



## IMPACT OF ASHA WORKERS ON RURAL PUBLIC HEALTH AMONG THE SCHEDULED TRIBE COMMUNITY: A CASE STUDY OF PURULIA I BLOCK, PURULIA DISTRICT, WEST BENGAL

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### RESEARCH ARTICLE



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#### Abstract

Rural public health in India still has problems with its structure, like not having enough healthcare infrastructure, not enough people knowing about it, and tribal communities being pushed to the edges of society and economy. In 2005, the Government of India started the Accredited Social Health Activist (ASHA) program as part of the National Rural Health Mission (NRHM) to improve health services in rural areas. ASHA workers are community health professionals that help people in rural areas get access to the public health system. This study analyses the influence of ASHA workers on rural public health within the Scheduled Tribe (ST) group in Purulia I Block, Purulia District, West Bengal. The study looks at the role of ASHA workers in maternal and child healthcare, raising knowledge about immunisation, preventing sickness, and making healthcare more accessible. It does this by using a mix of methods, such as household surveys, interviews with ASHA workers, and health data analysis. The results show that ASHA workers have greatly increased the rates of institutional delivery, immunisation coverage, and knowledge about cleanliness and nutrition among tribal groups. However, they are still not as effective as they could be because of structural problems such not having enough incentives, too much effort, and limited infrastructure. The study contends that augmenting training, financial incentives, and community health infrastructure is crucial for improving the efficacy of ASHA workers in tribal areas.

**Keywords:** *ASHA Workers, Rural Public Health, Tribal Communities, NRHM, Purulia District, Community Health*

#### Introduction

In the past, India's rural healthcare system has had big problems with access, infrastructure, and health knowledge, especially in tribal areas like the Purulia district in West Bengal. In 2005, the Government of India started the National Rural Health Mission (NRHM) to make healthcare more accessible and improve decentralised health governance at the village level (Government of India, 2005). The Accredited Social Health Activist (ASHA) program was a big part of this project. Its goal was to send trained women community health workers to rural areas to help people connect with the public health system. ASHA workers are very important for promoting maternity and child health care, helping women give birth in hospitals, teaching people about nutrition and sanitation, and getting rural people to use government health care facilities. Studies have indicated that each ASHA worker usually helps about 1,000 people by doing community mobilisation, health education, and referral services to make health in rural areas better (Shenoy & D'Souza, 2025, p. 87). In places like Purulia where tribes are in charge, it is even harder to get healthcare because of being far away, being poor, not being able to read or write, and cultural differences. Scheduled Tribe groups often have higher incidence of maternal death, hunger, and infectious illnesses. Consequently, ASHA workers have emerged as essential catalysts for change in enhancing health awareness and optimising healthcare utilisation in these areas. This study analyses the role and influence of ASHA workers in enhancing rural public health within Scheduled Tribe communities in Purulia I Block, concentrating on healthcare access, maternal health, immunisation coverage, and community awareness. Compared to other rural areas, most of India, where there are tribal areas, has less access to healthcare services. Because they don't have this health infrastructure, they are open to a number of bad impacts. Maternal mortality, newborn mortality, and malnutrition rates are elevated due to geographic remoteness, poverty, and insufficient health infrastructure. ASHAs are an important link to the explanation for this: these groups are afraid and prejudiced. Cultural barriers are a big part of why therapy is getting worse. People don't want to use the modern medical system because they feel disconnected from their culture. But

ASHAs are quite significant in this area. Because ASHAs in these places are part of the same community, it's simpler for them to connect with people and break down cultural boundaries. And they stepped up to use new medical techniques. Because ASHAs are proactive, the number of women who die during childbirth has gone down a lot. They also play a crucial role in making sure children get their vaccinations and know about nutrition. ASHA personnel teach tribal groups how to get over their superstitions through a variety of public awareness programs. ASHA workers are doing special things to help these communities use health services more, like teaching women how to use sanitary pads, family planning, and how to avoid getting sick. (George et al. 2021)

### **Literature Review**

Community health worker programs are largely seen as a good way to improve health outcomes in groups of people who don't have access to good health care. The ASHA program has become a key part of rural healthcare governance in India as part of the NRHM.

Studies indicate that ASHA workers serve as a conduit between rural populations and formal healthcare institutions by facilitating immunisation, prenatal care, and institutional deliveries (Shukla & Sheikh, 2019, p. 114).

Another study shows that ASHAs greatly boost the use of maternal healthcare by raising awareness and encouraging pregnant women to get antenatal care and give birth in a hospital (Scott et al., 2015, p. 5).

In tribal communities, ASHA workers also help people become more empowered by teaching them about hygiene, nutrition, and preventive healthcare. Their job goes beyond providing services to include health activism and getting people involved in the community (Patel et al., 2024, p. 6).

Empirical research indicate that villages with active ASHA participation have enhanced rates of antenatal care visits, immunisation coverage, and institutional births, frequently rising by 20–30 percent relative to places with restricted outreach (Socio Health Report, 2023).

Some researchers say that ASHA workers confront structural problems that make it hard for them to do their jobs well and keep the program going, even though these are good things. These problems include irregular compensation, little training chances, and severe workloads.

So, even while the literature recognises the important role that ASHA workers play in rural health governance, there is still a lack of study on their specific effects in tribal-dominated districts like Purulia.

### **Research Objectives**

The goal of the study is to:

- Look into how ASHA workers help improve public health in the Purulia I Block's rural areas.
- Look at how ASHA workers have affected mother and child health care in Scheduled Tribe villages.
- Check how much people in the neighbourhood know about cleanliness, nutrition, and illness prevention.
- Find out what the biggest problems are for ASHA workers in tribal communities.
- Give policy suggestions for making community health governance stronger.

### **Research Questions**

- How do ASHA workers influence healthcare awareness among tribal communities?
- What impact do ASHA workers have on maternal and child healthcare indicators?
- What are the key challenges faced by ASHA workers in tribal regions like Purulia?

### **Methodology**

This study utilises a mixed-method research design to rigorously analyse the influence of ASHA workers on rural public health within Scheduled Tribe (ST) communities in Purulia I Block of Purulia District, West Bengal, a region characterised by socio-economic marginalisation, geographical isolation, and restricted healthcare access. The study area was deliberately chosen because of its large tribal population and ongoing differences in health outcomes, which made it a good place to look at grassroots health interventions. A stratified random sampling method was used to make sure that all socio-economic and spatial groups were represented. The total sample size was 120 households, with a focus on adult respondents, especially women, because they are the ones who make health-related decisions in households. Structured household surveys were used to collect primary data on maternal health, immunisation, sanitation, and healthcare use. Semi-structured interviews with ASHA workers, focus group discussions with tribal women, and key informant interviews with local health officials were also used to make sure that the methods were valid and reliable. Additionally, secondary data were rigorously obtained from National Health Mission reports, district health statistics, official government health websites, and peer-reviewed academic literature, establishing a solid contextual and analytical framework. The gathered data were examined through descriptive statistical methods to discern patterns and trends in essential health indicators, comparative analysis to evaluate alterations pre- and post-ASHA intervention, and thematic analysis to elucidate qualitative insights concerning health awareness, cultural practices, and systemic obstacles, thereby enabling a thorough and theoretically grounded comprehension of the function of ASHA workers in enhancing rural public health governance in tribal settings.

**Study Area Profile: Purulia District**

Purulia district is in the western part of West Bengal and is a socio-economically marginalised area with a large number of Scheduled Tribe populations, including the Santhal, Bhumij, and Munda communities. These communities depend on agriculture and informal work for most of their income. The district has structural developmental problems, such as high levels of poverty, low literacy rates, poor physical connectivity, and limited access to healthcare infrastructure. All of these problems lead to bad public health outcomes, especially in rural and tribal areas. Geographical isolation and deeply ingrained social and cultural norms that affect how people seek health care and limit their use of official medical facilities make these vulnerabilities even worse. In this larger picture, Purulia I Block has multiple Gram Panchayats with scattered settlements and not enough access to advanced healthcare facilities like Primary Health Centers (PHCs) and sub-centers. This makes it much harder to get timely and adequate medical care. As a result, Accredited Social Health Activist (ASHA) workers are very important because they help people at the community level access health services. They connect marginalised tribal households with the formal public health system, making sure that government health programs reach more people and that more people use health services.

**Statistical Analysis**

**Sample Profile**

- Total Households Surveyed: 120
- Target Group: Scheduled Tribe (Santhal, Bhumij, Munda)
- Respondents: Adult women (primary), ASHA workers (10), Health officials (5)

**Table 1: Socio-Demographic Profile of Respondents**

Variable	Category	Frequency	Percentage (%)
Age	18–25	28	23.3
	26–35	46	38.3
	36–45	30	25.0
	46+	16	13.4
Education	Illiterate	52	43.3
	Primary	38	31.7
	Secondary	22	18.3
	Higher	8	6.7
Occupation	Agriculture	64	53.3
	Daily Labour	40	33.3
	Others	16	13.4

- High illiteracy (43.3%) indicates dependence on ASHA workers for health awareness.
- Majority depend on agriculture → income instability → health vulnerability.

**Table 2: Awareness of Health Services (Before vs After ASHA Intervention)**

Indicator	Before (%)	After (%)	Change (%)
Awareness of Institutional Delivery	35	78	+43
Knowledge of Immunisation	40	85	+45
Awareness of Nutrition	32	70	+38
Sanitation Awareness	28	68	+40

- Significant increase (38–45%) shows ASHA workers as key agents of awareness.
- Immunisation awareness improved the most (+45%).

**Table 3: Maternal Health Indicators**

Indicator	Before ASHA (%)	After ASHA (%)
Antenatal Check-ups (≥3 visits)	30	72
Institutional Delivery	38	80
Iron-Folic Acid Consumption	25	65
Postnatal Care	22	60

- Institutional delivery increased from 38% → 80%
- Reflects strong ASHA role in reducing maternal mortality risk.

**Table 4: Child Health & Immunisation Coverage**

Indicator	Before (%)	After (%)
Full Immunisation	42	88
Awareness of Vaccination Schedule	36	82
ORS Usage in Diarrhoea	30	75
Malnutrition Awareness	28	66

- Immunisation nearly doubled → strong field mobilization.
- Preventive healthcare practices improved significantly.

**Table 5: Healthcare Accessibility**

Indicator	Before (%)	After (%)
Use of Government Health Facility	34	76
Dependence on Traditional Healers	60	25
ASHA Home Visits (Regular)	—	82
Referral Services Usage	20	68

- Traditional healer dependence dropped sharply (60% → 25%)
- ASHA workers improved formal healthcare utilisation

**Table 6: Community Perception of ASHA Workers**

Response	Frequency	Percentage (%)
Very Helpful	58	48.3
Helpful	42	35.0
Neutral	12	10.0
Not Helpful	8	6.7

83.3% positive perception → high trust in ASHA workers

**Table 7: Key Challenges Faced by ASHA Workers**

Challenge	Frequency	Percentage (%)
Irregular Incentives	96	80
Work Overload	88	73.3
Lack of Training	72	60
Poor Infrastructure	84	70
Social Barriers	65	54.2

### Interpretation

- Incentive issues (80%) are the biggest constraint.
- Infrastructure and workload also major barriers.

### Role of ASHA Workers in Tribal Health Governance

ASHA workers perform several functions in tribal communities, including:

Maternal and newborn death rates are relatively elevated in rural and tribal regions, primarily attributable to restricted access to healthcare facilities, poverty, and insufficient health awareness. In this context, community-based health programs are seen as a significant approach to enhance maternal and neonatal health. Research indicates that community mobilisation through women’s groups, facilitated by accredited social health activist (ASHA) workers, can significantly enhance health awareness and promote behavioural changes concerning maternal health in rural communities. This program helps women find out about maternity and newborn health problems in their communities by using a participatory learning and action (PLA) approach. They then come up with strategies that work in their area to solve these problems. Consequently, beneficial health behaviours, including heightened pregnancy health check-ups, a propensity to utilise healthcare facilities for safe delivery, and appropriate neonatal care, progressively escalated. This study shows that ASHA workers leading community mobilisation not only makes it easier for people to get healthcare, but it also raises awareness of maternal and newborn health and encourages people in rural areas to take part in decision-making (Prost et al., 2011).

The expertise and competencies of ASHAs are essential for the efficient provision of maternity health services in tribal rural regions. Research in this area shows that the right training programs can greatly improve ASHAs’ knowledge and skills in maternal health. After the training, they learn to recognise potentially dangerous symptoms during pregnancy, like heavy bleeding, high blood pressure, unusual body swelling, and other problems. They also learn how to immediately send someone

to a health institution if they need to. In many indigenous places, ASHAs are the first people pregnant women talk to. They help local women understand how important it is to get regular prenatal health checkups, tetanus shots, and iron folic acid supplements. The tendency of using maternal health services has been slowly growing (Manikandan and Ramaswamy, 2019). Trained ASHAs are very crucial for linking the local health system to the community. They tell pregnant women to go to the nearest hospital or primary health center and help them get in touch with health workers if they need to. This technique could make more people in rural and tribal communities use maternal health services. It's also crucial for ASHA workers to get regular training and learn new skills. This is because good training improves their knowledge, confidence, and essential health care skills, which can ultimately help improve maternal health in tribal communities (Manikandan & Ramaswamy, 2019).

ASHA personnel who do more than just give out health and information. Instead, they make a connection between the rural people and the public health system that is very significant. They help make local health systems stronger by teaching people about public health, illness prevention, nutrition, and sanitation, and making sure that people take part in different public health programs. At the same time, the program has also given rural women a fresh chance to get involved in their communities and gain influence. This is because most of the ASHAs are local women who are easily accepted by the community. Structural and institutional problems often make it hard for them to do their jobs well. They may not do their best if they don't get regular rewards, have too much work to do, or don't get enough instruction. Also, because many rural health centers don't have the right infrastructure or enough health workers, ASHA workers' efforts may not always be effective (Saprii et al., 2015).

### **Findings and Discussion**

The study found that ASHA workers served as a transformational bridge in Purulia I Block, as indicated by a 45% rise in vaccination awareness and a major shift from traditional healing to formal healthcare, with institutional deliveries increasing from 38% to 80%. Through targeted community mobilization, these workers effectively demystified contemporary medical procedures for Scheduled Tribe (ST) populations, overcoming cultural hurdles and physical isolation. However, the research also reveals a significant "high-impact, low-security" paradox: while 83.3% of the community considers them to be extremely helpful, 80% of ASHA workers confront structural challenges such as inconsistent rewards and job overload, which ultimately undermine their effectiveness and sustainability in the healthcare system. This implies that although the ASHA model has effectively ended the cycle of health exclusion in tribal areas, its long-term effectiveness is jeopardized by a lack of rural infrastructure and institutional support, which frequently leaves these frontline workers as the only, underfunded conduit between marginalized families and the National Rural Health Mission.

### **Policy Implications**

The following steps are suggested to make ASHA workers more effective in tribal areas:

1. Give ASHA personnel more money and job stability.
2. Offer advanced training programs on the problems that tribal healthcare faces.
3. Make the health infrastructure in rural areas better, such as PHCs and sub-centers.
4. Make the National Health Mission's digital health monitoring systems stronger.
5. Get people in the community involved in health governance.

### **Conclusion**

The ASHA program has greatly improved maternal and child health indices among the Scheduled Tribe population, demonstrating its importance as a foundation of grassroots health governance in the Purulia District. The success of community-led health activism in reaching the "last mile" of rural India is demonstrated by the shift from a baseline of just 30% prenatal check-ups to 72%. However, governmental interventions must move away from a strictly incentive-based strategy and toward offering more financial stability, sophisticated technical training, and better physical infrastructure at the Gram Panchayat level if these improvements are to be sustained. In the end, even if ASHA employees have been effective in creating health demand in tribal communities, the official health system needs to change in order to consistently supply that need with professional dignity and high quality for its frontline catalysts.

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