Original Research

HEALTH STATUS OF ACCREDIATED SOCIAL HEALTH ACTIVISTS (ASHAS) IN A TALUK OF RAICHUR DISTRICT, KARNATAKA: A CROSS – SECTIONAL STUDY

Dr. Pramod[1*], Dr. Shashidhar S. Basagoudar[2], Dr. Praveen Patil[3], Dr. Rahul C. Kirte[4]
[1*]Senior Resident, Department of Community Medicine, Raichur Institute of Medical Sciences, Raichur.
[2]Assistant Professor, Department of Community Medicine, Raichur Institute of Medical Sciences, Raichur.
[3]Assistant Professor, Department of Physiology, Raichur Institute of Medical Sciences, Raichur.
[4]Professor and Head, Department of community medicine, Raichur Institute of Medical Sciences, Raichur.
Corresponding Author: Dr. Pramod
Senior Resident, Department of Community Medicine, Raichur Institute of Medical Sciences, Raichur.

ABSTRACT

Background: Accrediated Social Health Activists (ASHAs) are the link between the community and health system in India. While their role in improving maternal and child health is well documented, little attention has been given to their own health status.

Objectives: To study socio-demographic profile of ASHAs, To study health status and morbidity pattern of ASHAs.

Methodology: A cross sectional study conducted among ASHA workers, a pretested questionnaire was used to collect data on socio-demographic profile, morbidity status, nutritional status and mental health. Data were analyzed using SPSS version 22 IBM. Analyzed data is presented as descriptive statistics with suitable graphical and tabular form. Categorical data is presented as proportions and continuous data is presented as mean and SD.

Results: A total of 301 ASHA workers were participated. The mean age was 37.4± 7.7years. Common morbidities included Hypertension (10%), Diabetes Mellitus (21%), Nutritional assessment showed 114(37.8%) were overweight, 223(74%) were having moderate to severe stress.

Conclusion: The majority of ASHAs in this study were in the age range of 31 to 40 years, were married, belonging to rural areas. Hypertension & diabetes were the common chronic illness noted in the ASHAs, there was high prevalence of obesity among ASHAs. Notably low prevalence of pallor and dental caries seen in the ASHAs. Majority of ASHAs had moderate to low level of work stress.

Keywords: ASHA, Health Status, Morbidity, Community Health, Stress.

INTRODUCTION

The National Rural Health Mission (NRHM) was launched on April 12, 2005, with the goal of providing adequate health care to the rural health population, with a focus on disadvantaged women and children. One of the primary components of the NRHM is to provide every village in the country with a trained female community health activist called as Accredited Social Health Activist (ASHA) [1]. ASHAs play a crucial role in bridging the gap between the community and the healthcare system, facilitating access to essential health services, and promoting health education. Their presence is vital in enhancing the reach and effectiveness of health interventions, particularly in rural and underserved areas[2].

More than one million ASHA workers have been trained and working across the country. ASHA won the global health leaders award and have been recognized for their outstanding contribution towards protecting and promoting health[3].

It is necessary to keep the ASHA workers motivated so that they can effectively and efficiently carry out their responsibilities.[4] ASHA employees face numerous challenges in executing their healthcare responsibilities, encountering issues such as a lack of cooperation from various individuals, notably family members – particularly husbands – due to their demanding work hours, unpredictable schedules, and limited financial incentives.[5]

www.ajmrhs.com
eISSN: 2583-7761

Date of Received: 29-01-2026
Date Acceptance: 05-02-2026
Date of Publication: 06-03-2026

MATERIAL AND METHODOLOGY

This cross sectional study was undertaken in Raichur taluku and all ASHAs were included. Among the 5 talukas of Raichur district, one taluku i.e. Raichur taluku was selected randomly and all ASHAs working in the selected taluku were included in the study. The study was conducted between September 2023 to May 2024.

We have done the universal sampling hence we have included all the ASHAs (301) working in the selected taluku. The inclusion criteria encompassed All ASHAs working in the taluk of a Raichur, while ASHAs not giving consent were excluded from the study. A pre-structured questionnaire was developed based on the study objective, the tool was validated through expert review and pilot testing.

The study was initiated after obtaining the necessary permission from Institutional Ethics Committee of RIMS, Raichur and also permission was obtained from District Health Officer, Raichur District. After explaining the purpose of the study in their own understandable language, written consent was obtained from the participants. The confidentiality of the information provided by study subjects was maintained throughout the study. The detailed information regarding socio-demographic characteristics was such as age, religion, family type, income and socioeconomic status recorded using a pre-tested, semi-structured questionnaire by interviewing all the ASHAs, Health status were assessed by symptoms history, physical examination including measurement of weight, height, calculation of body mass index were done and vital parameters like blood pressure, respiratory rate & heart rate were recorded. Examination for fluorosis involves a visual inspection of the teeth under good lighting to identify discoloration, white flecks, or pitting.

Stress was assessed using the Workplace Stress Scale[6], provided by the American Institute of Stress in Yonkers, New York and the permission is taken from the institute. The scale consists of 8 questions, each with response options: never, rarely, sometimes, often, and very often, are points assigned to each response. Obesity and overweight based on BMI cut off is taken as per South East Asian classification. Raichur taluku was first chosen as the study location, and the ASHAs there are regarded as participants. Every PHC holds monthly meetings. It was decided to visit a different PHC on the day of the meetings. Multiple visits were made to enroll all ASHAs in the study.

Data were analyzed using SPSS version 22 IBM. Analyzed data is presented as descriptive statistics with suitable graphical and tabular form. Categorical data is presented as proportions and continuous data is presented as mean and SD. Comparison of urban vs rural prevalence of diabetes and hypertension is done.

RESULTS

Table 1: Demographic Characteristics of Participants (N=301)

Characteristics	Category	N	%
Age Groups (yrs)	18-30	42	13.9
	31-40	168	55.8
	41-50	76	25.2
	51-60	15	4.9
Marital Status	Married	278	92.4
	Widowed	23	7.6
Number of living Children	0	16	5.3
	1-2	188	62.4
	3-4	92	30.5
	>4	5	1.6
Type of Family	Nuclear	191	64
	Joint	110	36
Religion	Hindu	265	88
	Muslim	31	10
	Christian	5	2

A total of 301 ASHAs participated in the study. Majority of participants (55.8%, n=168) were aged 31-40 years, with 25.2% (n=76) in the 41-50 age range. Most respondents were married (92.4%, n=278) and had two living children (62.4%, n=188). The predominant family type was nuclear (64%, n=191), and the majority participants were Hindu (88%, n=265).

Table 2: Distribution of ASHA Workers According to Chronic Diseases

		Frequency	Percentage
	Diabetes	21	7
	Hypertension	30	10

Chronic Disease	Thyroid Disorder	8	3
	Epilepsy	3	1
	Psoriasis	2	1
	PCOD	1	0.5
Nutritional Status	Known Anemia	23	7
	Overweight	114	37.8
	Obese	2	1
Examination Findings	Pallor	46	15.2
	Dental caries	21	6.9
	Fluorosis	19	6.3
	Skin changes	4	1.3

In our study among 301 participants, 21(7%) were having Diabetes, 30(10%) were having hypertension, 8(3%) were having Thyroid disorder, 3(1%) were having Epilepsy, 2(1%) were having psoriasis and 1(0.5%) were having PCOD. In nutritional status 23(7%) were having Anemia, 114(37.8) were overweight, 2(1%) were obese. On examination findings 46(15.2) were having pallor, 21(6.9%) were having Dental caries, 19(6.3%) were having dental Fluorosis, 4(1.3%) were having skin changes

Table 3: Distribution of ASHA Workers According to Stress Scale

Stress Scale	Frequency	Percent
<15 (Calm)	0	0
16-20(Fairly low)	78	26
21-25(Moderate stress)	219	73
26-30(Severe)	4	1
31-40(More Severe)	0	0
Total	301	100

In our study among 301 participants, according to Stress scale 0(0%) were normal, 78(26%) were fairly low stress, 219(73%) were having moderate stress, 4(1%) were having stress.

Table 4: Comparison of Urban Vs Rural Prevalence of Diabetes and Hypertension

Disease	Urban	Rural	Total	P value
Hypertension	19(6.31)	11(3.6)	30	0.185
Diabetes	12(3.9)	9(2.9)	21	0.648
Total	31	20	51	

The distribution of hypertension and diabetes among urban and rural ASHAs does not differ significantly. Among 301 ASHA workers in our study 277 were Tobacco non chewers and 24 were Tobacco chewers, among 24 Tobacco chewers, 9 have been chewing for less than 10 years, while 15 have been chewing for more than 10 years.

DISCUSSION

Many studies have been conducted on the work profile and socio-demographic profile of ASHAs, but none have focused on their health status. Therefore, our study compares the health status of ASHAs. The present study's findings revealed that all ASHAs fell between the 25–51 age ranges, with a mean age of 31 years. The study included no unmarried ASHAs, all ASHAS had completed minimum 8th grade. These essentially met the NRHM standard requirements. According to a study by Nirupam Bajpai et al. This observation aligned with present study results[7].

In our study majority i.e. 188(62.4%) were having 1 – 2 children and 32% were having > 2 children. According to the research by Dr Rajendra Meena et al., of 66 the 172 ASHAs, 101 (58.72%) had 1-2 children, which was the majority, but 64 (37.21%) had more than 2 children. This is almost similar to our study.[8]

According to the current study, the majority of ASHAs (94.4%) are Hindu, which is consistent with findings from studies by Nirupam Bajpai et al. (98%) 23, Bhagwan Waskel et al. (94.17%), and other researchers.[9]

The prevalence of chronic diseases among ASHAs was notable, with 10% having hypertension and 7% having diabetes. A study by Sengar GS et al.

conducted in the Bajag block of Dindori district and ICMR-NIRTH Jabalpur found that among healthcare workers, including ASHA workers, 14.7% had diabetes and 38% had hypertension.[9] This suggests that the ASHAs in our study have lower rates of both conditions compared to this mixed group of health workers. Conversely, a study by Shantanu et al. reported lower prevalence rates among healthcare professionals, with 5% having diabetes and 10% having hypertension[11]. The prevalence of hypertension in our study aligns closely with this finding, while the diabetes prevalence in our ASHA population is slightly higher. These varied results highlight the potential influence of factors such as geographical location, work environment, and lifestyle on the health status of health workers, including ASHAs.

Our study revealed that 37.8% of ASHAs were overweight (BMI 23.0-24.9), and 1% were obese (BMI ≥25). Comparatively, a study by Hegde et al. on healthcare workers in a tertiary care hospital in South India found that 41.5% were overweight and 11.5% were obese.[12] Our findings suggest that while the prevalence of being overweight is similar, obesity is less common among ASHAs compared to other healthcare workers.

Stress levels among ASHAs were also a significant finding, with 73% experiencing moderate stress and 1% experiencing severe stress. A study by Praveenya et al. on primary healthcare workers in Kolar reported that 45.3% had mild to moderate anxiety, 9.3% had moderate anxiety, and 54% had moderate stress according to various scales.[13]

CONCLUSION

The majority of ASHAs in this study were in the age range of 31 to 40 years, were married, belonging to rural areas. Hypertension & diabetes were the common chronic illness noted in the ASHAs, there was high prevalence of obesity among ASHAs. None of the ASHAs were alcoholic or tobacco smokers, but very few had the habit of tobacco chewing. Notably low prevalence of pallor and dental caries seen in the ASHAs. Majority of ASHAs had moderate to low level of work stress.

REFERENCES

1. Park K. Health programs in India. In: Park's text book of preventive and social medicine. 27th ed. Jabalpur: M/s Banarsidas bhanot; 2023. p. 504–7.
2. National Health Mission. Quarterly NHM MIS Report (Status as on 31.03.2024). National Health Mission. https://nhm.gov.in/. Accessed 2024 April 11.
3. Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. Indian Public Health Standards (IPHS) for subcentres - revised guidelines. New Delhi: 2010
4. Singh K, Kapoor A. Assessment of the work profile of Accredited Social Health Activist workers in Kathua district of Jammu and Kashmir, India: A cross-sectional study. Int J Med Sci Public Health 2020;9(1):61-6 http://www.ijmsph.com last
5. Saprii, L., Richards, E., Kokho, P. et al. Community health workers in rural India: analysing the opportunities and challenges Accredited Social Health Activists (ASHAs) face in realising their multiple roles. Hum Resour Health 13, 95 (2015). https://doi.org/10.1186/s12960-015-0094-3
6. The Marlin Company, American Institute of Stress. The Workplace Stress Scale™ [Internet]. 1978 [cited 2024 Aug 12]. Available from: https://www.stress.org/wp-content/uploads/2023/02/The-Workplace-Stress Scale.pdf
7. Bajpai N, Dholakia RH. Improving the Performance of Accredited Social Health Activists in India. Mumbai: Columbia Global Centres South Asia. 2011 May.
8. Meena R, Saini L, Khanna M, Gaur K. Socio-demographic Profile of Accredited Social Health Activist (ASHA) of Jaipur City: International Multispecialty Journal of Health (IMJH) [Vol-1, Issue-9, Nov.- 2015]
9. Waskel B, Dixit S, Singodia R, Pal DK, Toppo M, Tiwari SC et al. Evaluation of ASHA programme in selected block of Raisen District of Madhya Pradesh under the National Rural Health Mission. Journal of Evolution of Medical and Dental Sciences 2014;3(03):689-94.
10. Sengar GS, et al. [Study on diabetes and hypertension among health care workers in Bajag block of Dindori district and ICMR-NIRTH Jabalpur].
11. Shantanu S, Anand T, Kishore J, Dey BK, Ingle GK. Prevalence of modifiable and non-modifiable risk factors and lifestyle disorders among health care professionals. Apollo Medicine. 2014;1(3):178-. doi: 10.4103/2349 0977.157757
12. Hegde SKB, et al. Prevalence of Diabetes, Hypertension and Obesity among Doctors and Nurses in a Medical College Hospital in Tamil Nadu, India. National Journal of Research in Community Medicine. 2015;4(3):235-239.
13. Pulagam P, Satyanarayana PT. Stress, anxiety, work-related burnout among primary health care worker: A community based cross sectional study in Kolar. Journal of Family Medicine and Primary care.

How to cite this article: Dr. Pramod, Dr. Shashidhar S. Basagoudar, Dr. Praveen Patil, Dr Rahul C. Kirte, HEALTH STATUS OF ACCREDIATED SOCIAL HEALTH ACTIVISTS (ASHAS) IN A TALUK OF RAICHUR DISTRICT, KARNATAKA: A CROSS – SECTIONAL STUDY, Asian J. Med. Res. Health Sci., 2026; 4 (1):438-442.
Source of Support: Nil, Conflicts of Interest: None declared.