WORK CHALLENGES OF ASHA WORKERS: A SOCIOLOGICAL STUDY OF SELECTED BLOCKS OF LUCKNOW DISTRICT

Abstract
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ABSTRACT

Introduction

In patriarchal society, like India, women are considered as second sex. Women's position in society is not only different but also unequal to men. Women are entering in a number of professions but they continue to face significant barriers to entry and full participation. Women workers faces gender wage gap, higher rate of discrimination, they are underpaid and overburdened. The glass ceiling and occupational sexism reflect the restrictions on women as they try to enter and rise in the ranks of the workforce. Women form an integral part of the Indian workforce. Nevertheless, this is a negligible fraction of the female workforce of the country. Owing to societal norms and family responsibilities that women shoulder, their participation in the formal economy is limited. They tend to face gender discrimination, less wages, often working in hazardous situations and long hours. Back home they have a double burden as homemakers and child bearers and care takers (MoWCD, 2015). The Government of India launched the National Rural Health Mission (NRHM) in 2005, under which many innovations have been introduced in the states to deliver healthcare services in an effective manner to provide accessible, accountable, affordable, effective and reliable primary health care, especially to the poor and vulnerable sections of the population. One of the core strategies proposed in this mission was to create a village level social activist, designated as ASHA for every village.

ASHA workers provides significant contribution to India's health system but ASHAs often perform their work in precarious conditions. This is due in large part to their designation as volunteers, which has been used to justify and legitimize their exclusion from domestic rights frameworks that govern employment relations, dispute resolution, working conditions, wages, and social security. As a result, ASHAs remain perhaps the least empowered cadre of India's workforce. This designation has been deliberate.

ASHA workers faces various problems and challenges while rendering services which affects their work and they are not motivated to do their duties. Delay in incentives,

poor working conditions, unavailability of transport services, lack of coordination with other community health workers, imbalance between professional duties and family responsibilities etc. demotivates them to do their work. Therefore, the present study comprises the work challenges and problems faced by ASHA workers while rendering the services in the community. The area of investigation is not only the ASHA's performance but facets of the ASHA's engagement with her work, as an individual, with the community and with the health system. The present study is based on three major components i.e. gender power relations, caste based power relations and interpersonal communication skills. Through these three components researcher is tried to understand the work challenges of ASHA workers in rural Lucknow.

Statement of the Problem

Working women are confronting challenges at work place just because they are women. Due to the fact that they are women, they face discrimination at workplace such as, gender wage gap, sexual harassment, poor working conditions. There is gender segregation at the workplace in terms of benefits, hours, leave, earnings, opportunities, and promotions. Due to their gender role, they are double burdened. Women have professional demands and also fulfil family responsibilities. Due to their reproductive function, women are engaged in work like, nursing and health care giver etc. That's why, the need of female cadre arouses for the improvement in health of the population especially who are marginalized or unreached. The Institution of ASHA came into existence in 2005 with the introduction of NRHM. Their main task is to take care of reproductive and child health care in the community.

ASHA workers are the female grass root level workers working tirelessly for the improvement of health in the community. They are the interface between the community and the health system. India is a country with socio-economic and cultural diversity. These diversities become the challenges for ASHA workers, especially in rural areas. In rural setting, it is difficult to make people aware about their health because they have their own traditional methods and beliefs and it is not easy to break them. ASHA workers got training so that they can easily render their services in the community but there is a gap between government schemes and their implementation in the community and reasons are varied in nature but one of the main hurdle coming

in the way of implementation is the region specific socio-cultural practices in rural areas. There is need to understand multiple roles of ASHA workers in rural areas. It is essential to know the challenges and hurdles faced by ASHA workers while rendering services in the community.

ASHA workers faces so many challenges such as delay in getting incentives, lack of family support, increasing workload, working long hours, lack of knowledge & skill, excessive record maintenance, lack of help from the community, inadequate supply of medicine kit, unavailability of transport in difficult areas, non-cooperating staff and poor working conditions, these issues need to be addressed. ASHA workers are overburdened and underpaid. In addition to these challenges, the impact of gender and caste-based power relations on the working conditions of ASHAs needs to be addressed which is not discussed earlier in any study related to challenges faced by ASHA workers. Moreover, the interlinkage between the interpersonal communication skills of ASHA and the effectiveness of their services should also be discussed.

Many studies have been conducted on the problems and challenges faced by ASHA workers. But these studies lack sociological understanding. In the present study, researcher explores the challenges faced by ASHA workers from sociological perspective. The researcher analyses distribution of power, control over resources, gender socialization and gender discrimination and harassment. Such as how gender power relations affect their services. Whether they got support from their husbands or not. Being an earning member, they are decision makers in their families or not. Whether power and authority belongs to them or all power and authority pertaining to their male members of the family. Whether they balance their professional work and family responsibilities or not. Additionally, whether they talk to men about family planning or not. Although it is a part of her job, but social norms and societal barriers create hindrance in providing the reproductive and sexual health services.

Researcher also explores whether caste power relation affect their services or not. In this, researcher examines that ASHA workers ever experience restrictions on social interaction on the basis of their caste while visit to the beneficiaries, colleagues, seniors. Moreover, researcher also explores that Is there any dominant caste which creates obstacles while rendering the services in the community? The researcher

analyses the interlinkage between interpersonal communication skills of ASHA workers & effectiveness of their services. The researcher is tries to explore whether interpersonal communication plays an important role in breaking health related myths in rural Lucknow.

Objectives of the Study

The objectives of the study are as follows:

1. To analyze various work challenges of ASHA workers.
2. To assess the impact of gender and caste based power relations on the working conditions of ASHAs.
3. To examine the interlinkage between interpersonal communication skills of ASHAs and effectiveness of their services.
4. To provide suggestions for rendering the services of ASHAs more effectively in a community.

Hypotheses of the Study

1. ASHAs are facing various work challenges i.e. economic, physical threats and travel related challenges etc.
2. There is negative impact on gender and caste based power relations on the working conditions of ASHAs.
3. Interpersonal communication skills of ASHAs and effectiveness of their services are positively interlinked.

Methodology

Research Design

Descriptive research design is used in this research study. The researcher tries to examine the work challenges and problems of ASHA workers while rendering services in the community by using descriptive research design. Both quantitative and qualitative have been used in the present study. Mainly quantitative approach has been used to carry out research work in this study and qualitative approach has been used only for suggestions section in this study.

Area of The Study

The area of the study will cover the ASHA workers who are working in rural areas in the blocks of Lucknow district of Uttar Pradesh. The Lucknow district is located in Uttar Pradesh state of India. There are 8 blocks in Lucknow district, namely Bakshi ka talab, Chinhat, Gosaiganj, Kakori, Malihabad, Mall ,Mohanlalganj, Sarojini Nagar.

Universe of The Study

The Universe of the study will consists of ASHA workers of Lucknow District. There are 1473 ASHA workers currently working in rural areas among 8 blocks of Lucknow district of Uttar Pradesh.

Sampling Technique

The ASHA workers are the respondents in this study. This study belongs to Lucknow district. Sampling is done in two stages i.e. In the first stage, random sampling method is used and in second stage census method is used in the present study. Out of 8 blocks of Lucknow district, two blocks i.e. Bakshi ka talab (BKT) and Chinhat have been chosen by following random sampling method. From these two blocks whole of the ASHA workers have been chosen by using Census method.

Sample Size

The sample size is the total of ASHA workers of these two selected blocks i.e. 245 & 81 which means 326 respondents are the sample size for this research study. These 326 respondents have been chosen from the two selected blocks i.e. Block no.1 Bakshi Ka Talab and Block no. 2 Chinhat of Lucknow district of Uttar Pradesh for this research study.

Tool and Techniques of Data Collection

Both primary and secondary data is used in this research.

- **Primary Data**: Questionnaire is used for primary data collection of ASHA workers. The questionnaire has both the closed and open ended questions. Questionnaire includes the socio-economic profile and questions related to

caste and gender power relations, interpersonal communication and effective delivery of the services etc. Questionnaire is further translated into their local language (Hindi). Field observations during various activities such as VHND (Village health and nutrition day), home visits, group meetings, individual counseling and Triple A meetings (AAA).

- **Secondary Data:** For the secondary data collection references books, journals, articles, newspaper, NHM reports, published and unpublished research work, periodicals, health policy documents and web sources such as NHM ministry, UPNHM, MoHFW etc. websites are used in this research work. Several annual reports of National Health Mission (NHM) are used in the present study.

Pilot Survey

Pilot survey is done on 10% (35) of respondents in BKT block. Questionnaire is used for the pilot survey to check the validity, reliability and appropriateness. Further, questionnaire is revised and redrafted and these respondents are not included in this research study.

Analysis of Data

To attain the objectives and to derive inferences, analysis of data is based on suitable statistical methods such as percentage, tabulation, frequency distribution and various graphs and charts. Data is analyzed and interpreted with the help Statistical Package for Social Sciences (SPSS).

Ethical Consideration

Written consent was taken from the Chief medical officer (CMO) Lucknow, he further communicated to Medical officer (MOs) of BKT and Chinhat block of Lucknow by sending email. They further communicated to the Block Community Process Manager (BCPMs). Questionnaire were filled at the Community Health Center (CHC) of respective blocks in the presence of BCPMs to ensure their comfort and confidentiality. The researcher informed the purpose of filling questionnaire and

informing them about steps that will be taken to protect their identity and confidentiality as well as ensured their comfort in sharing information.

Limitations of The Study

The present study is limited to rural areas of Lucknow district of Uttar Pradesh. Only rural ASHA workers are included in the study. The researcher observed the findings of rural ASHA workers may not be generalized to other situations. The emphasis of this study is placed on understanding the gender and caste based power relations on the working conditions of ASHA workers.

The field work of this study is done during COVID-19 pandemic. There are many challenges faced by the researcher during field visits in CHC due to COVID-19 pandemic. During this time, it is very difficult to meet ASHA workers because they are engaged in spreading awareness and key health messages regarding COVID-19. Also, they do door to door survey to identify the infected patients. Therefore, there is always a risk to get infected by ASHA workers during data collection in the CHC.

Chapter Scheme

To make research more elaborative and in detail, the present study has been divided into five chapters. The chapter scheme is classified in such a way that all aspects are covered in the study. List of literature, journals, books, reports used in this study are mentioned in the end.

The first chapter **Introduction** begins with the introduction of ASHA workers as health care provider and further continue with their work challenges. This chapter includes introduction, statement of the problem, review of literature, research gap, objectives and hypotheses of the study, limitations of the study, ethical consideration. This chapter also provide the details of research methodology which includes research design, universe of the study, area of the study, sampling technique and tools and technique of data collection**.** The second chapter **Conceptual and Theoretical Framework** This chapter comprises the conceptual and the theoretical framework related to the work challenges of ASHA workers. This chapter includes concepts related to working women and concepts related to ASHA workers. This chapter broadly includes the sociological concepts related to gender power relations i.e.

gender division of labour, work life balance, the social construction of gender roles, socialization & gender roles, gender stereotypical role expectations and gender equality. In addition, other concepts are related to caste based power relations have been included in the study and concepts related to interpersonal communication from sociological perspective has included in this chapter.

The third chapter **A Detailed Description of Asha Workers: Evolution, Selection, Training and Functions** includes what are the factors responsible for introduction of ASHA workers, the procedure of their selection and the training strategy as well as their training modules given by the health department at the time or before joining. Most importantly, functions, activities, essential tasks and working arrangement of ASHA workers. Additionally, the researcher also describes the supporting mechanism for ASHA workers and funding for support mechanism. Apart from this, factors responsible for success of ASHA workers are also seen in this chapter. The fourth chapter **Work Challenges of Asha Workers: An Empirical Analysis** deals with the Analysis and interpretation of data collected from selected blocks of Lucknow district. This chapters includes Demographic profile of ASHA Workers such as Age, Marital status, Educational qualification, Religion, Caste, Monthly Income, Type of family, Number of children, Husband's Occupation Numbers of years working as an ASHA, Population served. This chapter also includes various work challenges of ASHA workers while rendering their day to day services. It also includes interlinkage between interpersonal communication skills of ASHA workers & effectiveness of their services. Along with this, the study focuses on Caste and Gender power relations on the working conditions of ASHA workers. The fifth chapter **Summary, Findings and Suggestions** provide the summary and findings and conclusion of the present study. It includes comparison of the findings of the present study with previous studies. It also provides useful suggestions given by respondents as well as by researcher for policy implications.

Chapter 2: Work Challenges of ASHA Workers: A Conceptual and Theoretical Framework

The present chapter comprises the conceptual and the theoretical framework related to the work challenges of ASHA workers. This chapter includes the concepts related to

ASHA workers. In the theoretical and conceptual framework, sociological theories and concepts related to the work challenges of ASHA workers have been taken. From a sociological perspective, there are three major concepts which need to be discussed. First is gender power relations and second one is caste power relations. In gender power relations, researcher describes the distribution of power, control over resources, gender socialization and gender inequality etc. In caste power relations, restrictions on social interaction between castes, inter caste relations, inter caste attitude & stereotypes and another one is dominant caste. Thirdly, interpersonal communication skills of ASHA workers. In this study researcher seeks to understand the gender power relations through various concepts i.e. gender division of labour, work life balance, the social construction of gender roles, socialization and gender roles, gender stereotypical roles expectations and gender inequality. The researcher also tries to incorporate liberal and radical feminist theory to explore new insights of gender power relations,

This research study emphasizes ASHA workers who belong to rural areas. Caste system is prevalent in the rural areas in India. This present study outlines to understand the impact of caste based power relations on the working conditions of ASHA workers. To know the caste based power relations the focus is on two components, one is restrictions on social interaction between castes and another is dominant caste. The researcher tried to understand the interlinkage of interpersonal personal communication skills of ASHAs and effectiveness of their services. The researcher tried to explain interpersonal communication and incorporates symbolic interaction theory to comprehend in better way.

Chapter 3 - A Detailed Description of Asha Workers: Evolution, Selection, Training and Functions

This chapter outlines the factors responsible for introduction of ASHA workers, the procedure of their selection and the training strategy as well as their training modules given by the health department at the time or before joining. Most importantly, functions, activities, essential tasks and working arrangement of ASHA workers. Additionally, the researcher also describes the supporting mechanism for ASHA

workers and funding for support mechanism. Apart from this, factors responsible for success of ASHA workers are also seen in this chapter.

ASHA workers are considered as one of the Community Health Workers (CHWs) in India and other two are (ANMs) and (AWWs), they are also called triple A(AAA)of the Indian health system. All three Community Health Workers (CHWs) are co-coordinating with each other while delivering the health services in the community.

The ASHA programme has a process of selection, a process of training, a definition of roles, a process of providing support and monitoring, a provisioning of drug kits, and a process of making payments and so on and each of which varies widely from state to state, despite common national guidelines. Thus if the programme works or fails it could be attributed to one or the other of these components and not necessarily to all of them, much less attributed to the programme as a whole (NHSRC, 2011). Firstly, it is essential to know about the Commnuity Health Workers (CHWs) and their background. Then only, the need and introduction of ASHA workers can be understood. Therefore, In the present chapter the researcher explains the evolution of Community Health Workers in India. Also, it is important to know the background of ASHA workers, their selection process and also supporting structures. The present chapter includes a detailed description of evolution, selection, training and functions of ASHA workers. This chapter explains the Community Health Workers in general whereas ASHA workers in particular.

ASHA workers are working tirelessly day and night for the improvement of marginalized and unreached section of society. In this chapter, researcher described a detailed description of evolution and background, selection criterion, training & its modules and functions of ASHA workers. It is important to know that why NRHM launched ASHA scheme and the need of introduction of female health worker and the background of Community Health Workers (CHWs). ASHA program launched in 2005 by the National Rural Health Mission (NRHM) for marginalized rural population in India. There are main five activities of ASHA workers i.e. Home visits, attending Village Health and Nutrition Day (VHND), visits to the health facility, holding village level meeting, maintaining records. ASHA workers got support from ANMs, AWWs and ASHA Sangani and also got support from gram panchayat. There

is funding support for ASHA worker at state level, at district level, at block level and at PHC level.

Chapter 4 - Work Challenges of Asha Workers: An Empirical Analysis of Selected Blocks of Lucknow District

The present chapter deals with the analysis and interpretation of data collected from two selected blocks of Lucknow district. It has been found that more than one-fourth of respondents become an ASHA due to financial compulsion. Less than three fourth of respondents are able to manage their domestic work and official work in a balanced way. Majority of the respondent get support from their husband. It has been found that majority of the respondent are the decision maker in their families. It has observed that less than two-third of the respondents agreed that ASHA role creates obstacles in maintaining family. Around half of the respondents agreed that ASHA role creates obstacles in personal care to husband and keeping them as ideal wife. It has been found that around half of the respondents agreed that ASHA role creates obstacles in being good mother and being a good daughter In-law. Majority of the respondents feel empowered due to their role as ASHA worker. Less than half of the respondents feel empowered due to increase in self-esteem.

Majority of respondents face problems & challenges while rendering their services. Delay in getting incentives and excessive record maintenance are two problems which is faced by majority of respondents. Majority of the respondents compromise with their health problems by working long hours and more than three-fourth of the respondents agreed that they do not get maternity leave. It has found that more than half of the respondents agreed that there is no grievance cell for ASHA's complaints and around half of the respondents agreed that health department does not listen to the complaints of ASHA workers and find solutions. It has been found that less than half of the respondents said that delay in payments is one the major drawbacks of PBP scheme. Majority of the respondents agreed that they got orientation training of all ASHA’s training modules. Majority of the respondents replied that they find this training as useful while rendering services in the community.

It has been found that three-fourth of the respondents replied that an Interpersonal communication (IPC) skill helps them in the counselling of beneficiaries in the

community and three-fourth of the respondents replied that interpersonal communication plays an important role in implementation of several health schemes by government. Majority of respondents broke the old custom of traditional beliefs in home deliveries and cultural preference of gender norms preferring sons over daughters. Majority of the respondents talk to men about family planning in the community. But less than two-third of the respondents did not convince any man for male sterilization. It has been found that less than two-third of the respondents want male health workers in place of female ASHA for family planning. Majority of the respondents visit beneficiary's homes in the community who belong to another caste and majority of the respondents do not feel discriminated against because of their caste while rendering the services. Also, majority of the respondents agreed there is no dominant caste that creates obstacles while rendering the services. The researcher has found that majority of the respondents did not experience any caste discrimination from their colleagues or superiors. The researcher has found that majority of the respondents speak in monthly meetings. Majority of the respondents agreed that male representatives have cooperative attitude towards their decision. The researcher has found that majority of the respondents agreed that male members have cooperative attitude towards them while doing home visits in the community.

The researcher has found that around three-fourth of the respondents agreed that never experienced inappropriate behaviour from their male superiors. Less than half of the respondents agreed that they counsel families to raise boys & girls equally in terms of nutrition, education & opportunity to remove gender inequality.

The researcher has found that around two-third of the respondents do not face harassment and the researcher has found that more than of the respondents faces mental harassment.

Chapter 5- Summary, Findings and Suggestions

Major Findings of the Study

It is found that the majority i.e. 92.1 percent of ASHA workers face problems and challenges while rendering the services. The present study found that there are many work challenges of ASHA workers such as delay in getting incentives, Lack of family

support, increasing workload, lack of knowledge & skill, excessive record maintenance, lack of help from the community, inadequate supply of medicine kit, unavailability of transport in difficult areas, non-cooperating staff.

Majority of ASHA workers mainly work challenge amongst all is delay in getting incentives, due to which they become demotivated. In the present study the researcher has found that ASHA workers are facing various other challenges which affects their services. Secondly, the problem faced by majority of ASHA workers are excessive record maintenance. Followed by increasing workload, inadequate supply of medicine, lack of help from community, lack of family support, non- cooperating staff, unavailability of transport in difficult areas and lastly, lack of skill and knowledge.

The researcher has found that less than two third i.e. 62 percent of ASHA worker's husbands are the head of the family and less than one fourth i.e. 22.7 percent of ASHA workers holds the position of head of the family but as far as rural area is concerned. Majority i.e. 87.4 percent of ASHA workers get support from their husbands which means husband support their female counter parts to grow and make their career also support their families financially as they do. It is found that because ASHA workers are economic independent that's why they are the decision makers in the families and now their decisions are also taken into consideration, otherwise only male elder member of the families take all the decision without female consent. Indian society is patriarchal society all power and authority belongs to men only. Although Women are considered as second sex. But here, the researcher has found that there is positive impact of gender power relations on the working conditions of ASHA workers.

The researcher has observed that less than two-third i.e. 61.4 percent of the ASHA workers agreed that ASHA role creates obstacles in maintaining family. Around half third i.e. 48.8 percent of the ASHA workers agreed that ASHA role creates obstacles in personal care to husband and keeping them as ideal wife. It has been found that around half i.e. 53.1 and 51.8 percent of the ASHA workers agreed that ASHA role creates obstacles in being good mother and being a good daughter In-law. In the present study, it is found that the ASHA workers' role creates obstacles in

maintaining their family, personal care to husband, keeping them as an ideal wife, being good mother and daughter in law. Thus, there is negative impact of gender power relations on the working conditions of ASHA workers.

The researcher has found that, apart from social barrier majority i.e. 265 ASHA workers counsel men about family planning in the community. Out of these 265 ASHA workers, most of them i.e. 30.2 percent of ASHA workers do not have problem in talking with men and counsel them about Sexual & reproductive health. Although 24.6 percent feel hesitant with men to discuss about family planning & male sterilization, followed by 22.2 percent of ASHA workers feel uncomfortable being a resident of same village, 15.7 percent of ASHA workers do not get any response while discussing about family planning, 7.3 percent of ASHA Workers said that their husband do not like it.

Especially in rural areas, women have gender stereotypical role expectations in such a way that they cannot talk to men about sexual and reproductive health. Basically, it's a social barrier in rural areas; they are restricted to do that because it is against the social norms of the society. But being an ASHA Worker, it is their duty to counsel men along with women about sexual & reproductive health. Thus, as most of the ASHA workers do not have problem in counselling men about sexual & reproductive health. There is positive impact of gender power relations on the working conditions of ASHA workers.

But around two third i.e. 64.4 percent of ASHA workers did not convince any man for male sterilization. Moreover, less than two third i.e. 60.1 percent of ASHA workers replied that there should be a male health worker in place of female ASHA for family planning because men can create better awareness among their peers and motivate them for family planning. Although, ASHA workers can easily convince women for female sterilization. Sometimes, ASHA workers convince men for male sterilization but their wives denied and get ready for female sterilization. They said, "their husbands become physically weak" which is totally a myth. Male participation in the usage of method of contraception is still low in the country. ASHA workers receives same incentive for both sterilizations i.e. 300rs either male or female but the

percentage of male sterilization is very low. Thus, there is negative impact of gender power relations on the working conditions of ASHA workers.

Majority i.e. 87.4 percent of ASHA workers replied that male representatives have a cooperative attitude towards their decision in monthly meetings. Majority i.e. 87.7 percent of ASHA workers replied that male members have a cooperative attitude while doing home visits in the community. Majority i.e. 84.7 percent of ASHA workers replied that male staff of CHC/PHC have a cooperative attitude towards them. Majority i.e. 73.9 percent of ASHA workers never experienced inappropriate behaviour from their male superiors. Thus, there is positive impact of gender power relations on the working conditions of ASHA workers.

Less than half i.e. 46 percent of ASHA workers address the issue to remove gender inequality while counseling in the community is counseling families to raise boys & girls equally in terms of nutrition, education& opportunity. Around two third i.e. 63.3 percent of ASHA workers do not face any kind of harassment. But out of 326 ASHA workers,111 (i.e. 34 percent) of ASHA workers face harassment on the way to work. Out of these 111 ASHA workers, more than half i.e. 53.2 percent of ASHA workers face mental harassment while only 0.9 percent of ASHA workers face sexual harassment. Thus, although majority of ASHA workers do not face any kind of harassment but still there is prevalence of harassment. There is negative impact of gender power relations on the working conditions of ASHA workers.

Majority i.e. 92.9 percent of ASHA workers visit beneficiary's homes in the community who belong to other castes. Majority i.e. 91.1 percent of ASHA workers do not feel discriminated because of their caste while rendering the services. Majority i.e. 88.7 percent of ASHA workers did not experience any caste discrimination from their colleagues or superiors.

In the present study one of the ASHA workers said, "ye hamara kaam hai, jana to padega hi", another ASHA worker said, "ab zamana badal raha hai, hum sabke ghar jate hai". As most of the ASHA workers visit beneficiaries of any caste and most of them do not face caste discrimination, this indicates that rural society is changing slowly and gradually but there is still prevalence of caste discrimination. The social change has been seen, earlier there are restrictions on social interaction between the

castes. Due to hierarchical division, higher caste people maintain distance from lower caste because every caste has its own culture, tradition and informal rules. But now, social interaction increases between the caste.

Majority i.e. 88.7 percent of ASHA workers replied that there is no dominant caste that creates obstacles while rendering the services. Rest others (8.9 percent) replied that there is a dominant caste that creates obstacles while rendering the services in the community, (2.6 percent) replied that they do not know whether the dominant caste creates obstacles or not while rendering the services.

In the present study, the researcher has found that most of them said that there is no any dominant caste that creates obstacles while rendering the services but very few replied the presence of dominant caste which means there is still prevalence of dominant caste in rural society. But it is found that the role of caste is getting weakened in rural society due to intervention of health department. Thus, there is positive impact of caste power relations on the working conditions of ASHA workers.

Majority i.e. 75.8 percent of ASHA workers are strongly agreed that Interpersonal communication (IPC) skill helps them in counselling beneficiaries in the community. More than half i.e. 54.6 percent of ASHA workers are strongly agreed that interpersonal communication plays an important role in the implementation of several health schemes by the government. More than one fourth i.e. 27.2 percent of ASHA workers reveal that instead of traditional beliefs in-home deliveries they motivate beneficiaries for institutional deliveries followed by 24.6 percent broke the cultural preference of gender norms preferring sons over daughters. 24.1 percent motivated the people of community for construction of sanitary latrines in their houses. 23.8 percent created awareness regarding religious proscription against immunization, birth spacing & contraception. However, only 0.3 percent do not break any of old customs, cultural preferences or myths of people regarding their health through Inter Personal Communication.

In the present study, the researcher has found that interpersonal communication skills of ASHAs and the effectiveness of their services are positively interlinked. ASHA workers interact with beneficiaries on daily basis, they deliver health information by using different tools such as pamphlets and booklets with pictorial presentations.

Family planning tool kit is also used by ASHA workers and they demonstrate beneficiaries so that they can understood easily. This way of communication makes their work easy. Due to interpersonal communication, it become easy to provide health care information and their implementation related different government schemes in the community. Although it is a biggest challenge to create awareness and break old customs, cultural preferences and myths related to health because rural people have stereotypical thoughts. But ASHA workers learn interpersonal communication skills in their trainings and execute in the community.

Conclusion

Females are considered as second sex and their gender roles confined them to caring & nurturing children and household responsibilities. ASHA workers are designated as volunteers they get performance based incentives instead of fixed salary. Due to voluntary worker, they are excluded from India's labour laws. They are demanding from government to considered them as permanent employee and pays fixed salary and benefits too. Being a female, they are underpaid and overburdened. But, it can be seen that after becoming ASHA their gender roles have changed partially. Being an ASHA worker, they counter traditional gender roles as they are also the breadwinner of the family and supports their husbands financially. They are not only economically independent but also the decision maker. Now, they have say in the family. Their opinions are also taken into consideration in the family. After becoming ASHA, they feel empowered due to increase in self-esteem. Not only this, they got recognition in the society. ASHA workers are working tirelessly to provide health care services in the rural areas.

Majority of the ASHA workers are able to balance between their official work as well as family responsibilities. But their role as ASHA creates obstacles in maintaining family, personal care to husband and keeping them as ideal wife, being good mother and being a good daughter In-law. Moreover, there are many work challenges faced by them which affects their services such as delay in getting financial incentives, excessive workload, unavailability of transportation facility, inadequate supply of medicine kit, lack of family support, lack of knowledge & skill, non-co-operating

staff etc. But amongst all there are two major challenges faced by ASHA workers are delay in getting financial incentives and excessive workload.

As far as gender power relations are concerned, it is also apparent from the findings that society and especially male members are cooperating with ASHA workers in various ways. It is interesting to know that majority of the ASHA workers got support from their husbands while they go out for work. Majority of the ASHA workers do not face discrimination according to their gender instead they speak in public meetings. Male representatives have a cooperative attitude towards their decision in monthly meetings and males have cooperative attitude while doing home visits. Also, it cannot be denied that their gender roles are changing partially in Indian patriarchal society especially in rural areas. The professional role of ASHA workers had positive impact on their personal life. They are confident, motivated and feel empowered. From local lay women of the community, now they became health care provider in the community. Apart from social barrier and gender stereotypical role expectations, it can be seen that majority of ASHA workers counsel men about sexual and reproductive health because it is part of their job. But, it is difficult for majority of ASHA workers to convince males for male sterilization. One of the drawback is that it is not very popular and it has less social acceptance among males as well as females. Harassment of ASHA workers has been recorded in very less percentage. Social interaction among different caste has been seen. Prevalence of caste discrimination and dominant caste was found in very less percentage. It is surprising to know that slowly and gradually the role of caste is getting weakened in rural society due to intervention of health department in the rural communities.

Additionally, Interpersonal communication plays a pivotal role in counselling beneficiaries and effective service delivery in the community. It also helps in changing health behaviour of rural people who are rigid and have stereotypical thoughts regarding their health. Additionally, it also assists in breaking old customs, cultural preferences and myths related to health. ASHA workers learned these Interpersonal communication skills from trainings given by health department. Gender and caste based power relations are found directly associated with the working conditions of ASHA workers. Caste power relations have seen positive impact on working conditions of ASHA workers and Gender power relations have

positive as well as negative impact on working conditions of ASHA workers. There is positive interlinkage between interpersonal communication skills and effectiveness of their services in the communities.

Suggestions

- There must be fixed working hours for ASHA workers. They are working 15-16 hours and maximum hours in the field because of which they are unable to perform their family responsibilities.
- Provide timely payment to ASHA workers. There must be clarity on the payment process. There are many services for which they do not get incentives. There must be incentives for every service which they rendered in the community. Ensure additional incentive for extra work.
- Provide compensation and food to ASHA workers when they came to attend meetings.
- ASHA workers are responsible to cater the population of 1000 but the majority of ASHA workers cater to a population of more than 1000 due to which they are overburdened and not able to cover all population**.** There is a need for timely recruitment of ASHA workers where ASHA workers served the population of more than 1000.
- In the recruitment process, apart from the panchayat, there is a need to increase community involvement.
- It is suggested that there should be a provision of maternity leave policy for ASHA workers.
- It is important to know about the problems which are faced by ASHA workers. For that, there should be a grievance cell for ASHA's complaints in CHC and PHC. In addition to this, their complaint must be listened to by the health department and find out solutions for the same.
- Efforts of ASHA workers must be acknowledged. Awards for good work should be distributed to ASHA workers which boosts their morale.

- There is a need to ensure that ASHA workers are motivated and have leadership skills as well as communication skills (especially interpersonal), for that there is a need for training every six months to upgrade their skills.
- There should be fixed holidays for ASHA workers. They are working long hours in the field and compromise with their health. They need rest so that they will work efficiently on the next working day.
- There is a need to improve economic conditions of ASHA workers. Give them social security benefits, health insurance to ASHA workers and their family members.

Recommendations for Further Research

Further research study can examine the effect of socio cultural barrier and the role of religion on the working conditions of ASHA workers in other states/districts of India. The further study can also include the perspective of beneficiaries and community people where they rendered their services, although in present study only ASHA workers are selected as respondents. Further study can include the perspective of stakeholders who belong to health department. Further research study can analyze various awareness building initiatives undertaken by the state and the civil society activists for ASHA workers.