ISSN 2231-1629
Knowledge Resonance
IMPACT FACTOR 8.072
July-December 2024- Vol. 13 No. 2

ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAS) AND COVID-19: WITH SPECIAL REFERENCE TO KOLHAPUR DISTRICT, MAHARASHTRA, STATE

Dr. Pratibha Desai

Associate Professor, Department of Sociology, Shivaji University, Kolhapur

Government of India launched National Rural Health Mission in 2005 to establish credible public health services in rural areas and proposed a new band of community-based functionaries, named Accredited Social Health Activists (ASHAs) who served in villages and popularly known as ASHAs. In rural India ASHAs are frontline workers in the fight against COVID-19 and in this pandemic situation, ASHAs are working long hours with personal risk and family risk to prevent COVID-19. Due to their contribution COVID-19 is in control in rural areas rather than urban areas. But in many parts of India they are harassed and beaten when they are advising people to care and they have also not been covered by any insurance scheme for their risky job. Hence present research will address all these issues. The objectives of the study are to understand their life at the time of COVID-19, their contribution in the prevention of COVID-19 in rural areas and their problems. This study was carried in Kolhapur district of Western Maharashtra. There are total of twelve talukas in the Kolhapur district. There are total 1,229 ASHAs working in four talukas. Out of total 40% of ASHAs workers are selected for present study. Some case studies are also taken for study. Findings of the study shows that with pandemic, along with COVID-19 duty, ASHAs are performing anti-natal and postnatal health care such as care of pregnant women and lactation mothers to access health services for antenatal care. While working, they face many problems and they are scolded, harassed and beaten and non-accepted by the community. They are suffering from the number of problems such over-load with burden of work, irregular payment, meager payment and behavioral problems of villagers.

Acknowledgement:

This paper is based on Research Project sanctioned under Special Call Focusing on Social Science Dimensions of COVID-19 Coronavirus Pandemic by Indian Council of Social Science Research, (ICSSR), New Delhi and I am very much thankful to ICSSR, New Delhi for sanctioning this Research Project sanctioned under Special Call Focusing on Social Science Dimensions of COVID-19 Coronavirous Pandemic.

I) Introduction:

"Health is a pre-requisite component of well-being and development of any individual as well society. It is a multifunctional concept which is not only meant for medical care but also relating to socio-cultural, educational, economic and political development of society". (Sasmita Ojha: 2016). World Health Organisation defines "Health as "State of complete physical, mental and social well-being and not merely the absence of diseases and infirmity". The impacts of the pandemic have been highly dangerous which added new strains to the existing challenges. COVID-19 had many adverse long-term and short-term impacts on the society such as Post-COVID-19 health complications and quality of education, increase in widowhood and orphanages. As compare to other sector in India health sector was most influenced and threatened due this pandemic. All health workers are toiling day and night to control this disease. They are overloaded and working in stress and tension. Many doctors including other health workers lost their lives. Government of India had implemented many programmes and measures to control this pandemic. Role of central and

state had a crucial role to this pandemic and this pandemic had brought tremendous pressure on Indian budget. As compare to private health sector, public health sector plays major crucial role to control this pandemic. Many of the frontline health workers including doctors and ANM, police are other government employees and avail the COVID-19 facilities but other frontline health workers like contract nurses' private employees and community health workers particularly Accredited Social Health Activists are working day and night but they are not avail all the government COVID facilities. ASHAs (Accredited Social Health Workers are suffering from risky life during pandemic. Many of us are sitting in the home at time of lockdown they are visiting door to door for survey and for COVID-19 awareness in hot seasons. They are taking personal risk and lost their lives and their family members. Either they are paid fully and regularly or even they are not provided proactive gears also but their contribution is crucial and important to control COVID-19 in the rural areas. Hence present had made an attempt to highlights their life and contribution during COVID-19 period and problems faced by them.

Schemes for ASHAs by Government of India

The Union Cabinet approved an increase in the amount of routine and recurring incentives under NHM for ASHAs that will now enable them to get at least Rs. 2000 per month against the earlier allocated Rs 1000. As part of the ASHA benefit package launched in 2018, social security benefits like life insurance, accident insurance and pension were extended to all eligible ASHAs and ASHA Facilitators through the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Shram Yogi Maan Dhan Yojana (PMSYMDY) respectively. In order to support the ASHAs during the pandemic, all ASHAs and ASHA facilitators were also covered under the Pradhan Mantri Garib Kalyan Package for coverage under insurance scheme of Rs. 50 lakh in case of loss of life due to COVID-19 or accidental death on account of COVID-19 related duty.

The COVID-19 pandemic in Kolhapur District:

Kolhapur has emerged as a district of concern for Maharashtra contributing the highest daily caseload in the state since June 23, 2022 at the second wave COVID-19. And while it tops in vaccinations of those above 45 years, it has also vaccinated the least number of people between 18 to 44 years. Kolhapur district in the first wave COVID-19 was not much affected but much affected by second wave of COVID-19. In the first wave of pandemic the district administration did a commendable job by controlling the infection.

II) Review of Literature:

In the countries like Brazil, Africa, India, Untied States, Syria etc community health workers are playing important role in this pandemic situation. ASHAs are one of the important community health workers from India and are playing important role to control the pandemic in rural areas. Available Research studies on ASHAs and Pandemic are very few but many newspapers at national, state-level and local-level had focuses on contribution of ASHAs during this pandemic. Many of ASHAs are taking a great risk to their health and safety.

III) Objectives of Study:

1. To understand life of ASHAs at the time of COVID-19.
2. To study the contribution in the prevention of COVID-19 in rural areas and their problems.

IV) RESEARCH METHODOLOGY:

The present study was conducted in the Kolhapur district of Western Maharashtra. Empirical cum descriptive research design was used for the present study. Geographically,

historically and politically, Maharashtra has five main regions. They are Vidarbha, Marathwada, Khandesh, Kokan and Paschim Maharastra (Western Maharashtra) is selected. Western Maharashtra had consists five districts viz Sangali, Kolhapur, Solapur, Satara and Pune. Maharashtra is one leading state in covid-19 cases and there are number of patients found in Maharashtra. During 2008 this scheme is implemented in the all districts of Maharashtra State. There are total are working in the Maharashtra. ASHAs are working in the every village of Kolhapur district. List of talukas and villages were made available from Zilla Parisad. Kolhapur district has twelve talukas and total PHCs nearly 70 and total ASHAs are working in the district are 2773.Universe consists all taluks and PHCs of Kolhapur district. It is also taken into the consideration that all these ASHAs are presently working in the pandemic and linked with respective PHC. It is also taken into ASHAs who are working in the pandemic. Out of total PHCs and ASHAs, 50% of PHCs so 16 PHCs were workers had selected for the present study. Out of total ASHAs, 1229, forty percentage (40%) ASHAs i.e. 493 were selected for present study by using random sampling technique. It was decided to conduct personal interviews of ASHAS only available at the time of the visit to their houses and in work place.

V) Discussion:

SECTION: I

i) Personal Life of ASHAs

Table-No-01

Age, Religion and Marital Status -wise distribution of respondents

Age	Frequency	Percent	**Religion**	Frequency	Percent	**Marital status**	Frequency	Percent
18 to 25 years	3	.6	Hindu	420	85.2	Married	428	86.8
26 to 35 years	139	28.2	Muslim	15	3.0	Unmarried	4	.8
36 to 45 years	290	58.8	Bouddh	47	9.5	Divorced	4	.8
Above 45 years	61	12.4	Other	11	2.2	Widow	56	11.4
Total	**493**	**100.0**	**Total**	**493**	**100.0**	Separate from husband	1	.2
						Total	**493**	**100.0**

Table-No-1 represents the age, religion and marital status and-wise distribution of respondents. Out of total respondents 290(58.8%) belongs to 36 to 45 age groups, 139 (28.2%) respondents belongs to age group of 26 to 35, 61(12.4%) belongs to age group of above 45 yrs. Majority of the respondents i.e. 290(58.8%) belongs to age group of 36-45 yrs. This is because majority women prefer the job after marriage and children and majority of selected ASHAs are working since from 2009 since the inception of NRHM. represents the religion-wise distribution of respondents. Out of total respondents 420 (85.2.8%) belongs to Hindu religion, 47(9.5%) respondents belongs Bouddh religion, 15(3.0 %) belongs to Muslim and 11 (2.2%) belongs other religion it means Christian and Jain. Majority of respondents belongs to Hindu religion. Kolhapur district is multi-caste district. In this district researcher found all types of caste. According Maharashtra government caste-category is taken for present study. ASHA must primarily be a woman resident of the village married/

widowed/divorced, preferably in the age group of 25 to 45 years. Selection of ASHA is done on the basis of residency, education and interest in work. She should be a literate woman with formal education up to class eight. This may be relaxed only if no suitable person with this qualification is available. Unmarried women had given preferences to work as ASHA because non-availability of married women.

Educational Status and Work experience of **ASHAs:** ASHAs are appointed on formal education up to class eight. This may be relaxed only if no suitable person with this qualification is available. Educational ASHAs are given below table. ASHAs are more educated that prescribed norms thought India in general and particular in Kolhapur district.

Table-No-02

Distribution of respondents by Educational Status and

Marital status	Frequency	Percent	**Number of yrs**	Frequency	Percent
Primary	39	7.9	0 to2 years	12	2.4
Secondary	243	49.3	3 to 5 years	40	8.1
Higher secondary	154	31.2	6 to 8 years	32	6.5
Graduation	37	7.5	Above 8 years	409	83.0
Post-Graduation	19	3.9	**Total**	**493**	**100.0**
Other	1	.2			
Total	**493**	**100.0**			

Table-No- 02 deals with the distribution of respondents by education and work experience. Out of total respondents 243 (49.3%) have secondary educated, 154(31.2%) have education up to higher secondary education, 39(7.9%) respondents have primary education, 37(7.5%) have graduated, 19 (3.9%) are postgraduate and one is other. Here other means professional degrees. Majority of ASHAs i.e. 243 (49.3%) are educated secondary even though there is condition that ASHA should be a literate woman with formal education up to class eight. Out of total respondents 409 (83.0%) have more than eight yrs experience, 40(8.1%) have 3 to 5 yrs experience, 32(6.5%) respondents are 6 to 8 yrs experience and 12(7.6%) have 0to 2yrs experience. Out of total respondents majority of them i.e. 409 (83.0%) have more than eight yrs and they are working since from NRHM inception in Kolhapur district. So they are expecting as permanent employee and they are thinking that they are not community workers but as employees and they are going many times many times for agitations for permanent employees.

Monthly Honorarium: There are about 846,309 ASHAs in the country and approximately one ASHA per 1000 population in the rural areas. The ASHAs will receive performance-based incentives for all health care services. For COVID-19 duty they are paid 1000 rupees per month by Central Government and 500/- per month by State-government. In Maharashtra under scheme My Family and Responsibility they are paid 1000 rupees per months.

Table-No-03

Distribution of respondents by total monthly honorarium, pending and regularity

No of yrs	Frequency	Percent	**Opinions concern pending**	Frequency	Percent	**Opinions**	Frequency	Percent

			honorarium					
Rs. 500 to Rs. 2500	202	41.0	One to three months	85	17.2	Yes	27	5.5
Rs. 2501 to Rs. 5000	123	24.9	Four to six months	146	29.6	No	465	94.3
Rs. 5001 to Rs. 7500	1	.2	Seven to nine months	71	14.4	NR	1	.2
Rs. 7501 to Rs. 10000	37	7.5	Ten to twelve months	7	1.4	**Total**	**493**	**100.0**
Above Rs. 10000	79	16.0	Above twelve months	31	6.3			
NR	51	10.3	NR	153	31.0			
Total	**493**	**100.0**	**Total**	**493**	**100.0**			

Table-No- 03 represents the distribution of respondents by total monthly honorarium. Out of total respondents 202 (41.0%) have total monthly honorarium from 500 to 2500 rupees, 123 (24.9%) have total monthly honorarium from 2501 to 5000 rupees, 79 (16.0%) have total monthly honorarium above 10000 rupees, 37(3.5%) have total monthly honorarium from 7501 to 10000 rupees and 51 (10.3%) respondents don't respond to this question. On average ASHAs are getting amount of four to five thousand rupees as honorarium per month, so majority of respondents' monthly honorarium is from the range of 500 to 5000 thousand rupees. This includes honorarium of COVID and non-COVID duties. Their income dropped due to COVID-19 pandemic. On an average ten to twelve months honorarium is pending. It shows that ASHA workers were not paying regularly.

Table-No-04

Distribution of respondents by opinion those who borrowed the loan, sources and purpose during COVID period

Opinions	Frequency	Percent	**Sources**	Frequency	Percent
Yes	369	74.8	Bank	70	14.2
No	123	24.9	Cooperative societies	38	7.7
NR	1	.2	Landlord	3	.6
Total	**493**	**100.0**	Friends	28	5.7
Purpose of Loan	Frequency	Percent	Relatives	96	19.5
For children's education	42	8.5	Other(Self-Help Groups)	44	8.9
To fulfill daily needs	149	30.2	Cooperative society and landlord	6	1.2
For hospital treatment	26	5.3	Bank and relatives	24	4.9
For children's education and to fulfill daily needs	93	18.9	Bank and private finance company	7	1.4
To fulfill daily needs and hospital treatment	25	5.1	Cooperative society and relatives	7	1.4

Opinions	Frequency	Percent	Sources	Frequency	Percent
Yes	369	74.8	Bank	70	14.2
No	123	24.9	Cooperative societies	38	7.7
NR	1	.2	Landlord	3	.6
All above	24	4.9	Relatives and others	5	1.0
For children's education and hospital treatment	9	1.8	Friends and relatives	13	2.6
NR	2	.4	Friends and other	1	.2
NA	123	24.9	Bank and landlord	1	.2
Total	493	100.0	Bank and Cooperative society	3	.6

Table-No-04 shows the distribution of respondents' indebtedness in COVID period. Out of total respondents 369 (74.8%) reported that they had borrowed the loan in COVID period, 123 (24.9%) respondents reported that they had borrowed not in COVID period and 1(0.2%) respondents did not respond to this question. Majority respondents 369 (74.8%) had borrowed the loan in the time of COVID period. Out of total respondents 96 (19.5%) respondents have taken loan by their relatives, 70 (14.2%) respondents have taken loan by banks, 44 (8.9%) respondents have taken loan by other sources of loan, 38 (7.7%) respondents have taken loan by cooperative society, 28 (5.7%) respondents have taken loan by friends, 24 (4.9%) respondents have taken loan by banks and relatives, 15 (3.0%) respondents have taken loan by bank, landlord and friends, 13 (2.6%) respondents have taken loan by friends and relatives and 123 (24.9%) respondents have not taken loan. Major sources of loan are relatives, cooperative societies, banks and self-help groups and 96 (19.5%) respondents have taken loan by their relatives. Out of total respondents 149 (30.2%) reported that they have taken loan for daily needs in COVID period, 123 (24.9%) respondents reported that they have not taken loan, 93 (18.9%) respondents reported that they have taken loan for children's education and daily needs, 42 (8.5%) respondents reported that they have taken loan for children's education, 26 (5.3%) respondents reported that they have taken loan for hospital treatment, 25 (5.1%) respondents reported that they have taken loan for daily needs and hospital treatment, 24 (4.9%) respondents reported that they have taken loan for all the reasons which mentioned above, 9 (1.8%) respondents reported that they have taken loan for children's education and hospital treatment and 2(0.4%) respondents did not respond to this question. Basically people are borrowing the loan for the purpose building house, children's education and hospital treatment but here researcher found that ASHA workers had borrowed the loan to fulfill their basic needs this shows their poor conditions. They are borrowing loan for hospital treatment this because being the health workers. They are not getting any free medical treatment.

Table-No-05

Distribution of respondents by whether they had become COVID Positive and by Post-COVID health problems

Opinions	Frequency	Percent	**Opinions**	Frequency	Percent
Yes	49	9.9	Yes	45	9.1
No	444	90.1	No	4	.8
Total	493	100.0	NA	444	90.1
			Total	**493**	**100.0**

Table-No- 05 represents the distribution of respondents by whether they had become COVID positive. Out of total respondents 444 (90.1%) reported that they have not became COVID positive and remaining 49 (9.9%) respondents have became COVID positive. Majority of respondents 444 (90.1%) reported that they have not became COVID positive. It is good thing that majority of ASHAs are not COVID positive. While working they had taken all necessary precautions. Out of total respondents 444 (90.1%) reported that they have not became COVID positive, 45 (9.1%) respondents have became COVID positive and they had various health problems after being COVID positive and 4(0.8%) respondents have became COVID infected but they don't have health problems. ASHAs are facing the health problems such as body aching, weight loss, weakness, breathing problems, B.P. and diabetes (sugar).

SECTION-II: FAMILY LIFE OF ASHAs

Table-No-06

Distribution of respondents types family, house and no of rooms in the house

Type of family	Frequency	Percent	**Type of house**	Frequency	Percent	**No. of rooms in the house**	Frequency	Percent
Joint family	241	48.9	Kaccha/Hut	18	3.7	One room	37	7.5
Nuclear family	252	51.1	Mud house	344	69.8	Two rooms	195	39.6
Total	**493**	**100.0**	RCC house	93	18.9	Three rooms	167	33.9
			Other	38	7.7	Four rooms	71	14.4
			Total	**493**	**100.0**	More than four rooms	23	4.7
						Total	**493**	**100.0**

Table-No- 06 shows the distribution of respondents by family type. Out of total respondents 252(51.1%) have nuclear families and 241(48.9%) have joint family. Majority of ASHAs 252(51.1%) workers are from nuclear families. represents the distribution of respondents by housing type. Out of total respondents 344(69.8%) have mud houses, 93(18.9%) have RCC/slab houses, 38(7.7%) have other type houses it means combination of slab and steel floors/ceiling and tin-sheet and 18(3.7%) have kaccha/hut houses. Majority of ASHAs are having mud houses, 344(69.8%) and it shows their poor economic conditions. Out of total respondents 195 (39.6%) have two rooms in their house, 167(33.9%) have three rooms in their house, 71 (14.4%) have four rooms in their house, 37(7.5%) respondents have only one room in their house and 23(4.7%) respondents have more than four rooms in their house. Majority of ASHA workers that is 195(39.6 had two rooms. But on average ASHAs workers had two to three rooms in their houses.

Table-No-07

Distribution of respondents by main earner of family and monthly income of family

Main earner of family	Frequency	Percent	Monthly income of the family	Frequency	Percent
ASHA workers themselves	193	39.1	Rs. 500 to Rs. 3000	192	38.9
Husband	168	34.1	Rs. 3001 to Rs. 6000	153	31.0
Children	1	.2	Rs. 6001 to Rs. 9000	69	14.0
Parents	1	.2	Rs. 9001 to RS. 12000	47	9.5
Others(brother in-laws or In-laws)	4	.8	Rs. 12001 to Rs. 15000	16	3.2
ASHA workers themselves and Husband	117	23.7	Above Rs. 15000	13	2.6
ASHA workers themselves and Children	6	1.2	NR	3	.6
Husband and Children	1	.2	**Total**	**493**	**100.0**
ASHA workers themselves, Husband and Children's	1	.2			
ASHA workers themselves f and Parents	1	.2			
Total	**493**	**100.0**			

Table-No- 07 shows the distribution of respondents by earning member in family. Out of total respondents 193 (39.1%) have ASHAs themselves are earning member in the family, 168(34.1%) have husband as main earning members, 117 (23.7) respondents have ASHAs and their husband are main earner in the family, and remaining respondents have children, parents and other family members are main earner in the family. Majority of respondents i.e. 193 (39.1%) have ASHAs themselves are earning member in the family because lots of ASHAs husband lost their work due to COVID-19. Majority of respondents have i.e. 286(58.0%) have only ASHAs work as main earning source of family income because lots of ASHAs husband lost their work due to COVID-19. But in during pandemic they are not getting regular payments which lead them to live in poor conditions. Out of total respondents 192 (38.9%) have monthly income from 500 to 3000 rupees, 153 (31.0%) have monthly income from 3001 to 6000 rupees, 69 (14.0%) have monthly income from 6001 to 9000, 47(9.5%) have monthly income from 9001 to 12000 rupees, 16 (3.2%) have monthly income from 12001 to 15000 rupees, 13 (2.6%) respondents have above 15000 rupees only and 3(0.6%) respondents don't respond to this question. On average ASHAs are getting four to five thousand rupees as honorarium per month so majority of respondents have monthly income from 500 to 6000 thousand rupees. Because, majority of ASHAs have only ASHA work as their source of earning.

Table-No-08

Distribution of respondents by the opinions those who got the support from their family members, isolation, family atmosphere

Opinions Support	Frequency	Percent	**Opinions Isolation**	Frequency	Percent	**Opinion about atmosphere**	Frequency	Percent	**Lost the jobs in Opinions**	Frequency	Percent
Yes	344	69.8	Yes	154	31.2	Yes	386	78.3	Yes	88	17.8
No	149	30.2	No	339	68.8	No	107	21.7	No	405	82.2
Total	**493**	**100.0**	**Total**	**493**	**100.0**	**Total**	**493**	**100.0**	**Total**	**493**	**100.0**

Table-No- 08 represents the distribution of respondents' opinions about family support for ASHAs work during COVID period. When question was asked to the ASHA workers that was there any support from the family to work as ASHA during the COVID, out of total respondents 344 (69.8%) reported that they get support from their family to do ASHAs work during COVID period and 149 (30.2%) respondents reported that they didn't get support from their family to do ASHAs work during COVID period. Out of total respondents 339 (68.8%) reported that they do not have isolation facility at their home and 154 (31.2%) reported that they have isolation facility at their home. Majority of 339 (68.8%) they did not have isolation facility at their home. Out of total respondents 386 (78.3%) reported that their family atmosphere became polluted because of ASHAs work and 107 (21.7%) respondents reported that ASHAs work didn't affect their family atmosphere. Majority of ASHA workers and their family members did not get government bed. Frontline workers are not getting facilities from government during COVID-19 pandemic, government agencies and family after being someone becomes COVID positive from family. Researcher had found that 2.2% ASHAs family members had died because of COVID-19. These members are husband, mother, in-laws and father.

SECTION-III
SOCIETAL LIFE OF ASHA WORKERS DURING COVID-19 PANDEMIC

Table-No-09

Opinions of ASHAs about how they are harassed (troubled) by community members while working during the COVID

Opinions	Frequency	Percent	**Opinions**	Frequency	Percent
Yes	402	81.5	Yes	75	15.2
No	91	18.5	No	418	84.8
Total	**493**	**100.0**	**Total**	**493**	**100.0**

Table-No- 09 represents the distribution of respondents by community behavior towards ASHAs during COVID. Out of total respondents 402 (81.5%) reported that, they faced some kind of harassment or trouble/discrimination by community members while working during COVID period, 91(18.5%) respondents reported that they didn't face any kind of harassment/ discrimination while working during COVID period. ASHAs have to face problems like peoples were non-cooperative, peoples were reluctant to provide information and lack of equipments, 4 (2.4%) key respondents told that, ASHAs didn't face above problems while working during COVID period and

respectively 1 (0.6%) key respondents stated that ASHAs have to face problems like, lack of equipments, peoples were beating the ASHAs, peoples were abusive. Basically, while working during the COVID period, ASHAs had faced many difficulties. Every ASHA face one or other type difficulties, while working and they were beaten and scolded also. This is shows how horrible condition was at work place. With personal risk of life ASHAs are working in this horrible condition. Out of total respondents 418 (84.8%) reported that they didn't local rowdies or gundas while working during the COVID period and 75 (15.2%) respondents reported that they were troubled or harassed by local rowdies or Gundas while working during the COVID period.

SECTION: IV

CONTRIBUTION OF ASHAs IN THE PREVENTION OF COVID-19 PANDEMIC AND PROBLEMS AND CHALLEGES

I) Self-Reported of Work done by ASHA worker During COVID-19 Period:

Table-No-10
Distribution of respondents by population covered for ASHA work

Population Covered	Frequency	Percent
1000	430	87.2
2000	51	10.3
3000	6	1.2
More than 3000	6	1.2
Total	**493**	**100.0**

Table-No- 10 shows population covered for work of ASHAs. As per the norms of NRHM is one ASHA is selected for thousand populations. Out of total respondents 430 (87.2%) are working for 1000 population, 51 (10.3%) respondents covered 2000 people, 6 (1.2%) have covered 3000 people and 6 (1.2%) have covered more than 3000 people. It shows majority of ASHAs i.e. 430 (87.2%) are working for 1000 people, but still 13% ASHAs are working for more than 1,000 population.

Table-No-11
Work done

Opinions (Survey)	Frequency	Percent	Opinions (distribution of masks and sanitizers)	Frequency	Percent	Label the isolated person	Frequency	Percent
Yes	491	99.6	Yes	364	73.8	Yes	409	83.0
No	2	.4	No	129	26.2	No	84	17.0
Total	**493**	**100.0**	**Total**	**493**	**100.0**	**Total**	**493**	**100.0**
Opinions (Migrant)	Frequency	Percent	**Opinions (List preparation**	Frequency	Percent	**Adhar Card**	Frequency	Percent
Yes	415	84.2	Yes	490	99.4	Yes	482	97.8
No	78	15.8	No	3	.6	No	11	2.2
Total	**493**	**100.0**	**Total**	**493**	**100.0**	**Total**	**493**	**100.0**

Table-No- 11 represents distributions of respondent by survey done in COVID period. Out of total respondents 491 (99.6%) reported that they had done door to door survey to provide information about COVID and create awareness of COVID in the village and 2

(0.4%) respondents didn't respond to this question. Majority of respondents 491 (99.6%) had reported that they had performed the task of door to door survey to provide information of COVID-19 and awareness generation. Out of total respondents 364 (73.8%) reported that they had done work of distributing mask and sanitizer by visiting every home in the village and 129 (26.2%) respondents reported that they didn't distribute mask and sanitizer. Majority of that is 364 (73.8%) reported that they had done work of distributing mask and sanitizer by visiting every home in the village. Majority of respondents 409 (83.0%) had reported that they had done work of checking for COVID-19 symptoms among villagers and putting seal on hands. Majority, 490 (99.4%) reported that they had done the work of preparing list of all ages for vaccination and registration for vaccination.

Table-No-12
Work done

Information of Vaccination	Frequency	Percent	Contact tracing	Frequency	Percent	Opinions (Work in the quarantine centers	Frequency	Percent	Opinions Checking temperature	Frequency	Percent
Yes	485	98.4	Yes	487	98.8	Yes	332	67.3	Yes	488	99.0
No	8	1.6	No	6	1.2	No	161	32.7	No	5	1.0
Total	**493**	**100.0**	**Total**	**493**	**100.0**	**Total**	**493**	**100.0**	**Total**	**493**	**100.0**

Table-No-12 represents distributions of respondent by work they done in COVID period. Out of total respondents 482 (97.8%) reported that they done work arranging vaccination sessions and 11 (2.2%) respondents reported that they didn't do this work of regarding COVID vaccination. Majority of respondents, 482 (97.8%) reported that they had done work of providing information to villagers regarding availability of vaccine in the PHC. Majority of respondents, 487 (98.8%) reported that they had performed the task of contact tracing. Majority of ASHAs are working in the quarantine centers. Majority of respondents that is 488 (99.0%) reported that they had done work of checking temperature and oxygen level of each person by visiting every home..

Table-No.13

Opinions (communication)	Frequency	Percent	Opinions Immunity Buster	Frequency	Percent	Work under 'Maze Kutumb Mazi Jababdari'	Frequency	Percent
Yes	431	87.4	Yes	445	90.3	Yes	487	98.8
No	62	12.6	No	48	9.7	No	6	1.2
Total	**493**	**100.0**	**Total**	**493**	**100.0**	**Total**	**493**	**100.0**

Table-No-13 represents distributions of respondent by work they done in COVID period. Out of total respondents 431 (87.4%) reported that they done work of providing medication to COVID positive patient and checking them regularly and 62 (12.6%) respondents reported that they didn't do this work of regarding COVID vaccination. Majority of ASHAs, 431 (87.4%) reported that they done work of providing medication to COVID positive patient and checking them regularly. Majority of respondents 445 (90.3%) reported that they had done work of distribution of arsenic album tablets to community. Majority of respondents 445 (90.3%) reported

that they had done work of distribution of arsenic album tablets to community.

Table-No-14
Distribution of respondents by those who filled the information in MAHAAYUSH Application

Opinions	Frequency	Percent
Yes	472	95.7
No	21	4.3
Total	**493**	**100.0**

Table-No-14 represents distributions of respondents by work they had done in COVID period. Out of total respondents 472 (95.7%) reported that they had done work of filling information in MAHAAYUSH application and 21 (4.3%) respondents reported that they didn't perform this task.

Table-No-15
Distribution of respondents by motivating people to give swab

Opinions	**Frequency**	**Percent**
Yes	453	91.88
No	40	8. 11
Total	493	100.0

Table-No-15 represents distributions of respondent by work they done in COVID period. Out of total respondents 453(91.88%) reported that they had performed the task of motivating people to give swab and 40(8.11%) respondents reported that they didn't perform this task. Majority of respondents 453(91.88%) reported that they had performed the task of motivating people to give swab.

II) Non-COVID Work Of ASHAs (Regular Work Of ASHAs:)

ASHAs are performing the escort services for reproductive and child health, promoting universal immunization, nutrition and health education of the communities, and mobilizing communities for health planning, among other roles. They also help to provide the pregnant women's and lactating mothers' access to health services for antenatal care, institutional delivery, postnatal care, immunisations, family planning services, nutrition and chronic care.

Maternal Health Care Services:

Maternal Health Care Services include the pregnant women's and lactating mothers' access to health services for antenatal care, institutional delivery, postnatal care

Table-No-16
Distribution of respondents by work of maternal health care

Opinions	Frequency	Percent	**Opinions**	Frequency	Percent	**Opinions**	Frequency	Percent
Yes	481	97.6	Yes	492	99.8	Yes	491	99.6
No	11	2.2	NR	1	.2	No	1	.2
NR	1	.2	**Total**	**493**	**100.0**	NR	1	.2
Total	**493**	**100.0**				**Total**	**493**	**100.0**

Table-No-16 represents distributions of respondent by work they done in COVID period. Out of total respondents 481 (97.6%) reported that they had provided the maternal health care services such as registration of pregnant women for regular check-ups, antenatal care, post-natal care, institutional delivery and providing health care services lacting women's as their regular work, 11 (2.2%) respondents reported that they didn't perform this task. and 1(0.2%) respondents didn't respond to this question. Majority of respondents 481 (97.6%) reported that they had provided the maternal health care services to rural women.

Table-No-17
Distribution of respondents by work of Immunization

Opinions	**Frequency**	**Percent**
Yes	492	99.8
NR	1	.2
Total	493	100.0

Table-No-17 represents distributions of respondent by work they done in COVID period. Out of total respondents 492 (99.8%) reported that they done work of immunization as their regular work and 1(0.2%) respondents didn't respond to this question. Majority of respondents that is 492 (99.8%) reported that they done work of immunization as their regular work.

Table-No-18
Distribution of respondents by those who conducted the leprosy survey

Opinions	Frequency	Percent
Yes	491	99.6
No	1	.2
NR	1	.2
Total	493	100.0

Table-No-18 represents distributions of respondent by work they done in COVID period. Out of total respondents 491 (99.6%) reported that they done work of conducing leprosy survey as their regular work, 1(0.2%) respondents reported that they didn't perform this work and 1(0.2%) respondents didn't respond to this question. Majority of respondents 491 (99.6%) reported that they done work of conducing leprosy survey as their regular work.

Table-No-19
Distribution of respondents by those who had work under 'Ayushyamaan Bharat Survey'

Work under 'Ayushyamaan Bharat Survey'	Frequency	Percent
Yes	458	92.9
No	34	6.9
NR	1	.2
Total	493	100.0

Table-No-19 represents distributions of respondent by work they done in COVID period. Out of total respondents 458 (92.9%) reported that they had work under 'Ayushyamaan Bharat Survey' as their regular work, 34 (6.9%) respondents reported that they didn't do this work and 1(0.2%) respondents didn't respond to this question. Majority of respondents, 458 (92.9%) reported that they had work under 'Ayushyamaan Bharat Survey' as their regular work, 458 (92.9%) reported that they had work under 'Ayushyamaan Bharat Survey' as their regular work,

Table-No-20
Distribution of respondents by work under 'Sanjivani Yojana'

Work under 'Sanjivani Yojana'	Frequency	Percent
Yes	437	88.6
No	55	11.2
NR	1	.2
Total	493	100.0

Table-No-20 represents distributions of respondent by work they done in COVID period. Out of total respondents 458 (88.6%) reported that they work under 'Sanjivani yojana' as their regular work, 55 (11.2%) respondents reported that they didn't do this work and 1(0.2%) respondents didn't respond to this question. Majority of respondents, 458 (92.9%) reported that they had work under 'Ayushyamaan Bharat Survey' as their regular work.

Table-No-21
Distribution of respondents by conducting dengue-malaria survey

Opinions dengue-malaria survey	Frequency	Percent
Yes	479	97.2
No	13	2.6
NR	1	.2
Total	493	100.0

Table-No-21 represents distributions of respondent by work they done in COVID period. Out of total respondents 479 (97.2%) reported that they had conducted dengue-malaria survey as their regular work, 13 (2.6%) respondents reported that they didn't perform this task and 1(0.2%) respondents didn't respond to this question.

SECTION-V

PROBEMS FACED BY ASHAS AT WORK PLACE

Table-No-22

Distribution of respondents by working hours

Working hours	Frequency	Percent
1 to 3 hours	58	11.8
4 to 6 hours	137	27.8
7 to 9 hours	89	18.1
More than 9 hours	209	42.4
Total	493	100.0

Table-No-22 shows the working hours of ASHA workers in COVID period. Out of total respondents 209 (42.4%) reported that they had more than 9 working hours in a day, 137 (27.8%) respondents reported that had worked 4 to 6 hours, 89 (18.1%) respondents reported that had 7 to 9 working hours and 58 (11.8%) respondents reported that had worked 1 to 3 hours in a day during COVID period. It is found that majority of ASHAs 209 (42.4%) reported that they had more than 9 working hours in a day. Earlier ASHAs workers had 5-6 working hours but COVID had increased their working hours more than 9 hours in a day. Sometime they are whole day also and they are receiving the call at midnight also.

Table-No-23

Distribution of respondents by opinions concern with regularity of payments

Opinions	Frequency	Percent
Yes	27	5.5
No	465	94.3
NR	1	.2
Total	493	100.0

Table-No-23 represents the distribution of respondent's opinion about did they paid on time during COVID period. When question was asked whether they had been paid regularly during COVID, out of total respondents 465 (94.3%) reported that they did not get their honorarium regularly, 27 (5.5%) respondents reported that they get their honorarium on time and 1(0.2%) respondents did not respond to this question. Majority of respondents that is 465(94.3%) did not get the payment regular and on-time for COVID work.

Table-No-24

Distribution of respondents by opinions those who had work at mod-night during the COVID period at mid-night

Opinions	Frequency	Percent
Yes	350	71.0
No	143	29.0
Total	493	100.0

Table-No-24 represents the distribution of respondent by those who had worked at mid-night also during COVID. Out of total respondents 350 (71.0%) reported that, they had work at mid-night during COVID and 143 (29.0%) respondents reported that they didn't have to work at mid-night during COVID. Majority of respondents 350 (71.0%) reported that, they had work at mid-night during COVID.

Facilities Provided for ASHAs at Work Place:

Table-No-25

Distribution of respondents by opinions about facilities provided at work place during COVID work

Facilities	Frequency	Percent
Drinking water facility	50	10.1
Refreshments	4	.8
Toilet	2	.4
Others (shelters, sitting arrangements)	1	.2
No facilities	369	74.8
Drinking water facility and Refreshments	24	4.9
Drinking water facility and Toilet	11	2.2
Refreshments and Toilet	2	.4
Drinking water facility, Refreshments and Toilet	30	6.1
Total	493	100.0

Table-No-25 represents the availability of arrangements during COVID works by respondents. Out of total respondents 369 (74.8%) reported that they were no facilities provided during COVID, 50 (10.1%) respondents reported that there were drinking water facility was available, 30 (6.1%) respondents reported that there were drinking water, refreshment and toilet facility was available, 24 (4.9%) respondents reported that there were drinking water and refreshment was available, 11 (2.2%) respondents reported that there were drinking water and toilet facility was available, 4 (0.8%) respondents reported that there were only refreshment was available and 2 (0.4%) respondents reported that there were only toilet facility was available while working during COVID period. Majority of ASHAs workers369 (74.8%) reported that they were no facilities provided during COVID at work place. Only 50(10.1%) got drinking facilities at work place.

Table-No-26

Distribution of respondents by opinions about transport facility during COVID period

Opinions	Frequency	Percent
Yes	40	8.1
No	453	91.9
Total	493	100.0

Table-No-26 represents opinions of ASHA workers about the availability of proper transport during COVID works to respondents. Out of total respondents 453 (91.9%) reported that they were no proper transport available during COVID because of lockdown and 40 (8.1%) respondents reported that there were proper transport was available during COVID. During lockdown period we are sitting in the homes but these frontline ASHA workers are visiting door to door for COVID awareness. During this public transportation was shut and everything was closed. ASHAs are going to their work place by walk or their own arrangement.

Is there any financial assistance from the administration for transportation expenses during COVID period?

Table-No-27

Opinions about financial assistance

Opinions	Frequency	Percent
Yes	19	3.9
No	474	96.1
Total	493	100.0

Table-No-27 represents opinions of ASHA workers about the financial assistance from administration for transportation during COVID work. Out of total respondents 474 (96.1%) reported that they were no any financial assistance available from administration for transportation during COVID and 19 (3.9%) respondents reported that there got financial assistance from administration during COVID. Majority of ASHAs that is 474 (96.1%) are not getting any financial assistance from administration for transportation.

was not received in time during COVID.

Table-No-28

Distribution of respondents those who allotted additional work of PHC staff during COVID period

Opinions	Frequency	Percent
Yes	340	69.0
No	153	31.0
Total	493	100.0

Table-No-28 represents the additional work of PHC staff that the respondents had done during COVID period. Out of total respondents 340 (69.0%) reported that they had done additional work of PHC staff and 153 (31.0%) respondents reported that there did not done any extra work of PHC staff during COVID. Majority ASHAs that is 340 (69.0%) reported that they had performed additional work PHC staff during COVID-19 and it shows how ASHAs are exploited.

Key Finding:

Life of ASHAs

- ✓ Majority of the respondents i.e. 290(58.8%) belongs to age group of 36-45 yrs.
- ✓ Majority of respondents belongs to Hindu religion.
- ✓ Majority of respondents are unmarried.
- ✓ Their income dropped due to COVID-19 pandemic. On an average ten to twelve months honorarium is pending. It shows that ASHA workers were not paying regularly.
- ✓ They are borrowing loan for hospital treatment this because being the health workers. They are not getting any free medical treatment.
- ✓ ASHAs are facing the health problems such as body aching, weight loss, weakness, breathing problems, B.P. and diabetes (sugar).
- ✓ Majority of ASHA workers that is 195(39.6 had two rooms. But on average ASHAs workers had two to three rooms in their houses.
- ✓ Majority of ASHAs have only ASHA work as their source of earning.
- ✓ Researcher had found that 2.2% ASHAs family members had died because of COVID-19. These members are husband, mother, in-laws and father.
- ✓ Basically, while working during the COVID period, ASHAs had faced many difficulties.

Contribution of ASHAs:

- ✓ It shows majority of ASHAs i.e. 430 (87.2%) are working for 1000 people, but still 13% ASHAs are working for more than 1,000 population.
- ✓ Majority of respondents 409 (83.0%) had reported that they had done work of checking for COVID-19 symptoms among villagers and putting seal on hands.
- ✓ Majority, 490 (99.4%) reported that they had done the work of preparing list of all ages for vaccination and registration for vaccination.

Problems faced by ASHAs

- ✓ Irregular Payments
- ✓ Meager Income
- ✓ Health Problems: Physical and Mental Problems.
- ✓ Drop in Income
- ✓ Long Working Hours
- ✓ Over-Burden
- ✓ Lack of Safety Gears
- ✓ Non-cooperation from villagers/Gram panchayat
- ✓ Adversely affects on family and children's online education.
- ✓ Lack of facilities such as Drinking water facility, Refreshments, Toilet, transport facilities
- ✓ Lack of training.
- ✓ Additional Work and non-cooperation from permanent staff

Conclusion:

ASHAs are particularly known for maternal health care in rural India but now they had become the front warriors in the fight of covid-19 and with taking risk they are working for day and nights. But still they are giving meager payment and non-cooperation with community. They are also one of important vulnerable human resource in health work force. We should know that they are paraprofessional and filling the gap of shortage of health force. These issues are addressed in this present study.

References:

- *Bhatt, Hema (2012), "A Rapid Appraisal of Functioning of ASHA under NRHM in Uttarakh", India, Management of Development Projects, EPFL, May.*
- *Desai, P.B, (2016), "Role of Accredited Social Health Activists (ASHAS) in the Improvement of Health Status of Villagers under NRHM in Kolhapur District, Maharashtra," Journal Community Med*

Health Education, Volume-6, Issue-2, ISSN:2161-0711.

- *Desai, P.B. (2020), ""Livelihoods and Health Hazards: With Special Reference to Reproductive Health of Rural Women", Asian Journal of Multidimensional Research, Volume-9, Issue-2, ISSN:2278-4853.*
- *Devarajappa S, et. al (2021), "Impact of Covid-19 Pandemic on Accredited Social Health Activists (ASHA) in Karnataka: A Empirical Analysis in the International Journal of Current Research and Review, ISSN: 2231-2196 (Print) ISSN: 0975-5241 (Online).*
- *Dipa Sinha, (2021), "High Risk without Recognition: Challenges Faced by Female Front-line Workers", in Economic and Political Weekly, Vol. 56, Issue No. 19, ISSN(Online)-2349-8846.*
- *Gabriela Lotta, João Nunes, Michelle Fernandez & Marcela Garcia Correa," The impact of the COVID-19 pandemic in the frontline health workforce: Perceptions of vulnerability of Brazil's community health workers" in the journal of Health Policy Open, Volume 3, December 2022, 100065.*
- *Khetrapal, Sonalini; Bhatia, Rajesh (May 2020), "Impact of COVID-19 pandemic on health system & Sustainable Development Goal 3" in the Indian Journal of Medical Research: May 2020 - Volume 151 - Issue 5 - p 395-399*
- *Madeleine Ballard, etal (2020), "Prioritizing the role of community health workers in the COVID-19 response" in journal of BMJ Glob Health. 2020; 5(6): e002550, published online 2020 Jun 4. doi: 10.1136/bmjgh-2020-002550, PMCID: PMC7298684, PMID: 32503889.*
- *Mala Rao and David Mant: 2012, "Strengthening primary healthcare in India: White paper on opportunities for partnership" in journal of BMJ Clinical Research,344(may15 1): e3151*
- *Medatwal, C. (2013). Women Empowerment in NRHM: A Case Study of ASHA (Accredited Social Health Activist), Shodh, Samikshaaur Mulyankan, 3(32), pp. 12-13 (ISSN- 0974-2832),*
- *Mouchumi Kalita, et.al (2020), "Role of Accredited Social Health Activists (ASHA) Workers in Assam: An Analysis in Context of Coronavirus Disease Of 2019 (COVID-19) Pandemic" in the European Journal of Molecular & Clinical Medicine ISSN 2515-8260 Volume 07, Issue 03, 2020 5275*
- *Olateju Z, Olufunlayo T, MacArthur C, Leung C, Taylor B (2022) Community health workers experiences and perceptions of working during the COVID-19 pandemic in Lagos, Nigeria-A qualitative study. PLoS ONE 17(3): e0265092. https://doi.org/10.1371/journal.pone.0265092.*
- *Patley Rahul, et.al (2021) "Accredited Social Health Activist (ASHA) and Her Role in District Mental Health Program: Learnings from the COVID 19 Pandemic" in the Community Mental Health journal (https://doi.org/10-1007/510597-021-00773-1).*
- *Patricia J. Peretz, Nadia Islam and Luz Adriana Matiz, "Community Health Workers and Covid-19 -Addressing Social Determinants of Health in Times of Crisis and Beyond", published on September 23, 2020, at NEJM.org., https://www.nejm.org/doi/full/10.1056/NEJMp2022641*
- *Pragati B Hebbar, Angel Sudha, Vivek Dsouza, Lathadevi Chilgod, Adhip Amin (May, 2020), "Healthcare Delivery in India amid the Covid-19 Pandemic: Challenges and Opportunities", in Indian Journal of Medical Ethics · May 2020 in the Indian Journal of Medical Ethics Online First Published May 31, 2020,*
- *Roy Somnath "Primary Health Care in India', in journal of Health and Population, Perspectives & Issues, Vol-8(3): 135-167, 1985.*
- *S. Niyati and S. Nelson Mandela (2020), "Impact of the Pandemic on Accredited*

Social Health Activists (ASHA) in India" in the journal Review of Agrarian Studies, Vol. 10, No. 1, ISSN 2248-9002

- *Sabuj Kanti Mistry eatal, ("Community Health Workers Can Provide Psychosocial Support to the People During COVID-19 and Beyond in Low- and Middle-Income Countries" in the journal Public Health, 22 June 2021, https://doi.org/10.3389/fpubh.2021.66675.3*
- *Soumyadeep Bhaumik, Sandeep Moola, Jyoti Tyagi, Devaki Nambiar, Misimi Kakoti, "Community health workers for pandemic response: a rapid evidence synthesis in BMJ Global Health. 2020;5(6): e002769, published online 2020 Jun 10. doi: 10.1136/bmjgh-2020-002769.*
- *Thamilarasan. M (2016), "Medical Sociology", Rawat Publications, Jaipur, ISBN-978-81-316-0755-8.*