

Role of ASHA in Utilizing Maternal Health Care Services India, Evidences from National Rural Health Mission (NRHM)

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Abstract : Maternal health is one of the crucial health indicators for any country. 5th goal of Millennium Development Goals is also emphasising on improvement of maternal health. Soon after Independence government of India realizing the importance of maternal and child health care services, and took steps to strengthen in 1st and 2nd five year plans. In past decade the other health indicator which is life expectancy at birth has been observed remarkable improvement. But still maternal mortality is high in India and in some states it is observe much higher than national average. Government of India pour lots of fund and initiate National Rural Health Mission (NRHM) in 2005 to improve maternal health in country by providing affordable and accessible health care services. Accredited Social Health Activist (ASHA) is one of the key components of the NRHM. Mainly ASHAs are selected female aged 25-45 years from village itself and accountable for the monitoring of maternal health care for the same village. ASHA are trained to works as an interface between the community and public health system. This study tries to assess the role of ASHA in utilizing maternal health care services and to see the level of awareness about benefits given under JSY scheme and utilization of those benefits by eligible women. For the study concurrent evaluation data from National Rural health Mission (NRHM), initiated by government of India in 2005 has been used. This study is based on 78205 currently married women from 70 different districts of India. Descriptive statistics, chi2 test and binary logistic regression have been used for analysis. The probability of institutional delivery increases by 2.03 times ($p < 0.001$) while if ASHA arranged or helped in arranging transport facility the probability of institutional delivery is increased by 1.67 times ($p < 0.01$) than if she is not arranging transport facility. Further if ASHA facilitated to get JSY card to the pregnant women probability of going for full ANC is increases by 1.36 times ($p < 0.05$) than reference. However if ASHA discusses about institutional delivery and approaches to get register than probability of getting TT injection is 1.88 and 1.64 times ($p < 0.01$) higher than that if she did not discuss. Further, Probability of benefits from JSY schemes is 1.25 times ($p < 0.001$) higher among women who get married after 18 years. The probability of benefits from JSY schemes is 1.25 times ($p < 0.001$) higher among women who get married after 18 year of age than before 18 years, it is also 1.28 times ($p < 0.001$) and 1.32 times ($p < 0.001$) higher among women have 1 to 8 year of schooling and with 9 and above years of schooling respectively than the women who never attended school. Those women who are working have 1.13 times ($p < 0.001$) higher probability of getting benefits from JSY scheme than not working women. Surprisingly women belongs to wealthiest quintile are .53times ($P < 0.001$) less aware about JSY scheme. Results conclude that work done by ASHA has great influence on maternal health care utilization in India. But results also show that still substantial numbers of needed population are far from utilization of these services. Place of delivery is significantly influenced by referral and transport facility arranged by ASHA.

Keywords : institutional delivery, JSY beneficiaries, referral faculty, public health

Conference Title : ICPD 2016 : International Conference on Population and Development

Conference Location : Boston, United States

Conference Dates : April 25-26, 2016