

A STUDY ON THE CONTRIBUTION OF ASHA WORKERS IN MOTHER & CHILD HEALTH CARE IN GUNTUR DISTRICT

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Abstract

This study examined the role of ASHA workers in maternal and child health, along with community health awareness, in the Guntur district. Data were collected from 400 ASHA workers selected via stratified random sampling using a quantitative descriptive design and structured questionnaires. The majority of respondents were aged 31 to 50 and possessed a minimum of secondary education, traits associated with enhanced efficacy in health outreach. The results demonstrated significant favourable relationships among years of experience, training frequency, and active involvement in antenatal care, child immunisation, nutrition education, and the capacity to identify pregnancy-related risk indicators. ASHAs possessing higher educational qualifications were observed to provide more frequent and effective health awareness workshops, bolstered by robust peer and institutional networks. These results underscore their crucial function in enhancing rural healthcare and accentuate the necessity for ongoing capacity-building via consistent training, mentorship, recognition initiatives, and educational opportunities. Concentrating on these domains can facilitate the maintenance of advancements in public health metrics and promote more robust community health systems throughout rural India.

Keywords: ASHA workers, maternal health, child health, community health.

1. Introduction

Over the last two decades, health initiatives run by communities have profoundly improved India's healthcare system. The Accredited Social Health Activist (ASHA) program is a key component of the National Rural Health Mission (NRHM) driving this transformation. The initiative aims to connect underprivileged populations to the public health system. ASHA workers play an important role in community health by raising awareness, providing maternity and child health care, and empowering families via education and advocacy.

Despite notable progress in maternal and child health outcomes, significant disparities persist, particularly in rural regions. The Guntur district, characterised by its varied social and economic structure, offers a significant framework to assess the efficacy of the ASHA program and comprehend the obstacles it encounters. ASHA workers in this region serve as the vital connection between governmental health programs and households who may otherwise be deprived of basic healthcare services. They serve a crucial function in enhancing access to antenatal treatments, immunisation, nutritional counselling, and the early detection of health problems.

This study analyses the socio-demographic attributes of ASHA workers in Guntur district, their contributions to enhancing maternal and child health, and their involvement in community health education. The research seeks to derive actionable insights by examining the backgrounds, training, and attitudes of individuals, thereby informing policy, enhancing implementation techniques, and fostering the development of more resilient and healthier rural communities.

2. Review of Literature

(Gupta et al., 2024) An expanding corpus of research underscores the pivotal function of ASHA's in enhancing maternal and child health outcomes in India. ASHA workers function as crucial facilitators between rural communities and public health systems, profoundly influencing the use of maternity care, immunisation services, and the adoption of health-promoting behaviours.

(Kamble et al., 2024) A cross-sectional study in rural India revealed that the majority of ASHAs were married women possessing at least a secondary education, which seems to affect community acceptance of their duties. Nonetheless, the same study indicated that numerous ASHAs were in suboptimal health, with 60% experiencing anaemia and possessing insufficient knowledge regarding personal health maintenance. This underscores the necessity for specialised health and training initiatives for ASHAs.

(Singh, 2025) Evaluative study from multiple Indian states, including Rajasthan, reveals that proficiently educated ASHAs exhibit enhanced knowledge and motivation, leading to superior mother and child health service delivery. The statistics indicate that ASHAs with greater years of experience were more inclined to do frequent prenatal examinations, administer child immunisations, and deliver nutrition instruction, as evidenced by substantial Chi-square results from empirical investigations.

(Panda et al., 2025) Systematic assessments of ASHA-led efforts corroborate these findings, indicating that such programs not only broaden service coverage but also improve community health awareness and outcomes. Educational attainment and ongoing training are pivotal in enhancing ASHAs' confidence and proficiency in conducting health awareness workshops, as evidenced by ANOVA and descriptive statistical analyses.

3. Objective of the study

1. To study the socio-demographic profile of ASHA workers in Guntur district.
2. To examine the role of ASHA workers in promoting maternal and child health in the community.
3. To evaluate the involvement of ASHA workers in community-based health education and awareness.

4. Research Methodology

This study adopts a descriptive design to examine the contribution of ASHA workers in maternal-child health and community-based health awareness within Guntur district.

4.1 Sampling Technique

A total of 400 ASHA workers were selected from Guntur district. Stratified random sampling was employed to ensure representation across age groups, educational qualifications, marital status, and years of experience. This approach facilitated robust data collection and minimized sampling bias.

4.2 Data Collection

A structured questionnaire was developed, comprised of both closed and Likert-scale items. The instrument captured data relating to demographic variables, experience, training, involvement in antenatal checkups, child immunization, nutrition education, and public health awareness efforts. Data collection was conducted via direct interviews and supervised self-administration, ensuring accuracy of responses.

4.3 Statistical Tools Applied

The data were coded and analysed using statistical software. All variables were analysed using descriptive statistics (frequencies, percentages, means, and standard deviations). The Chi-square test was used to determine associations between years of experience and involvement in maternal-child health activities, and an analysis of variance (ANOVA) was used to compare differences in awareness session frequency, perceived training effectiveness, and community participation based on educational qualification.

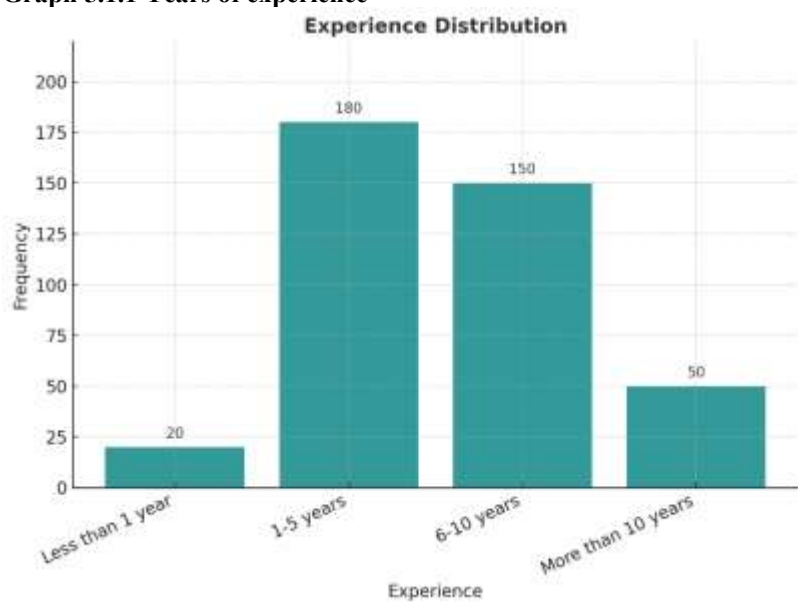
5. Data analysis and interpretation:

Table 5.1.1 Years of experience

Experience		Frequency	%	Valid %	Cumulative %
Valid	Less than 1 yr	20	5.0	5.0	5.0
	1-5 yrs	180	45.0	45.0	50.0
	6-10 yrs	150	37.5	37.5	87.5
	more than 10 yrs	50	12.5	12.5	100.0

	Total	400	100.0	100.0	
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Graph 5.1.1 Years of experience

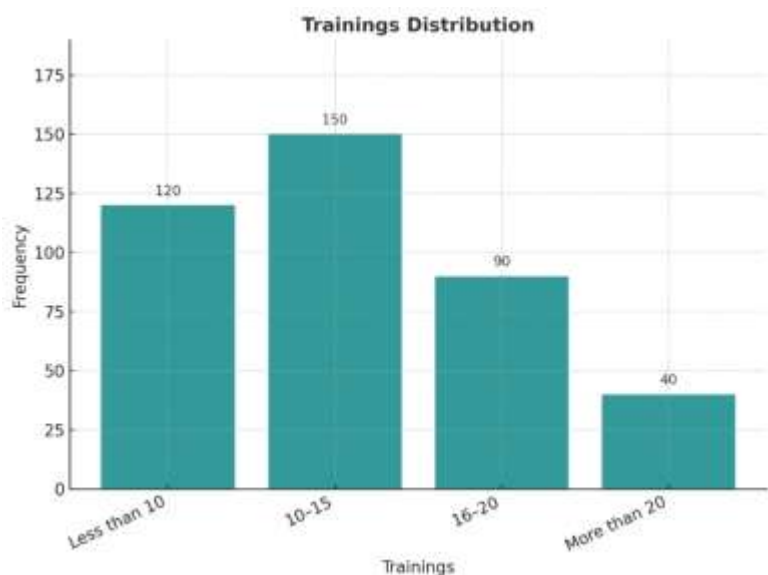


Interpretation: Experience is a strong determinant of effectiveness in community-based health interventions. Almost half the respondents (45%) reported between 1–5 years of experience, while 37.5% had 6–10 years. This indicates a healthy balance between relatively new entrants and those with substantial exposure. A smaller proportion (12.5%) had worked for more than a decade, suggesting long-term commitment. Only 5% were new with less than one year of experience, ensuring the workforce benefits from prior training and field familiarity.

Table 5.1.2 Number of trainings attended as ASHA

No. of Trainings attended as ASHA		Frequency	%	Valid %	Cumulative %
Valid	Less than 10	120	30	30	30
	10–15	150	37.5	37.5	67.5
	16–20	90	22.5	22.5	90.0
	More than 20	40	10.0	10.0	100.0
	Total	400	100.0	100.0	

Graph 5.1.2 Number of trainings attended



Interpretation: Training is critical for skill development and knowledge reinforcement among ASHA workers. A majority (37.5%) had attended between 10–15 trainings, demonstrating regular exposure to structured learning. Another 30% participated in less than 10, while 22.5% underwent 16–20 programmes. A smaller group (10%) attended more than 20, suggesting intensive capacity-building. Although coverage appears satisfactory, the relatively lower share of highly trained workers indicates room for further advanced training interventions to standardise competencies across the workforce.

5.2 Chi-Square

Table 5.2.1 Chi-Square Tests for I regularly educate pregnant women about nutrition. vs Years of Experience

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	331.021 ^a	9	.000
Likelihood Ratio	335.745	9	.000
Linear-by-Linear Association	223.290	1	.000
N of Valid Cases	400		

Interpretation: From the above table, the Chi-Square value is 331.021, with a p-value of 0.000. Since the p-value is less than 0.05, the null hypothesis is rejected. This shows a significant association between years of experience and educating pregnant women about nutrition. More experienced workers are far more likely to regularly provide nutrition guidance compared to less-experienced ones. This suggests that confidence and practice gained over years contribute to effective education delivery.

Table 5.2.3 Chi-Square Tests for I feel confident identifying danger signs during pregnancy. vs Years of Experience

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	483.320 ^a	9	.000
Likelihood Ratio	456.716	9	.000
Linear-by-Linear Association	266.731	1	.000
N of Valid Cases	400		

Interpretation: From the above table, the Chi-Square value is 483.320, with a p-value of 0.000. Since the p-value is less than 0.05, the null hypothesis is rejected. This indicates a significant relationship between years of experience and confidence in identifying pregnancy danger signs. Workers with longer service are more likely to feel capable of spotting complications early.

5.3 ANOVA

Table 5.3.1 ANOVA for I conduct at least one awareness session every month.

ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	125.035	4	31.259	181.144	.000
Within Groups	68.163	395	.173		
Total	193.198	399			

Interpretation: The ANOVA table displays the results of a test to determine whether there is a significant difference in the frequency of doing at least one awareness session per month across various educational qualifications. The F-value of 181.144 and p-value of 0.000 show that the differences between the groups are statistically significant. As the p-value is less than 0.05, we reject the null hypothesis. This shows that educational qualifications have a major influence on how frequently healthcare staff perform awareness programs.

Table 5.3.2 ANOVA for My training helps me effectively conduct health sessions.

ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	115.785	4	28.946	181.452	.000
Within Groups	63.013	395	.160		
Total	178.797	399			

Interpretation: The ANOVA table displays the results of determining whether there is a significant difference in healthcare workers' assessments of the effectiveness of their training in conducting health sessions based on their educational credentials. The F-value of 181.452 and p-value of 0.000 show that the differences between the groups are statistically significant. As the p-value is less than 0.05, we reject the null hypothesis. This implies that educational qualification has a substantial impact on how well healthcare providers view their training in conducting health sessions.

Table 5.3.4 ANOVA for The community attends my awareness sessions regularly.

ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	109.225	4	27.306	162.899	.000
Within Groups	66.213	395	.168		
Total	175.438	399			

Interpretation: The ANOVA table displays the results of a test to see whether there is a significant difference in healthcare personnel' opinions of community attendance at awareness workshops based on their educational credentials. The F-value of 162.899 and p-value of 0.000 show that the differences between the groups are statistically significant. As the p-value is less than 0.05, we reject the null hypothesis. This shows that educational quality influences how healthcare staff view community attendance at awareness workshops.

Table 5.3.5 ANOVA for I feel well-supported to run education campaigns.

ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	113.235	4	28.309	159.828	.000
Within Groups	69.963	395	.177		
Total	183.198	399			

Interpretation: The ANOVA table shows the results of testing whether there is a significant difference in healthcare workers' perceptions of the support they receive to run education campaigns across different educational qualifications. The F-value of 159.828 and the p-value of 0.000 indicate that the differences between the groups are statistically significant. Since the p-value is less than 0.05, we reject the null hypothesis. This suggests that educational qualification has a significant impact on how supported healthcare workers feel in conducting education campaigns.

Table 5.3.6 ANOVA for My awareness sessions have improved public health knowledge.

ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	133.390	4	33.347	182.441	.000
Within Groups	72.200	395	.183		
Total	205.590	399			

Interpretation: The ANOVA table displays the findings of determining whether there is a significant difference in healthcare workers' assessments of the influence of their awareness sessions on public health knowledge based on educational degrees. The F-value of 182.441 and p-value of 0.000 show that the differences between the groups are statistically significant. As the p-value is less than 0.05, we reject the null hypothesis. This shows that educational qualification has a substantial impact on how healthcare providers assess the efficacy of their awareness workshops in developing public health knowledge.

Findings

- The study reveals that the ASHA workforce is largely composed of moderately experienced workers, with most having 1–10 years of service.
- The findings indicate that training exposure is fairly adequate for many ASHAs, but advanced training participation is comparatively low.
- The results show a significant association between years of experience and regular nutrition education provided to pregnant women.
- The analysis confirms that higher experience is significantly linked with greater confidence in identifying pregnancy danger signs.
- The study demonstrates that educational qualification significantly influences the frequency of awareness sessions and perceptions of effectiveness, support, and community participation.

Suggestions

- Implement a mentorship system where senior ASHAs (6–10 and >10 years) guide junior ASHAs through joint visits and monthly review meetings.
- Conduct regular refresher and advanced training programmes and ensure equal training opportunities for all ASHAs through an annual training calendar.
- Provide structured nutrition counselling tools (flipcharts, checklists, diet plans) and supportive supervision for less-experienced ASHAs to improve consistency.
- Strengthen practical skill training using demonstrations, case scenarios, and field-based coaching to build confidence among less-experienced workers.
- Use tailored training methods based on education level (simple modules for lower education groups and advanced facilitation training for higher education groups) and provide logistical support (IEC materials, fixed schedules, supervisor support) to improve session quality and attendance.

Conclusion

The study demonstrates that ASHA workers play a pivotal role in advancing maternal and child health, as well as promoting community-based health awareness in the Guntur district. Their effectiveness is strongly influenced by factors such as age, marital status, education, years of experience, and the extent of training received. Experienced and well-educated ASHA workers exhibit higher involvement in key health activities and are more capable of conducting effective awareness programs. Investing in continuous training, mentorship, and educational advancement for ASHA workers is vital for strengthening their impact and sustaining improvements in rural health outcomes. Policy makers and health administrators should focus on

empowering ASHA workers through comprehensive support systems, thus ensuring long-term progress in community health indicators.

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