

A Case Study on the Life Satisfaction of Accredited Social Health Activist (ASHA) Workers in the Primary Health Centre of Udupi District, Karnataka

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Abstract- The present research aimed to study the Life satisfaction among ASHA workers, the life satisfaction in different age group among ASHA workers and to find the life satisfaction in different income group among ASHA. Sample of the study consisted 72 ASHA workers from the villages coming under Primary Health Center, Udupi district, Karnataka. Their age ranged between 20 to >40 years. The personal data sheet prepared by the investigator and Life satisfaction scale by Dr. (Mrs), Pramila Singh & George Joseph was used to measure the Life satisfaction. The average has been calculated to find out the objectives of the present study. The result indicates that, among 72 ASHA workers, 25 (34.72%) have High life satisfaction, as high as 40(55.5%) of them have Average life satisfaction and 7 (9.72%) have low life satisfaction. Among 31 members in the age range of 20-30 years, as high as 18 (58.06%) are having average life satisfaction, where as in among 39 in age range of 30-40 years as high as 22 (56.41%) of them are having average life satisfaction. Among ASHA workers having income more than Rs 2000, 18 (38.29%) are in high life satisfaction, 29 (61.70%) are having average life satisfaction.

Keywords: ASHA workers, Life satisfaction, Age, Income.

1. INTRODUCTION

Life satisfaction is a Latin word that means to make or do enough. Satisfaction with one's life implies contentment with or acceptance of one's life circumstances, or the fulfilment of one's wants and needs for one's life as a whole. In essence, life satisfaction is a subjective assessment of the quality of one's life. Because it is inherently an evaluation, judgments of life satisfaction have a large cognitive component. Life satisfaction is an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive. It is one of three major indicators of well-being: life satisfaction, positive affect, and negative affect (Diener, 1984)⁷. Although satisfaction with

current life circumstances is often assessed in research studies, Diener, Suh, Lucas, & Smith (1999)⁸ also include the following under life satisfaction: desire to change one's life; satisfaction with past; satisfaction with future; and significant other's views of one's life. It represents how satisfied people feel with their life generally, as contrasted with positive affect, sometimes called just 'happiness', which represents how they feel at a single point in time. That is, life satisfaction involves people thinking about their life as a whole, including factors such as whether they are achieving their goals, are doing as well as other people around them, and are happy generally rather than just right now. Life satisfaction is thus a longer-term measure than affect. Life satisfaction is a measure of well-being. Life satisfaction is often considered a desirable goal, in and of itself, stemming from the Aristotelian ethical model, eudemonism, (from eudemonia, the Greek word for happiness) where correct actions lead to individual well-being, with happiness representing the supreme good (Myers, 1992)²⁰. Moreover, life satisfaction is related to better physical (Veenhoven, 1991)²⁵ and mental health (Beutell, 2006)⁴, longevity, and other outcomes that are considered positive in nature. Men and women are similar in their overall levels of life satisfaction (Diener, Suh, Lucas, & Smith, 1999)⁸ although women do report more positive and negative affect. Married people are more satisfied with their lives and those with life-long marriages appear to be the most satisfied (Evans & Kelly, 2004)¹⁰. Life satisfaction tends to be stable over time (e.g., Cummins, 1998)⁵ suggesting a dispositional (e.g., Judge & Hulin, 1993)¹⁴, and perhaps, even a genetic component (e.g., Judge et al. 1994)¹⁵. Fujita and Diener (2005)¹¹ have examined the life satisfaction set-point (a relatively stable level that an individual will return to after facing varying life

circumstances) reporting that there are longitudinal changes in satisfaction levels for about one-quarter of their respondents. (1). Life satisfaction is used to assess the impact of conflict levels on overall feelings about one's life. Importantly, life satisfaction exhibits the strongest relationship with work-family conflict of all non-work variables studied (Allen et al. 2000)¹. Research has shown that, beyond direct relationships between work-family conflict and life satisfaction, how people deal with such conflicts is also important. Life satisfaction, like job satisfaction, has been one of the most frequently studied outcomes of work-family conflict. Findings indicate that, the higher the level of work-family conflict, the lower the level of life satisfaction.

2. ABOUT ASHA WORKERS

Accredited Social Health Activist (ASHA) -One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. Following are the key components of ASHA:

- 1) ASHA must primarily be a woman resident of the village married/widowed/divorced, preferably in the age group of 25 to 45 years.
- 2) 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.
- 3) ASHA will be chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.
- 4) Capacity building of ASHA is being seen as a continuous process. ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.
- 5) The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, and construction of household toilets.

- 6) Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village.
- 7) ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. • ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.
- 8) Promoter of good health practices and will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.
- 9) ASHA will provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health & family welfare services.
- 10) Counsel women on birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child.
- 11) ASHA will mobilise the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centers, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government.
- 12) Act as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.

3. REVIEW OF LITERATURE ON HEALTH PROBLEMS OF WOMEN

Ramesh Bidari and Suresh Kumar Ray (2020)²³ the aim of the study is to assess the level of job satisfaction among ASHA workers in rural areas in

the selected districts of Maharashtra and to find association between levels of job satisfaction with selected demographic variables. A quantitative survey approach with non experimental research design was used. The participants were ASHA workers who had consented to participate in the study. A total of 200 ASHA workers were selected through Non-Probability Purposive Sampling. The finding of the study of ASHA workers were not satisfied with their working condition, incentives, workload, leave policy and there by not satisfied with their job. The study can be replicated on large samples on other health care professionals working in different districts of Maharashtra and across India.

Mishra A, Mishra K, Mohapatra B (2018)¹⁹, the aim of the present study to describe various factors affecting performance of ASHA. Community based cross sectional study design at Jagatsinghpur district and Convenient sampling procedure is being followed and total numbers of study respondents are 117. Predesigned pretested questionnaire is used for data collection. Result and Discussion: Most of the (73%) ASHAs are in service for financial reason. Eighty percent (80%) of ASHA have adequate knowledge regarding Reproductive and Child Health (RCH) services opinion only 28% of the ASHA are good in referral of critical cases. The main findings of the study regular and periodic refreshing training should be given with assessment. Incentive rates should be revised in order to motivate them for better performance.

Job Satisfaction is a combination of two words, Job and satisfaction. Job includes occupational activity performed by an individual in return for a monetary reward while satisfaction is a word, which is not boosting up the morale of the employees. It increases the efficiency and the work orientation of the employees. Job requires interaction with coworkers and seniors, following organizational rules and policies, meeting performance standards living with working conditions that are often less than ideal. (Jana & Panigrahi, 2011)¹³.

Nirupam et al(2011)²², conducted on 'Improving the Performance of Accredited Social Health Activists in India' concerning issues around recruitment, responsibilities, training, incentives, and supervision of the ASHAs in Bihar, Chhattisgarh, Rajasthan, and UP and Assam and ASHAs represent the basis of NRHM's strategy to

address the millennium growth goals on health related indicators. The findings from study focuses on the importance of ASHAs performance and in order to maximize India's potential to achieve these goals through the NRHM, it is essential to investigate methods to improve ASHA performance.

According Bhatnagar R, Singh K, Bir T, Datta U, Raj S, Nandan D(2009)³Job satisfaction has been defined as a pleasurable emotional state resulting from the appraisal of one's Job an affective reaction to one's job. It is simply how people feel about their jobs and different aspects of the job, the extent to which people satisfaction or dissatisfaction their job. It suggests that job satisfaction is an important indicator of how employees feel about their jobs. A major part of man's life is spent in work which is a social reality and social expectation to which man seem to confirm. Even then only economic motive has never satisfied men. It is always of greater interest to know why men work and at which level and how he/she satisfied with the job.

Lahariya C, Khandekar H, Prasuna JG, Meenakshi (2007)²⁶ reviewed article on the Government of India launched National Rural Health Mission (NRHM) in 2005 to address the health needs of rural population, especially the vulnerable section of the society. With the launch of NRHM, the government of India proposed Accredited Social Health Activist (ASHA) to act as the interface between the community and the public health system. One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist known as Accredited Social Health Activist (ASHA) who is selected from the same village and cover the population of 1000. However, this norm can be relaxed in the hilly and tribal areas depending on the local situations. ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.

According to McQuillan, J., Torres Stone, R. A., & Greil, A. L. (2007), ²¹in a study on Infertility and Life Satisfaction Among Women, using data from a random sample of 580 midwestern women, the authors explore the association between lifetime infertility and life satisfaction. Past research shows

lower life satisfaction among those seeking help for infertility. The authors find no direct effects of lifetime infertility, regardless of perception of a problem, on life satisfaction; however, there are several conditional effects. Among women who have ever met the criteria for infertility and perceive a fertility problem, life satisfaction is significantly lower for non mothers and those with higher internal medical locus of control, and the association is weaker for employed women. For women with infertility who do not perceive a problem, motherhood is associated with higher life satisfaction compared to women with no history of infertility.

Job satisfaction naturally depends on economical, social and cultural conditions in a given country. Existing economical problems of the developing countries affect the budgets of the libraries. Lack of sufficient wages, promotional avenues, social security and healthy working conditions put far from being satisfied. People work for different reasons, some work just to earn money, some others work to utilize their talents and get satisfaction, recognition and social status. The first significant study on job satisfaction conducted by Hoppock (1935)¹².

According to Judge, T. A., & Watanabe, S. (1993)¹⁶, In the study to find the relationship between the job satisfaction-life satisfaction. The relationship between job satisfaction and life satisfaction has been heavily researched over the years. In spite of this research interest, results have not proved conclusive in demonstrating the causal nature of the relationship. In the present study, a causal model was hypothesized and tested that involved simultaneous consideration of cross-sectional and longitudinal effects between job and life satisfaction. This type of analysis has not previously been conducted and allows the strongest conclusions to date regarding the causality between these constructs. Results based on a national probability sample of workers indicate that job and life satisfaction were significantly and reciprocally related. The cross-sectional results suggest a relatively strong relationship between job and life satisfaction, but the longitudinal results a weaker relationship over a 5-yr period, particularly with respect to the effect of job satisfaction on life satisfaction. The meaning of these results in the context of past research on the job satisfaction–life satisfaction relationship is discussed.

According to Levin, J. S., Chatters, L. M., & Taylor, R. J. (1993)¹⁸, in the study of religious effects on health status and life satisfaction among black americans, tests a theoretical model linking religiosity, health status, and life satisfaction using data from the National Survey of Black Americans, a nationally representative sample of Blacks at least 18 years old. Findings reveal statistically significant effects for organizational religiosity on both health and life satisfaction, for non organizational religiosity on health, and for subjective religiosity on life satisfaction. Analyses of structural invariance reveal a good overall fit for the model across three age cohorts (≤ 30 , $31-54$, ≥ 55) and confirm that assuming age invariance of structural parameters does not significantly detract from overall fit. In addition, after controlling for the effects of several socio demographic correlates of religiosity, health, and well-being, organizational religiosity maintains a strong, significant effect on life satisfaction. These findings suggest that the association between religion and well-being is consistent over the life course and not simply an artifact of the confounding of measures of organizational religiosity and health status.

Locke (1969)¹⁷, gives a comprehensive definition of job satisfaction is as a pleasurable or positive emotional state resulting from the appraisal of one job or job experience. Job satisfaction is a result of employees' perception of how well their job provides things which are viewed as important. There are three important dimensions to job satisfaction are: first job satisfaction is an emotional response to a job situation As such, it cannot be seen, and it can only be inferred. Second, job satisfaction is often determined by how well outcomes meet or exceed expectation. Third, job satisfaction represents several related attitude.

4. RESEARCH METHODOLOGY

This study aims to explore the aspects of life satisfaction of ASHA Workers. The paper attempts to assess the relationship between age and income on the job satisfaction of ASHA workers. This study uses Survey method for selection of Samples from 72 ASHA workers from the villages having Primary Health Centre at Udupi district of Karnataka. The respondents were given assurance of confidentiality of the data collected from them. The socio demographic data for the present research was

elicited using personal data sheet prepared by the researcher consisting of provisions to collect data on age, sex, income etc. The study used Life Satisfaction Scale by Dr.(Mrs), Pramila Singh & George Joseph to measure the Life satisfaction. The scale consists of 34 items, each item is to be rated on the 5 point scale measurable by always, often, sometimes, seldom and neverscored with 5, 4, 3, 2&1 respectively. Since the items are related to all round activities of the individuals, it states the level of life satisfaction. The higher the score on the Life satisfaction scale the higher will be the level of life satisfaction. Norms of the Life satisfaction scale is as follows:

Satisfaction Level	Range of Score
High	136-175
Average	81-135
Low	35-80

5. RESULTS AND DISCUSSION

To derive the necessary findings, relevant statistical techniques like average is used in this study. The results of the study are shown in the tabular form below.

TABLE 3: Satisfaction Level of ASHA Workers

Sl. No	Satisfaction Level	Range of score	No of ASHA workers	Percentage
1	High	136 - 175	25	34.72
2	Average	81 - 135	40	55.50
3	Low	35 - 80	07	09.72
Total			72	100

Table 3 shows about the satisfaction level of ASHA workers. Out of total 72 ASHA workers, 25 (34.72 per cent) are having High life satisfaction, about 40 (55.50 per cent) of them are having Average life satisfaction and remaining 7 (9.72 per cent) are having Low life satisfaction.

TABLE 4: Relationship between the Age of the ASHA Workers and Life Satisfaction Level

Age Group	Life satisfaction			
	High	Average	Low	Total
20-30 years	8 (25.80%)	18(58.06%)	05(16.12%)	31
30-40 years	17(43.58%)	22(56.41%)	Nil	39
>40	Nil	Nil	02(100%)	02
Total	25	40	07	72

Table 4 depicts the relationship between the Age of the ASHA workers & Life satisfaction level. Among 31 members in the age range of 20-30 years, 8 (25.80%) are having high life satisfaction, but as high as 18 (58.06%) of them are having average life satisfaction and 5 (16.12%) of them are in low level of life satisfaction. Somewhat same result we can see in age range of 30-40 years, among 39 ASHA workers in this age group, 17 (43.58%) are having high life satisfaction, but as high as 22 (56.41%) of them are having average life satisfaction and in the age group >40 years only 2 are there & both of them are having low life satisfaction.

TABLE 5: Relationship between Income and Life Satisfaction Level of ASHA Workers

Income (Rs/month)	Life satisfaction			
	High	Average	Low	Total
500-1000	02(22.22%)	02(22.22%)	05(55.55%)	09
1000-2000	05(31.25%)	09(56.25%)	02(12.5%)	16
>2000	18(38.29%)	29(61.70%)	0	47
Total	25	40	07	72

TABLE 1: Age distribution of ASHA Workers

Sl. No	AgeDistribution (In years)	Number of Asha workers	Percentage
1	20-30	31	43.2
2	30-40	39	54.1
3	>40	02	02.7
Total		72	100

Table 1 denotes the age distribution of the respondents between 20 to >40 years. Out of total 72 ASHA workers, 31(43.2 per cent) of them are in the age range between 20-30 years, 39 (54.1 per cent) are in the age range between 30-40 years and rest 2 (2.7%) are in the >40 years of age group.

TABLE 2: Income of ASHA Workers studied

Sl. No	Income Distribution (In Rupees/Month)	No of ASHA Workers	Percentage
1	500-1000	09	12.5
2	1000-2000	16	22.22
3	>2000	47	65.27
Total		72	100.0

Table 2 denotes about Income distribution of the ASHA workers. Out of total 72 ASHA workers, 9 (12.5 per cent) are having income between Rs. 500-1000 per month, 16 (22.22%) are having 1000-2000 Rs/month and as high as 47 (65.27%) are having > 2000 Rs of income per month.

Table 5 depicts about the Income workers & Life satisfaction level. Among 9 members in income group of 500-1000 Rs/month, 2 (22.22%) are in high life satisfaction, 2 (22.22%) are having average life satisfaction and 5 (55.55%) are in low level of life satisfaction. Among 16 members in income group of 1000-2000 Rs/month, 5 (31.25%) are in high life satisfaction, 9 (56.25%) are having average life satisfaction and 2 (12.5%) are in low level of life satisfaction. Among ASHA workers having income more than Rs 2000, 18 (38.29%) are in high life satisfaction, 29 (61.70%) are having average life satisfaction.

6. CONCLUSION

The success of a community or nation is frequently judged by objective standards. Political parties often remind citizens of the prosperity of the nation during their party's governance as a method to encourage appreciation and re-election. To persuade people that quality of life has improved under their administration, they cite such factors as low unemployment rates, greater income, lower taxes, lower crime rates, and improvements in education and health care. The quality of life of the individual, however, cannot be quantified in this manner. Indeed, objective measures of quality of life (i.e., income, education) are often weakly related to people's subjective self-reports of the extent to which they are satisfied with their lives. For example, one might predict that individuals who have suffered a traumatic spinal cord injury would be significantly less satisfied with their lives than individuals who have not suffered such an injury. However, empirical research has not supported this contention -- in fact, disabled individuals do not report lower levels of satisfaction than non-disabled ones. It is clear that a one-to-one relationship between observable life circumstances and subjective judgments of life satisfaction does not always exist. A great deal of psychological research has explored the sources of people's life satisfaction. These sources include one's overall wealth, whether one is single or married, male or female, or young or old ect.(9)

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