

# Factors Influencing Community Health Workers' Working Conditions

*A Special Reference with Adilabad District of Telangana State*

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## ABSTRACT

*The scope of this paper is confined to two mandals of the research region, namely Utnoor and Indrevelly, with 122 samples, that were chosen at randomly. The purpose of this article is to analyse the most essential features of Community Health Workers (CHWs) and their working condition in respective villages. It was the most insightful and informative essay I've ever read on community health workers (CHWs) and their working circumstances in separate health centres when they were working with community people. The majority of women who work in health care are interested in working within the community; however, they are not receiving adequate compensation for the work that they have done. In addition, there is a widespread problem of inadequate infrastructure, and there are a relatively small number of facilities and training programmes available in community health settings.*

**Key words:** *Community Health; Community Health Workers; Infrastructure; Training;*

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## Introduction

In India, the study and practise of community health are centred on the health and welfare of the numerous demographic groups and communities that make up the nation. programmes for community health workers (CHWs) in India that are centred on rights and gender. Community health workers, or CHWs, play a vital role in several health systems across the world. Since 2005, ASHAs, or Accredited Social Health Activists, have started working in India. They perform a variety of healthcare functions and serve as a vital conduit between the general public and the healthcare system (Kawade et al., 2021). The objective is to identify pertinent policy implications to reduce attrition and make it possible for extensive CHW initiatives to continue (Bhatia, 2014). The combination of preventive, curative, and promotional health services, as well as the participation of community-based organisations and civil society in health responsibility and governance, are all components of this approach. Community health workers' (CHWs) knowledge about families' health status can improve the cost efficiency of the programme without adversely affecting the delivery of other health services for which they are responsible. Gender and rights-based approaches are being used in Indian community health worker (CHW) initiatives. Deriving pertinent policy implications to reduce attrition and make it possible for large-scale CHW programmes to continue operating is the goal (Garg et al., 2020). The ability of community health in India to address the complex and multifaceted health problems that the country is confronted with is the primary reason for its significance. These problems include the co-occurrence of infectious and non-communicable diseases, regional and socioeconomic disparities in health outcomes and access, and the influence of social and environmental determinants of health.

## The Situation and Interventions of Community Health Workers

It is generally acknowledged that Community Health Workers (CHWs) play an important part in enhancing access to fundamental healthcare services and in mobilising community stakeholders to take action on health issues (Javanparast et al., 2012). CHWs have a wide range of personal reasons, encompassing both non-financial and financial concerns. To maximise the return on investments made in these workers, policy interventions aimed at reducing workforce turnover should concentrate on the areas that CHWs value most (Abdel-All et al., 2019). The usage of essential maternal health care is facilitated by CHW visits. The utilisation of CHW services and visits varies greatly depending on one's socioeconomic status. It is recommended to do research on these disparities and educate CHWs to reduce socioeconomic biases in the quantity and quality of visits (Seth et al., 2017). In addition to the challenging external geographic and anthropological contexts, the CHWs work in complex interpersonal, professional, and organisational situations (Sharma et al., 2014).

Potentially empowering local lay women in community health is the CHW initiative. Their motivations for performing were self-efficacy, societal duty, and social acknowledgment. Innovations in the healthcare delivery system may inspire and gain the trust of the community (Gopalan et al., 2012). Knowing one's rights and advantages made it simpler for the community—especially women—to seek for help and encouraged more individuals to use services and programmes (Nandi & Schneider, 2014). Motivated human resources are critical to maintaining medical staff and improving the efficiency of the healthcare system. Research on the motivation of Indian healthcare personnel is scarce (Tripathy et al., 2016). The function of Community Health Workers (CHWs) is critical in the current global health context, where a lack of trained human resources for health is a major issue in most low-income countries (Agarwal et al., 2019). Future CHW project planning and administration will also benefit from standardising reporting options and training. Research technique description and scientific content must be balanced for all community-based researchers (O'Brien et al., 2009). To achieve meaningful improvements in community health, a comprehensive range of interventions, including increased integration of primary health care and community awareness campaigns, is expected to be required (Armstrong et al., 2011).

### **Objective of Study**

To comprehend Community Health Workers' (CHWs') socioeconomic circumstances and how they see the resources at their disposal. The study emphasises how important it is to give CHWs with improved resources and assistance so they may enhance their standard of living and offer the community better health services.

### **Methodology**

For the purpose of data collecting, a semi-structured interview schedule was utilised, and the interview schedule included both open-ended and closed-ended questions. The research was carried out in the Adilabad District of Telangana state, specifically in two mandals, namely Utnoor and Indravelly. A total of 122 samples were selected at random from a universe that had 1243. SPSS was used to perform further analysis on the data that was collected.

### **Results**

Based on the research data, it can be inferred that the majority of Community Health Workers (CHWs) are middle-aged, with 46.2% of them being between 30 to 40 years old, followed by 44.8% being above 50 years old. The remaining CHWs are below 30 years old and above 21 years old. The majority of CHWs have experience in the field for about 15 to 25 years in Community Health Service (CHS). The data also reveals that most women are interested in working in community health services compared to men. Subsequently, most of the CHWs qualified secondary education, with 53.5% of them having this qualification. While other percentages of CHWs are below or above secondary education qualified, the least of them come from intermediate education, since secondary education is the only qualification required to recruit for this employment service. The data also clarifies that most CHWs work in their home villages, but the majority of workers (51.3%) migrated from other villages to work in CHC. When analyzing the socio-economic conditions of CHWs, it is evident that there are minimum livelihood facilities, as the concerned institution offers a minimum salary of about 8000 per month. This is because the majority (92%) of CHWs are working either on contract or outsourcing employment, so the preference of salary outcome is much lower compared to government direct recruitment health workers. However, some of the community health workers are dependent on other employment for livelihood.

As per the perception of Community Health Workers (CHWs), there are minimum facilities of equipment available to provide eligible services to concerned people when compared to urban health centres. This makes them approach every emergency service in need of time. Although training is provided frequently by the concerned authority, only 13.6% of CHWs attend the training program. However, training is the most important concept for regular updates in the health service sector. The majority of CHWs (76.4%) work above 8 hours daily in their respective areas in services in need of time. They have a regular duty to attend their respective villages to check pregnant women and update the status of their health conditions in real-time in Community Health Centres. They also provide emergency services and health hygienic knowledge to those women regularly. Since the majority of CHWs are working on contract or outsourcing, they don't have much intensive support from concerned institutions, which is observed as a drawback to community health workers to improve economically. While socially, CHWs are very much connected to their respective village members to supply services concerned with health and nutrition improvement and follow-up of the hygienic status of concerned villages frequently.

### **Discussion**

The findings of this research offer valuable insights on the socio-economic conditions of Community Health Workers (CHWs) who are employed in the Adilabad area, as well as their perceptions of the amenities that are accessible to them. The vast majority of community health workers are of middle age, have prior experience working in the field, and also have sufficient prior experience. Despite the fact that the certification is the least important, they require enough training in order to be able to empower them with knowledge of the most recent developments in the health field. In addition, having a solid infrastructure is essential for any health service, regardless of whether it is located in a rural or urban centre. When compared to males, women are more interested, and finally, they are able to comprehend the issues that women face in a literate manner. One of the most essential aspects of any welfare state is the health care system, which should be administered and cared for by the relevant authorities on a regular basis in order to provide the citizens, with the best possible treatment. The assistance of civil society and non-governmental groups when required. The CHWs initiative, an essential part of the "National Rural Health Mission," would significantly improve the lives of millions of people in this state and throughout the world provided the political will and support of the health systems are there (Fathima et al., 2015). On the other hand, the government is exerting a lot of effort to put it into effect; however, the authorities at the ground level should place a greater emphasis on the development of health care in rural areas. In general, people living in rural areas are not very concerned about their health, and those who work in the field of medicine should definitely educate themselves on these aspects. In order to put certain things into effect, community health centres need to have a solid infrastructure, personnel that is strong and supportive, and staff members who are knowledgeable about many aspects of health.

### Conclusion

When compared to urban health centres, rural health centres do not have nearly as much of a strong infrastructure. Furthermore, the majority of health care professionals do not receive sufficient compensation to support themselves in comparison to the minimal pay norms. Despite the fact that financial empowerment is a concern for decent living, the community health worker requires affirmative support and good training in order to provide the highest possible level of health services to those who are concerned. Policy makers and stakeholders should support the health workers. The welfare state places a significant emphasis on health, and those who provide services at the grassroots level should be encouraged by the authorities that are involved with the matter.

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