier KH, Groothoff JW, De Haan J. Job satisfaction among general practitioners: a systematic literature review. *Eur J Gen Pract* 2006;12:174-80.
7. Lu H, While AE, Barriball KL. Job satisfaction among nurses: a literature review. *Int J Nurs Stud*. 2005 Feb;42(2):211-27. Review. PubMed PMID: 15680619. [[PubMed](#)].
8. Kebriaei A, Moteghedhi MS. Job satisfaction among community health workers in Zahedan District, Islamic Republic of Iran. *East Mediterr Health J*. 2009 Sep-Oct;15(5):1156-63. PubMed PMID: 20214129. [[PubMed](#)]
9. Xuan Tran B, Minh HV, Hinh ND. Factors associated with job satisfaction among commune health workers: implications for human resource policies. *Glob Health Action*. 2013 Jan;6(1):18619. doi: 10.3402/gha.v6i0.18619. PubMed PMID: 28140975. [[PubMed](#)]
10. Witter S, Fretheim A, Kessy FL, Lindahl AK. Paying for performance to improve the delivery of health interventions in low- and middle-income countries. *Cochrane Database Syst Rev*. 2012 Feb 15;(2):CD007899. doi: 10.1002/14651858.CD007899.pub2. Review. PubMed PMID: 22336833. [[PubMed](#)]