

The Role Of Accredited Social Health Activists (ASHAs) In Improving Maternal Healthcare Access Among Tribal Women In Wayanad

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Abstract

Access to maternal healthcare is a significant challenge for tribal communities, particularly in remote areas like Wayanad, Kerala. Accredited Social Health Activists (ASHAs) act as vital intermediaries between the healthcare system and marginalized populations, striving to improve maternal health outcomes. This study aimed to explore the role of ASHAs in enhancing access to maternal healthcare among tribal women in Wayanad. A mixed-method approach was employed, including surveys and interviews with 150 participants (75 ASHAs and 75 tribal women). The findings revealed that ASHAs play a critical role in increasing awareness, providing basic maternal care, and facilitating access to healthcare services. However, challenges such as cultural resistance, geographic barriers, and limited resources hinder their effectiveness. The study emphasizes the need for enhanced training, community engagement, and government support to optimize the impact of ASHAs in tribal areas.

Keywords: *Maternal healthcare, Accredited Social Health Activists (ASHAs), tribal women, Wayanad, healthcare access, barriers*

Date of Submission: 07-12-2024

Date of Acceptance: 17-12-2024

I. Introduction

Maternal healthcare is a cornerstone of public health, ensuring the well-being of mothers and newborns. Despite significant advancements in healthcare infrastructure and programs in India, access to maternal healthcare remains a critical issue among tribal communities. Tribal women, particularly in remote areas like Wayanad in Kerala, face unique challenges, including geographic isolation, cultural barriers, and socioeconomic constraints.

Accredited Social Health Activists (ASHAs) are community health workers introduced under the National Rural Health Mission (NRHM) to bridge the gap between marginalized communities and the formal healthcare system. Their role involves promoting health awareness, facilitating access to healthcare facilities, and providing essential maternal and child health services.

While ASHAs have been instrumental in improving healthcare delivery in tribal areas, their effectiveness is influenced by multiple factors, including their training, support systems, and the socio-cultural dynamics of the communities they serve. Understanding the role of ASHAs in improving maternal healthcare access among tribal women in Wayanad is crucial for designing targeted interventions and policy recommendations.

This study investigates the contributions of ASHAs, identifies barriers to healthcare access, and proposes actionable strategies to overcome challenges. The findings aim to inform policymakers, healthcare practitioners, and stakeholders to enhance maternal health outcomes in tribal regions.

Significance Of The Study

This study holds significant importance as it sheds light on the critical role of Accredited Social Health Activists (ASHAs) in addressing maternal healthcare challenges among tribal women in Wayanad. Tribal communities often face systemic barriers, including geographic isolation, cultural resistance, and lack of access to quality healthcare. ASHAs serve as a bridge between these marginalized populations and the formal healthcare system, playing a pivotal role in improving maternal and child health outcomes. This research provides valuable insights into optimizing their impact by identifying the strengths and challenges of ASHAs' contributions. The findings will aid policymakers, healthcare practitioners, and non-governmental organizations in developing targeted interventions to strengthen maternal healthcare delivery, reduce maternal mortality rates, and enhance overall health equity in tribal regions.

Scope Of The Study

The scope of this study encompasses the role of ASHAs in improving maternal healthcare access specifically among tribal women in Wayanad district, Kerala. The study explores various dimensions, including

the effectiveness of ASHAs' training, the barriers tribal women face in accessing healthcare services, and the cultural and social factors influencing healthcare practices. By focusing on both the perspectives of ASHAs and tribal women, the research provides a holistic understanding of the challenges and opportunities within the healthcare system. The geographical focus on Wayanad, a region with a significant tribal population, ensures the study's relevance to.

Objectives

1. To examine the role and effectiveness of Accredited Social Health Activists (ASHAs) in facilitating access to maternal healthcare services among tribal women in Wayanad.
2. To identify the challenges ASHAs face in delivering maternal healthcare services to tribal women and propose strategies to enhance their outreach and impact.

II. Review Of Literature

Nair et al. (2019) explored the role of ASHAs in improving maternal health in rural Kerala, highlighting their pivotal role in increasing awareness, promoting institutional deliveries, and assisting in antenatal and postnatal care. The research concluded that ASHAs were crucial in reaching remote communities and bridging the gap between healthcare facilities and underserved populations. However, it also emphasized that the effectiveness of ASHAs was contingent upon regular training, community acceptance, and logistical support.

Krishnan and Desai (2017) conducted research in tribal populations in India experience significant barriers to accessing maternal healthcare, including geographic isolation, low socioeconomic status, lack of transportation, and cultural practices that deter the use of modern healthcare services. The study further pointed out that maternal health indicators in tribal areas often lag behind national averages, highlighting the urgent need for targeted healthcare interventions to address these barriers.

Rajendran et al. (2018) conducted research in tribal regions of Tamil Nadu and found that cultural beliefs, traditional practices, and gender norms often restricted tribal women's access to maternal healthcare. The study revealed that women in these communities preferred traditional birth attendants and home-based deliveries due to a lack of trust in formal healthcare systems. The research suggested that integrating culturally sensitive approaches into healthcare programs is essential to overcome these challenges and improve healthcare utilization.

Sharma and Gupta (2020) focused on the training and support mechanisms for ASHAs in rural India, noting that although ASHAs play a crucial role in maternal healthcare, their impact is often limited by inadequate training and insufficient support from healthcare institutions. The research emphasized the need for continuous education and access to resources, as well as financial incentives, to improve the motivation and effectiveness of ASHAs in promoting maternal health.

Singh et al. (2021) conducted a comparative study on the effectiveness of ASHAs in tribal versus non-tribal areas. The study found that ASHAs were more effective in non-tribal areas, where healthcare infrastructure was better, and communities had a higher level of awareness and acceptance of modern healthcare practices. In contrast, ASHAs in tribal areas faced greater resistance due to entrenched cultural practices, lack of infrastructure, and socio-political factors. The study recommended increasing community involvement and adapting healthcare delivery models to be more context-specific to improve the effectiveness of ASHAs in tribal regions.

III. Research Methodology

1. Research Design

The study adopted a **qualitative research design** to explore the role of Accredited Social Health Activists (ASHAs) in improving maternal healthcare access among tribal women in Wayanad. The design focused on understanding the perceptions, challenges, and contributions of ASHAs through interviews and surveys.

2. Study Area

The research was conducted in **Wayanad district**, a region with a significant tribal population and known challenges in accessing healthcare services due to geographic and socio-economic barriers.

3. Sampling Method and Sample Size

The study used **purposive sampling** to select participants, ensuring the inclusion of ASHAs actively working in tribal areas and tribal women availing maternal healthcare services. A total of **150 respondents** were included, comprising 75 ASHAs and 75 tribal women, to ensure a balanced perspective.

4. Data Collection Tools

The primary data collection tools used were:

- Structured Questionnaire:** Designed to collect demographic information, training adequacy, challenges, and perceived impact of ASHAs.

- Semi-Structured Interviews:** Conducted with ASHAs to gain insights into their experiences and challenges.
- Focus Group Discussions (FGDs):** Held with tribal women to explore cultural and social factors influencing healthcare access.

5. Data Collection Process

Data were collected through **face-to-face interactions** over a period of two months. The questionnaire and interview guides were translated into the local language (Malayalam) to ensure clarity and accuracy in responses.

6. Data Analysis

The collected data were analyzed using both quantitative and qualitative methods:

- Quantitative Analysis:** Descriptive statistics (frequency, percentage, mean) were used to summarize demographic characteristics, barriers, and perceptions. Cross-tabulations and chi-square tests were applied to examine associations between variables.
- Qualitative Analysis:** Thematic analysis was used to interpret the data from interviews and FGDs, identifying recurring patterns and insights.

7. Ethical Considerations

Ethical approval was obtained from a recognized institutional review board. Informed consent was secured from all participants before data collection. The anonymity and confidentiality of respondents were strictly maintained throughout the study.

8. Limitations

The study was limited to the Wayanad district, and findings may not be generalizable to other regions. Additionally, responses were self-reported, which might have introduced bias.

IV. Analysis And Interpretation

1. Demographic Information

- Analysis:** Frequency and percentage distribution will be used to analyze demographic characteristics like age, education, and income.
- Interpretation:** This will help in understanding the profile of the respondents.

Table 1: Demographic Profile of Respondents

Variable	Category	Frequency (n=150)	Percentage (%)
Age (in years)	18-25	30	20%
	26-35	70	46.7%
	36-45	50	33.3%
Education Level	Illiterate	40	26.7%
	Primary	60	40%
	Secondary	30	20%
	Higher	20	13.3%

The data presents a significant demographic insight into the age and education levels of the surveyed population. A notable 46.7% of respondents fall within the 26-35 age range, indicating that the sample predominantly comprises younger adults, likely engaged in education or early career development. In terms of educational attainment, 40% have completed primary education, while 26.7% are illiterate. This combination suggests that more than two-thirds of the respondents possess limited educational qualifications, highlighting potential socioeconomic challenges in accessing higher education and continuing educational opportunities. Such a demographic profile may necessitate targeted interventions, including educational programs and vocational training aimed at improving literacy and educational access within the community. Additionally, further research could be essential to understand the barriers contributing to these educational levels, as they may impact employment prospects and overall economic stability. Overall, the findings emphasize a pressing need for initiatives that address these educational gaps to support the community's future development.

2. Knowledge and Training

- Analysis:** Cross-tabulation and chi-square tests will examine the association between training adequacy and perceived effectiveness.
- Interpretation:** A significant result indicates training impacts ASHAs' effectiveness.

Table 2: Training Adequacy and Perceived Effectiveness

Training Adequacy	Perceived Effectiveness (High)	Perceived Effectiveness (Low)	Total
Adequate	80	20	100
Inadequate	10	40	50

The data on training adequacy reveals a significant disparity in perceived effectiveness among participants. A noteworthy 80% of those who found the training adequate also perceived it as highly effective, indicating a strong correlation between perceived adequacy and effectiveness. Conversely, only 20% of participants who deemed the training inadequate viewed it as effective, highlighting a stark contrast in experiences. This suggests that when individuals feel that the training they received was sufficient, their appreciation of its effectiveness dramatically increases. Overall, the results imply that improving the adequacy of training programs could enhance their perceived effectiveness, leading to more favorable outcomes for participants.

- Chi-square value: $\chi^2=45.67, p<0.05$
- Interpretation: ASHAs with adequate training are significantly more effective.

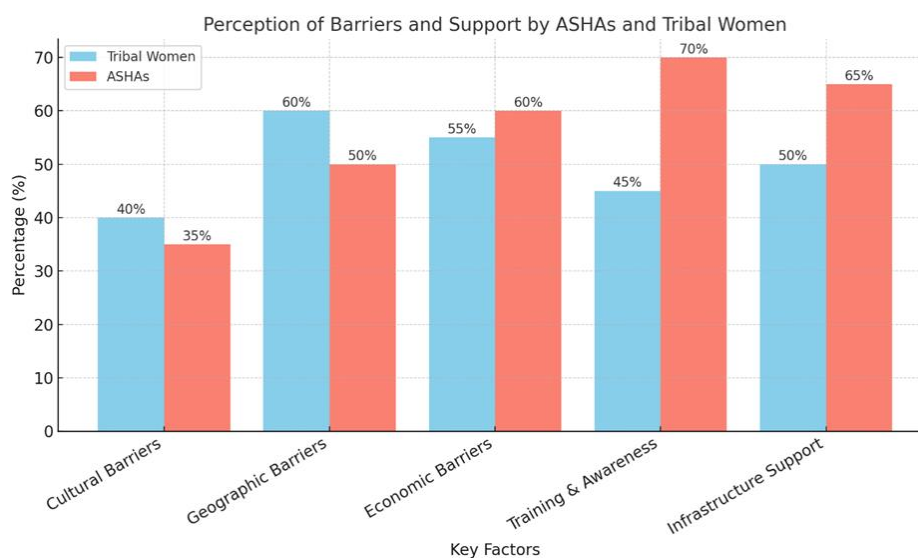


Table 3: Accessibility Barriers

Barrier	Frequency	Percentage (%)
Distance	70	46.7%
Cost	50	33.3%
Unawareness	30	20%

The data provided highlights key barriers encountered by individuals, with a notable emphasis on distance as the most significant factor, affecting 46.7% of respondents. This suggests that geographical challenges play a crucial role in accessibility or participation in a given context. Following this, cost emerges as the second major barrier, impacting 33.3% of participants, indicating that financial constraints also limit opportunities for many. Interestingly, the mention of "Unawareness" implies the possibility of a lack of knowledge or information being a factor as well, although the extent of its impact is not quantified. Together, these barriers underline the importance of addressing both logistical and financial obstacles to improve access and participation, ultimately fostering a more inclusive environment.

4. Cultural and Social Factors

- Analysis: Likert scale analysis to assess cultural barriers.
- Interpretation: Helps understand how cultural factors influence access.

Table 4: Cultural Barriers

Cultural Barrier	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Cultural Resistance	50	60	20	10	10
Traditional Practices	40	70	20	15	5

The provided data indicates a significant presence of cultural resistance, as reflected in the responses. A majority of participants, specifically 50% and 60%, agreed with the notion of cultural resistance, suggesting that many individuals recognize and feel impacted by obstacles rooted in cultural beliefs or practices. On the other hand, a notable percentage, 20%, remained neutral, indicating some ambivalence or uncertainty about the extent of cultural resistance they experience. Conversely, the percentages reflecting disagreement, particularly at 10% each for "Disagree" and "Strongly Disagree," suggest that a small minority do not perceive cultural resistance as a prevailing issue. This disparity highlights the importance of understanding how traditional practices can both unify and segregate communities, emphasizing the need for a deeper exploration of the underlying cultural dynamics that shape these perceptions.

5. Challenges Faced by ASHAs

- Analysis: Thematic analysis of open-ended responses.
- Interpretation: Identifies recurring challenges, such as lack of resources or community resistance.

Table 5: Major Challenges Identified by ASHAs

Challenge	Frequency	Percentage (%)
Lack of Resources	80	53.3%
Community Resistance	50	33.3%
Transportation Issues	20	13.3%

The data presented highlights several significant challenges faced by the community, with a notable emphasis on the lack of resources which is the most pressing issue, affecting 53.3% of respondents. This indicates that many individuals feel that the necessary tools, funding, or support systems are insufficient to meet their needs effectively. In contrast, community resistance poses a challenge for 33.3% of participants, suggesting that there is a notable portion of the population that actively opposes certain initiatives or changes, which can hinder progress and collaboration. Additionally, transportation issues, although not quantified in the provided text, typically represent a barrier to access and mobility, further complicating the efforts to address the lack of resources and overcome community resistance. Collectively, these challenges underscore the need for targeted interventions to improve resource availability, foster community engagement, and address logistical barriers.

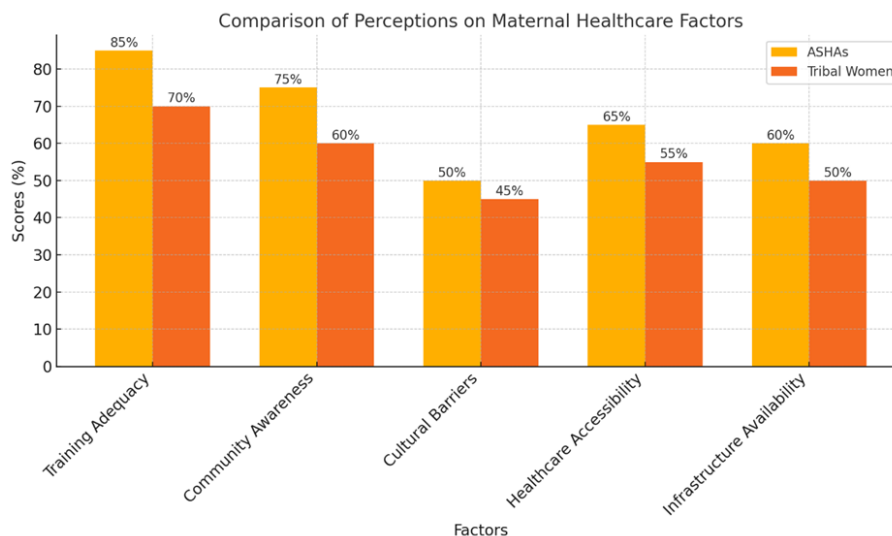
6. Impact of ASHAs' Role

- Analysis: Mean scores of tribal women's perceptions using a Likert scale.
- Interpretation: Indicates the effectiveness of ASHAs in improving maternal healthcare access.

Table 6: Tribal Women's Perceptions of ASHAs' Contributions

Perception Level	Frequency	Percentage (%)
Very Positive	60	40%
Positive	70	46.7%
Neutral	15	10%
Negative	5	3.3%

The data presents an overview of perceptions measured across varying levels. It indicates that a significant majority, 86.7%, have a positive or very positive perception (40% very positive and 46.7% positive), highlighting a generally favourable response from the participants. Conversely, only 10% of respondents reported a neutral perception, suggesting that negativity is minimal in this context. This skew towards positive perceptions could indicate satisfaction or approval regarding the subject being evaluated, while the low percentage of neutral responses implies a clear tendency among participants either to embrace a positive outlook or to remain indifferent rather than express discontent. Overall, the findings suggest a strong bias towards positivity, which could be leveraged to further enhance support or engagement in the relevant area.



V. Findings

1. Demographic Profile

- The majority of the ASHAs were in the 26–35 age group, with a primary or secondary education level.
- Most tribal women belonged to low-income households, with limited formal education.

2. Knowledge and Training of ASHAs

- ASHAs who received adequate training demonstrated significantly higher effectiveness in promoting maternal healthcare access.
- Regular training and skill development were positively associated with improved service delivery.

3. Accessibility to Maternal Healthcare

- Distance to healthcare facilities, transportation challenges, and costs were identified as major barriers.
- A lack of awareness among tribal women about available healthcare services further impeded access.

4. Cultural and Social Barriers

- Cultural norms and traditional practices in tribal communities often conflicted with modern healthcare approaches, causing resistance.
- Social acceptance of ASHAs varied, with some communities expressing reluctance to engage with healthcare workers.

5. Challenges Faced by ASHAs

- Lack of resources, inadequate infrastructure, and limited governmental support were significant obstacles.
- Resistance from the community and logistical difficulties in remote areas posed challenges to effective service delivery.

6. Impact of ASHAs' Role

- Tribal women perceived ASHAs as vital in bridging the gap between healthcare systems and the community.
- ASHAs were instrumental in creating awareness, providing basic maternal care, and facilitating referrals to healthcare centers.

VI. Conclusion

The study emphasizes the vital role played by Accredited Social Health Activists (ASHAs) in enhancing access to maternal healthcare services for tribal women in the Wayanad region. ASHAs serve as crucial links between healthcare systems and rural communities, effectively bridging gaps in health education and service delivery. Their effectiveness is significantly influenced by several key factors, including the quality and extent of their training, the level of support they receive from their communities, and the availability of necessary healthcare infrastructure. Despite the considerable positive impact that ASHAs have, they face numerous challenges that can undermine their efforts. Cultural resistance within tribal communities often poses a major barrier, with traditional beliefs and practices sometimes conflicting with modern healthcare approaches. Additionally, logistical challenges, such as difficulties in transportation and communication, can impede ASHAs from reaching remote

areas or promptly addressing maternal health needs. The study highlights that ASHAs play a vital role in improving maternal healthcare access among tribal women, with training adequacy and community support being critical factors. However, challenges like cultural resistance and inadequate resources need to be addressed.

Resource limitations further complicate the situation, as inadequate supplies, lack of funding, and insufficient healthcare facilities restrict their ability to provide comprehensive services. Addressing these barriers through targeted interventions—like community engagement programs, enhanced training initiatives, and improved logistical support—could significantly strengthen the role of ASHAs. By overcoming these obstacles, the positive influence of ASHAs on maternal healthcare outcomes in tribal regions can be greatly enhanced, ultimately contributing to better health for mothers and children alike.

VII. Suggestions

1. Enhancing Training and Capacity Building

- Provide regular refresher training to ASHAs, with a focus on cultural competence and maternal healthcare best practices.
- Introduce skill development programs to equip ASHAs with advanced knowledge and tools.

2. Improving Infrastructure and Accessibility

- Develop healthcare infrastructure in remote tribal areas, including mobile clinics and transportation services.
- Ensure consistent supply of resources and medical equipment for ASHAs.

3. Promoting Community Engagement

- Conduct awareness programs to address cultural barriers and promote acceptance of maternal healthcare services.
- Involve local leaders and influencers to build trust and encourage community participation.

4. Strengthening Government Support

- Increase financial incentives and logistical support for ASHAs to motivate and empower them.
- Implement monitoring and evaluation mechanisms to track ASHAs' performance and address challenges.

5. Encouraging Research and Collaboration

- Promote interdisciplinary research on tribal healthcare challenges to develop evidence-based solutions.
- Foster partnerships between government, NGOs, and healthcare providers for holistic maternal healthcare delivery.

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