IJBPAS, December, Special Issue, 2023, 12(12): 248-260
ISSN: 2277–4998

International Journal of Biology, Pharmacy and Allied Sciences (IJBPAS)
'A Bridge Between Laboratory and Reader'

www.ijbpas.com

ASSESS THE WORK SATISFACTION OF ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA) WORKERS AND PROBLEM FACED BY THEM IN SELECTED PHC OF GUJARAT- A MIXED METHOD STUDY

ADITHYA S[1*] AND JADHAV B[2]

1: Professor, Department of Community Health Nursing, Sumandeep Nursing College, Sumandeep Vidyapeeth an Institution Deemed to be University, Piparia, Vadodara, Gujarat, India

2: M.Sc. Nursing, Department of Community Health Nursing, Sumandeep Nursing College, Sumandeep Vidyapeeth an Institution Deemed to be University, Piparia, Vadodara, Gujarat, India

[*]**Corresponding Author: Mr. Adithya S: E Mail: adithyaayush2017@gmail.com**

Received 15th July 2023; Revised 19th Aug. 2023; Accepted 22nd Nov. 2023; Available online 15th Dec. 2023

https://doi.org/10.31032/IJBPAS/2023/12.12.1031

ABSTRACT

Background: ASHA workers were designated by the NRHM to deliver preventive, promotive, and curative healthcare services. The job satisfaction of ASHA workers is naturally influenced by economic, social, and cultural factors. **Aim:** This research aimed to evaluate the job satisfaction of Accredited Social Health Activist (ASHA) workers, investigate the challenges encountered by these workers, and establish connections between job satisfaction, challenges faced, and selected demographic variables. **Methods:** Using a non-probability convenient sampling approach, 86 participants were enlisted. Quantitative data on job satisfaction were collected using a self-designed satisfaction scale. Qualitative data was gathered through a self-structured questionnaire to explore the difficulties faced by the participants. **Results:** The findings indicated that regarding satisfaction levels, a majority of the participants (28 or 32.6%) reported being very satisfied, 53 (61.6%) ASHA workers were moderately satisfied and 5 (5.8%) ASHA workers expressed some degree of satisfaction with their work performance, with a mean of 3.27 and a standard deviation of 0.562. As for challenges faced, 50% of ASHA workers noted receiving adequate community support, 30% cited insufficient incentives, 40% mentioned mutual support among workers, 40% reported transportation difficulties, and 30% highlighted an imbalance between workload and incentives.

Conclusion: This study's outcomes provide valuable insights into ASHA workers' job satisfaction and the challenges they confront. The results serve as a key message for policymakers, administrators, and decision-makers, offering guidance for future enhancements.

Keywords: ASHA workers, Work satisfaction, Problem faced. Primary Health Centre, Health care services

INTRODUCTION

In 2005, the Indian government initiated the National Rural Health Mission (NRHM) with the objective of tending to the healthcare requirements of the rural populace, specifically focusing on the most vulnerable segment[1]. With the commencement of NRHM, the government of India endorsed the Accredited Social Health Activist (ASHA) as the intermediary bridging the gap between the public health system and the community **[1-2]**. A fundamental aspect of the National Rural Health Mission entails deploying a trained female community health advocate, known as an Accredited Social Health Activist (ASHA), to each village across the nation **[2, 3]**. These ASHAs are selected from the same locality and are entrusted with serving a population of around 1000 individuals[2]. However, in regions characterized by hilly terrain or tribal communities, there is flexibility in adhering to this requirement based on local circumstances **[3]**. ASHA assumes the central role in addressing any health-related necessities of the underprivileged, particularly focusing on women and children who encounter challenges in accessing healthcare services **[2, 3]**.

Within the context of the NRHM framework, ASHAs were perceived as advocates for community health and were expected to be selected and held responsible by the local villages **[3, 4]**. Their role within these communities encompassed the provision of preventive, promotive, and curative healthcare services **[2]**. Additionally, ASHAs were tasked with enhancing awareness about health and its influencing factors, rallying the community towards local health strategizing, and promoting the utilization of existing healthcare services **[3-5]**.

ASHA serves as a community-oriented healthcare provider, bearing a diverse array of duties **[4]**. These encompass facilitating the availability of healthcare services, enhancing awareness regarding healthcare facilities, specifically within marginalized segments, promoting health-conscious behaviors, and contributing to collaborative efforts aimed at improved health results **[3, 4]**. Despite their designation as honorary volunteers, ASHA workers receive

remuneration and performance-based incentives from the Indian government **[5]**. ASHA stands as a crucial gauge of the National Rural Health Mission's effectiveness in India[6]. These dedicated individuals have wholeheartedly devoted themselves to delivering healthcare services to the economically disadvantaged populace in rural India **[4, 5]**.

Due to its varied socioeconomic and political landscape, India is poised to encounter a broad spectrum of challenges within the sector **[5, 6]**. Several recent investigations have evaluated the work performance of ASHA workers by considering their socio-demographic attributes and work placements **[7, 8]**. Nevertheless, only a limited number of studies have concentrated on examining the specific challenges and impediments encountered by ASHA workers in their operational environment **[7, 9]**.

The contentment of ASHA personnel with their work is inherently shaped by economic, social, and cultural elements[8]. ASHA workers who do not receive adequate compensation may face challenges in providing for their families, which in turn leads to dissatisfaction among these employees **[10, 11]**.

Vaishali Deoraoji *et al*., conducted a descriptive survey with the aim of evaluating the challenges and discontentment experienced by ASHA workers in their job roles. A total of 50 ASHA workers were selected using a purposive sampling method. The study results unveiled that 48% of ASHA workers were familiar with their responsibilities, 22% encountered transportation difficulties, 32% addressed their concerns by engaging with higher authorities regarding job satisfaction, and 66% expressed contentment with their jobs, while 28% held a neutral stance toward their job satisfaction. The study's inference highlighted the potential for enhancing ASHA workers' effectiveness in their roles through the establishment of a well-equipped functional healthcare system **[12]**.

Niharika Mahajan, Baljit Kaur conducted a study on community health workers in rural Punjab, India for analyzing their role, expectations and challenges to examine the expectations of these workers from the community and also identified the problem faced by them by using multistage sampling and a total 28 villages were selected from seven district of Punjab and from selected those villages a total 57 of ASHA workers were selected for interview. The study revealed that ASHAs felt overburden and underpaid as compared with their work **[13]**.

Cimil Babu, Molly Babu conducted a study on ASHA- World's largest all female Front line workers to know the features and challenges with the use of interview method and the study findings revealed that the ASHAs play pivotal part in providing government health services related to Maternal and child health care and also the study resulted that ASHAs faced gender issue also experiencing class and caste issue, poor work ethics from co-workers other problem reported by ASHAs were poor orientation about programme and lack of quality training **[14]**.

Rmaesh Bidari, Dr. Suresh Kumar Ray conducted a study on job satisfaction of Accredited Social Health Activist (ASHA) and the aim of the study was to assess the level of job satisfaction among ASHA workers in rural areas in the selected districts of Maharashtra and to find association between levels of job satisfaction with selected demographic variables. The participants were ASHA workers who had consented to participate in the study. A total of 200 ASHA workers were selected through Non-Probability Purposive Sampling. Data was collected by using job satisfaction scale and categorized under High, Moderate and Low Satisfaction level. Data was analysed by using descriptive & inferential statistics and it resulted that majority (58.5%) of ASHA workers had low job satisfaction level, 26% of them had moderate level of satisfaction and 15.5% of them had reported high level of job satisfaction and it is concluded that large number of ASHA workers were not satisfied with their working condition, incentives, workload, leave policy and there by not satisfied with their job **[8]**.

METHODOLOGY

An observational research endeavour was undertaken, employing a descriptive research methodology. Through a non-probability convenient sampling technique, a cohort of 86 participants was enlisted. Quantitative data pertaining to the work satisfaction of these participants were acquired using a self-constructed satisfaction scale. Employing both descriptive and inferential statistical analyses, the quantitative dataset was refined and examined. Qualitative insights into the challenges encountered by the participants were garnered through a self-structured questionnaire. Employing a thematic approach, the qualitative data underwent refinement and assessment.

The data collection encompassed 86 ASHA workers, gathered over the period from February 1st, 2022, to February 28th, 2022. Prior to data collection, informed consent was obtained from all respondents, with the

researcher herself elucidating the study's rationale and guaranteeing the confidentiality of provided information. Each interaction with an ASHA worker spanned approximately 45 minutes for the quantitative phase. For the qualitative inquiry, a self-structured questionnaire method was employed to elicit data regarding the challenges faced by ASHA workers at Primary Health Centers. This phase involved dedicating around 25-30 minutes for each ASHA worker, with an evaluation of approximately 4 to 5 subjects completed daily.

RESULTS

The analysed data is organized and presented in four sections as follows:

- **Section A:** Frequency and percentage distribution of subjects according to their demographic variables
- **Section B:** Frequency and percentage distribution of subjects according to self- structured satisfaction scale on work satisfaction of ASHA workers
- **Section C:** Association between work satisfactions with the selected demographic variables
- **Section D:** Self structured questionnaire regarding problem faced by ASHA workers

SECTION A: Description of Demographic Variables of Asha Workers

Table 1: The data demonstrates that a significant proportion, 67 individuals (78%), falls within the age bracket of 30-39 years, while a mere 6 individuals (7%) are in the 40-45 years age group. Regarding religious affiliation, a substantial portion of the participants, 42 individuals (49%), identify as Hindu, while 18 individuals (20%) align with the Christian faith. In terms of marital status, the majority, 80 participants (93%), are married, with 2 individuals (2%) each falling under the categories of unmarried, widowed, and divorced. Educational attainment reveals that a considerable number, 51 individuals (59%), have attained a Secondary Education and 14 individuals (16%) possess a Primary Education. Moreover, family monthly income distribution indicates that a significant 35 individuals (41%) hail from the 10,000-20,000/- Rs. income range, while 4 individuals (5%) belong to the higher bracket of 30,000/- Rs. and above. Finally, the family structure reveals that a substantial 42 individuals (49%) are part of a nuclear family, whereas 12 individuals (14%) identify with an extended family setup.

Table 2: The findings reveal that a significant portion, 41 individuals (48%), possess work experience spanning 1-<3

years, while a smaller proportion, 4 individuals (5%), boast 5 years and above of experience. Examining their workplace and the served population, a substantial majority of 81 individuals (94%) operate within their own village, whereas 5 individuals (6%) are based in other villages. Regarding the population they serve, a considerable 79 individuals (92%) cater to a population ranging between 1000 to 2000, with 7 individuals (8%) serving a population below 1000. Among the subjects, a majority of 81 individuals (94%) are affiliated with one anganwadi, while 5 individuals (6%) are engaged with two. As for home visits, a significant majority of 43 individuals (50%) conduct 5-<10 visits daily, while a smaller fraction of 3 individuals (3%) perform 10 or more. In terms of field visits per day, a noteworthy 42 individuals (49%) spend 2-<4 hours, while a lesser 18 individuals (21%) allocate 4 hours or more.

SECTION B

Table 3: It shows that 28 participants (32.6%) expressed a state of high satisfaction, while 53 participants (61.6%) reported feeling satisfied. Additionally, 5 participants (5.8%) indicated a moderate level of satisfaction, whereas none expressed dissatisfaction or extreme satisfaction with their work. The statistical measures of mean and standard deviation for their work satisfaction were computed at 3.27 and 0.562, respectively.

Section C:

Table 4: It depicts that the calculated χ2value is less than the table value at $p < 0.05$ in terms of age in years, religion, marital status, education status, family monthly income, type of family. Hence the research hypothesis H_1 stated that there is a significant association between work satisfaction and problem faced by ASHA workers with their selected demographic variables is **rejected.**

Table-5: It depicts that the calculated χ2value is less than the table value at $p < 0.05$ in terms of experience, work place, served village, serving population, serving anganwadi, home visit. Hence the research hypothesis H_1 stated that there is a significant association between work satisfaction and problem faced by ASHA workers with their selected demographic variables is **rejected** except in term of field visit in hours.

SECTION: D

Self structured questionnaire regarding problem faced by ASHA worker at PHC

Adequate support from community

Within the group of ASHA workers, half of them (50%) affirmed receiving adequate community support. A fifth of the ASHA workers (20%) perceived the community's

active engagement in all health-related services. Meanwhile, 10% of ASHA workers indicated that community members place their trust in them, while another 10% observed that the community primarily engages when there are potential benefits. Similarly, an additional 10% of ASHA workers reported that community members extend their assistance when in need of any form of support.

Opinion about their incentives of ASHA workers

Within the group of ASHA workers, 30% indicated that they receive inadequate incentives, while 20% reported receiving suitable incentives. A similar proportion of ASHA workers (20%) noted irregular incentives, and an additional 20% mentioned experiencing delayed incentives. Lastly, 10% of ASHA workers expressed a sentiment of insufficient incentives.

Relationship with their peer group and other staff members at PHC level

Within the ASHA worker community, 40% expressed a sense of mutual assistance among their peers. Another 20% highlighted their collaborative approach in resolving various queries. Additionally, 10% emphasized effective communication among themselves, while an equal proportion appreciated their positive demeanor and coordinated efforts. A further 10% emphasized maintaining a professional relationship, and the same percentage noted the presence of mutual understanding within their group.

Difficulties to perform duties in their concerned area

Within the ASHA worker cohort, 40% of respondents encountered challenges related to transportation. Meanwhile, 20% experienced stress in meeting their targets, and an additional 10% faced a shortage of resources necessary for task completion. Similarly, 10% grappled with social predicaments, while another 10% expressed contentment with their job. Finally, 10% of ASHA workers encountered difficulties due to a lack of cooperation from community members.

Opinion about your workload of ASHA workers

A significant portion of ASHA workers, 30%, expressed that they dedicate more effort than the incentives they receive. Additionally, 20% of ASHA workers reported struggling to allocate sufficient time to their families. Another 10% acknowledged a heavier workload, while an equal proportion expressed the need for more time to fulfil their tasks. Lastly, 10% of ASHA workers conveyed contentment with their job responsibilities.

Table 1: Frequency and percentage distribution of subjects according to their demographic variables (n = 86)

Sr. No	Demographic Variables		Frequency	Percentage
1	Age in years	20-29 years	13	15%
		30-39 years	67	78%
		40-45 years	6	7%
2	Religion	Hindu	42	49%
		Muslim	26	30%
		Christian	18	20%
		Other	0	0%
3	Marital Status	Married	80	93%
		Unmarried	2	2%
		Widow	2	2%
		Divorced	2	2%
4	Educational Status	Primary	14	16%
		Secondary	51	59%
		Higher secondary	21	24%
		Other	0	0%
5	Family monthly income	<10,000	24	28%
		10,000-20,000	35	41%
		20,000-30,000	23	27%
		30,0000 and above	4	5%
6	Type of family	Joint	32	37%
		Nuclear	42	49%
		Extended	12	14%

Table 2: Frequency and percentage distribution of subjects according to their demographic variables (n = 86)

Sr. No	Demographic Variables		Frequency	Percentage
7	Experience	>1 years	23	27%
		1-<3 years	41	48%
		3-<5 years	18	21%
		5 years and above	4	5%
8	Work place	Own village	81	94%
		Other village	5	6%
9	Serving village	One	81	94%
		Two	5	6%
		Three	0	0%
		Four	0	0%
10	Serving population	<1000 population	7	8%
		1000-2000 population	79	92%
11	Serving Anganwadi	One	81	94%
		Two	5	6%
		Three	0	0%
		Four	0	0%
12	Home visit	<5	40	47%
		5-<10	43	50%
		10 and above	3	3%
13	Field Visit per day in hours	<2 hours	26	30%
		2-<4 hours	42	49%
		4 hours and above	18	21%

Table 3: Frequency and percentage distribution of subjects on Work Satisfaction (n=86)

Score	Interpretation	Frequency	Percentage	Mean & Standard Deviation
0-60	Not Satisfied	0	0	3.27 & 0.562
61-120	Somehow Satisfied	5	5.8 %	
121-180	Satisfied	53	61.6 %	
181-240	Very Satisfied	28	32.6 %	
241-300	Extremely Satisfied	0	0	

Table 4: Association between work satisfactions with demographic variables (n=86)

Sr. No	Demographic Variable		Work satisfaction			Level of level of significance
			Very satisfied	Satisfied	Somehow satisfied	
1.	Age in years	20-29 years	4	8	1	χ^2=5.95 df=4 (NS)
		30-39 years	20	44	3	
		40-45 years	4	1	1	
2.	Religion	Hindu	13	26	3	χ^2=4.04 df=4 (NS)
		Muslim	11	13	2	
		Christian	4	14	0	
		Other	0	0	0	
3.	Marital Status	Married	25	50	5	χ^2=1.11 df=6
		Unmarried	1	1	0	
		Widow	1	1	0	
		Divorced	1	1	0	
4.	Education status	Primary	6	8	0	χ^2=3.68 df=4 (NS)
		Secondary	13	34	4	
		Higher secondary	9	11	1	
		other	0	0	0	
5.	Family monthly income	<10,000	5	16	3	χ^2=5.54 df=6 (NS)
		10,000-20,000	11	23	1	
		20,000-30,000	10	12	1	
		30,0000 and above	2	2	0	
6.	Type of family	Joint	10	21	1	χ^2=2.58 df=4 (NS)
		Nuclear	13	25	4	
		Extended	5	7	0	

Table 5: Association between work satisfactions with the selected demographic variables (n=86)

Sr. No	Demographic Variable		Work satisfaction			Level of significance
			Very satisfied	Satisfied	Somehow satisfied	
	Experience	>1 years	8	13	2	χ^2=1.52 df=6 (NS)
		1-<3 years	12	27	2	
		3-<5 years	7	10	1	
		5 years and above	1	3	0	
	Work place	Own village	26	50	5	χ2=0.40 df=2 (NS)
		Other village	2	3	0	
	Served village	One	26	50	5	χ^2=0.40 df=2 (NS)
		Two	2	3	0	
		Three	0	0	0	
		Four	0	0	0	
	Serving population	<1000 population	2	5	0	χ^2=0.59 df=2 (NS)
		1000-2000 population	26	48	5	
	Serving Anganwadi	One	25	51	5	χ^2=1.93 df=2 (NS)
		Two	3	2	0	
		Three	0	0	0	
		Four	0	0	0	
	Home visit	<5	19	19	2	χ^2=8.08 df=4 (NS)
		5-<10	8	32	3	
		10 and above	1	2	0	
	Field Visit in hours	<2 hours	7	17	2	χ^2=11.01 df=4 9.49 S*
		2-<4 hours	20	20	2	
		4 and above	1	16	1	

DISCUSSION

The current study revealed that a significant proportion, 67 individuals (78%), fell within the age bracket of 30-39 years, while a smaller number, 6 individuals (7%), were in the 40-45 years age group. Regarding religious affiliation, the majority of subjects, 42 individuals (49%), identified as Hindu, with an additional 18 individuals (20%) adhering to the Christian faith. In terms of marital status, the majority, 80 participants (94%), were married, while 2 individuals (2%) each were unmarried, widowed, and divorced, respectively. As for educational attainment, a considerable majority of 51 subjects (59%) possessed a secondary education level, and 14 individuals (16%) had a primary education level. Examining family monthly income, a significant proportion of 35 subjects (41%) reported an income within the range of Rs. 10,000-20,000/-, whereas a minority of 4 individuals (5%) hailed from a family monthly income of 30,000/- Rs. or above. Turning to work experience, the majority, 41 subjects (48%), had an experience ranging from 1-<3 years, while a minority of 4 subjects (5%) possessed 5 years or more of experience.

In a comparable investigation, the findings of Vaishali Deoraoji Taksande's research

indicated that within the age categories, 13 individuals (26%) fell within the range of 20-25 years, while a larger proportion of 27 individuals (54%) fell into the 26-30 years bracket. A similar inquiry uncovered that a majority of ASHA workers, 43 individuals (86%), were married. Further, study revealed that a significant portion of ASHA workers, 26 individuals (52%), possessed education up to the 12th grade. Research highlighted that 9 individuals (18%) of the ASHA workers reported a monthly household income ranging from Rs. 2001 to Rs. 2500. In another segment of the study, it was noted that 24 individuals (48%) had accrued one year of experience, while 19 individuals (38%) possessed two or more years of experience[12].

The current study unveiled that a notable 28 individuals (32.6%) expressed a high level of satisfaction with their work, while a larger group of 53 subjects (61.6%) reported being content with their job. A smaller subset of 5 individuals (5.8%) expressed a moderate level of satisfaction with their work. Interestingly, no subjects indicated being either "Not Satisfied" or "Extremely Satisfied" with their work. Comparatively, a study by Mrs. Ruhi Verghese found that 75% of ASHA workers were content with their job, while the remaining 25% expressed dissatisfaction with their work[1].

The results of the current study indicated that within the group of ASHA workers, half of them (50%) reported receiving adequate community support. Meanwhile, a substantial proportion of 30% mentioned facing challenges due to inadequate incentives. Furthermore, 40% of ASHA workers expressed a sense of mutual assistance among their peers, while an equal percentage highlighted experiencing transportation difficulties. Additionally, 30% of ASHA workers conveyed that their workload outweighs the incentives received.

The study conducted by Dagar Neha highlighted various challenges faced by ASHA workers. Among the total of 8 ASHA workers involved, the findings revealed that all of them, 8 (100%), encountered issues related to inadequate and irregular incentives. Furthermore, 4 (50%) of the subjects experienced a lack of essential bag articles, while 6 (75%) reported the absence of ambulance facilities. All 8 (100%) ASHA workers faced the absence of a dedicated waiting area. In addition, 3 (37.5%) subjects lacked access to phones, while a similar number faced resistance from the community. Half of the subjects, 5 (50%), struggled with managing their workload, and

the same proportion encountered difficulties in achieving their targets. A substantial 5 (62.5%) subjects reported insufficient support from their leaders, while 4 (50%) cited challenges related to social customs. Finally, 3 (37.5%) subjects experienced a state of dilemma.

CONCLUSION

The outcomes of this research will serve as a highly valuable resource for assessing the level of job satisfaction among ASHA workers and delving into the challenges they encounter. This information holds significant implications for policymakers, administrators, and decision-makers, offering key insights to guide future enhancements and improvements.

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