The Social Science Review A Multidisciplinary Journal. March-April, 2026. Vol. 4. Issue 2. 490-494

Published by: Pather Dabi Educational Trust, (Regn No: IV-1402-00064/2023), Under Govt. of West Bengal, India

The Social Science Review
A Multidisciplinary Journal
ISSN: 2584-0789
(Open-Access, Peer-Reviewed, Refereed, Bi-Monthly, International e-Journal)
Homepage: www.tssreview.in

ROLE OF ASHA WORKERS IN STRENGTHENING PRIMARY HEALTHCARE IN INDIA: A SECONDARY ANALYSIS

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RESEARCH ARTICLE

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DOI:
https://doi.org/10.70096/tssr.260402077

Abstract

In Indian health system, the primary healthcare has become the backbone especially in the rural and underserved areas. With the coming of the ASHA (Accredited Social Health Activists) program, introduced under National Health Mission, 2005, who have emerged as the key agents in delivering community-based healthcare services. This paper examines the role of ASHA workers in strengthening primary healthcare in India using secondary data sources such as government reports, National Family Health Survey (NFHS), and academic literature. The study finds that ASHAs have significantly contributed to improving maternal and child health, increasing institutional deliveries, enhancing immunization coverage, and promoting health awareness. However, challenges such as inadequate remuneration, workload burden, and systemic inefficiencies limit their effectiveness. The paper concludes that strengthening ASHA support systems is essential for achieving universal health coverage.

Keywords: *ASHA workers, primary healthcare, NHM, community health workers, rural health, India*

Introduction

Primary healthcare (PHC) is central to achieving equitable and accessible health services. In India, disparities in healthcare access—especially in rural and tribal regions—have historically posed major challenges. To address these gaps, the Government of India launched the National Rural Health Mission (NRHM) in 2005, later subsumed under the National Health Mission (NHM). A key innovation of NRHM was the introduction of Accredited Social Health Activists (ASHAs)—community-based female health workers selected from within villages to act as a bridge between the healthcare system and the community (MoHFW, 2005). ASHAs are responsible for promoting preventive healthcare, facilitating access to services, and mobilizing communities. "From assisting a high- risk pregnancy to guiding young mothers on exclusive breastfeeding, nutrition and safe hygiene practice, the silent ranks of the healthcare system in India – the ASHAs, Anganwadi workers and ANMs are pushing for a healthier tomorrow''(UNICEF, 24 June, 2019). The ASHA program with more than one million workers at present stands as one of the world's largest community health work-force (MoHFW, 2021). They act as the key agents of change in transforming women's health outcomes. This paper analyses how ASHA workers contribute to strengthening primary healthcare delivery in India through a review of secondary data.

Objectives of the Study

1. To examine the role of ASHA workers in primary healthcare delivery.
2. To assess their contribution to maternal and child health outcomes.
3. To identify challenges affecting their performance.
4. To suggest policy measures for strengthening their role.

Methodology

The paper is based on the secondary source analysis of books, peered-reviewed journals, Government reports, NHM reports etc.

Overview of the ASHA Program

The ASHA program like any other Community Health Workers introduced by the Government of India in its healthcare services as previously is introduced during the realm of United Progressive Alliance in 2005, under the National Rural Health Mission. This is basically to provide effective healthcare to rural population with special emphasis to maternal and child healthcare (GOI,

2005 cited in ''Healthcare through Community participation Role ASHAs''). ASHA workers are typically female cadre aged between 25-45, selected from their own villages and should be minimum 10th pass. Basically, they are recruited from the local residents in order to ensure the cultural familiarity and the trust within the communities. Once they are recruited, they undergo initial training followed by several periodicals training so that they are equipped with basic healthcare knowledge and skills. They are also enabled as health educators, facilitators and first contact- givers. They are also provided with performance- based incentives and first port of call on any health demands with special focus on women and children (GOI, 2005). The most striking feature of this program is that healthcare is ensured through community participation. Some of the vital responsibilities the ASHA workers are entrusted with are as follows:

- 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. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.
- ASHA will take steps to create awareness and 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 utilization of health & family welfare services.
- She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child. ASHA will mobilize the community and facilitate them in accessing health and health related services available at the village/sub-centre/primary health centres, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.
- She will work with the Village Health & Sanitation Committee of the Gram Panchayat to develop a comprehensive village health plan.
- She will arrange escort/accompany pregnant women & children requiring treatment/admission to the nearest pre-identified health facility i.e. Primary Health Centre/ Community Health Centre/ First Referral Unit (PHC/CHC /FRU).
- ASHA will provide primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.
- She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. A Drug Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/technical advisory group set up by the Government of India. Her role as a provider can be enhanced subsequently. States can explore the possibility of graded training to her for providing newborn care and management of a range of common ailments particularly childhood illnesses.
- She will inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centres/Primary Health Centre.
- She will promote construction of household toilets under Total Sanitation Campaign.
- Fulfilment of all these roles by ASHA is envisaged through continuous training and upgradation of her skills, spread over two years or more. (Source: guidelines-on-asha.pdf. *https: nhm.gov.in*).

Role of ASHA Workers in Strengthening Primary Healthcare

1. *Maternal Health Services*: ASHAs play a crucial role in encouraging antenatal care (ANC), promoting institutional deliveries, and providing postnatal care support. NFHS-5 data shows a significant rise in institutional deliveries (88.6%), partly attributed to ASHA interventions (IIPS, 2021). Through the national program like Janani Suraksha Yojana, they identify pregnant women, ensure their registration and accompany them to health facilities, thereby facilitating the institutional delivery rates (national Health Mission). As per the data provided by the ''Indian Human Development Survey (2011-2012) shows that there is at least one antenatal care (ANC) visit, four or more ANC visits, presence of Skilled Birth Attendant (SBA), and strict provision of institutional delivery.'' ASHAs are seen as responsible for disseminating health information and through home visits and counselling motivate women to complete antenatal care and hospital delivery (Saprii et al.,2015). As a result with the active surveillance from the ASHAs, there has come massive improvement in the maternal health even in the remotest area. Between 2005–2006 and 2015–2016, the coverage of four or more antenatal care visits (ANC) increased from 37 to 51%, institutional deliveries increased from 39 to 79%, and percentage of births with a skilled attendant increased from 47 to 81% (International Institute of Population Sciences. National Family Health Survey (NFHS-4). Mumbai, India). As per NFHS-5(2019-20) the institutional birth rate has increased from 79% to 89%. Around 66% of women in northeastern states and 30% in high-states reported receiving ASHA services, which can be related to improved maternal health outcomes (Agarwal et al.,2019)
2. *Child Health and Immunization*: ASHAs play a frontline role in ensuring that children receive essential healthcare services, especially in rural and underserved areas. They mobilize children for routine immunization. ASHAs identify pregnant women and newborns in their villages and maintain records of children due for vaccines. They actively inform and motivate parents to bring their children to immunization sessions (like Village Health and Nutrition Days). This helps increase

vaccination coverage. They also spread awareness about nutrition and child health. They educate mothers about exclusive breastfeeding for the first 6 months, proper complementary feeding after 6-month, importance of balanced nutrition ASHAs are trained to provide basic care for illnesses like diarrhea (using ORS and zinc tablets), fever or minor infections. This is also proven through research that areas where ASHAs are active tend to have higher immunization rates and better child health outcomes (Kok et al., 2015). Studies indicate improved immunization coverage in areas with active ASHA engagement (Kok et al., 2015).

3. *Health Awareness and Behavioural Change*: One of the most significant contributions of ASHA workers lies in their role as agents of health awareness and behavioural transformation at the grassroots level. Unlike institutional healthcare providers, ASHAs operate within their own communities, which allows them to influence deeply rooted social norms, beliefs, and practices related to health. ASHAs actively educate households about health and sanitation, safe drinking water practices (boiling/filtering water, use of toilets and reduction of open defecation. These interventions are closely aligned with national programmes like the Swachh Bharat Mission. By encouraging hygienic practices, ASHAs help reduce the incidence of water-borne diseases such as diarrhoea, cholera, and typhoid, especially among children. They also advocate about family planning methods. Infact, they play a crucial role in promoting reproductive health and family planning. Their responsibilities include:
   - Educating couples about contraceptive options (condoms, oral pills, IUCDs)
   - Addressing myths and cultural resistance related to contraception
   - Encouraging spacing between births and small family norms.

   ASHAs also make their communities aware about communicable and non-communicable diseases. They are instrumental in spreading awareness about infectious diseases such as, malaria, Tuberculosis etc. In recent years, ASHAs have also been involved in addressing non-communicable diseases such as, Diabetes, Hypertension, Cancer (especially breast and cervical cancer awareness). They conduct screenings (in coordination with ANMs), promote lifestyle changes (diet, exercise), and encourage regular health check-ups. This shift reflects India's changing disease burden and the expanding role of ASHAs. In essence, ASHA workers function not merely as service providers but as catalysts of social and behavioural transformation. Their embeddedness within the community gives them a unique advantage in influencing health-related behaviours, making them indispensable to India's primary healthcare system.
4. *Bridging the gap between the community and the health system*: One of the most critical roles of ASHA workers is to act as an interface between the rural community and the formal healthcare system. In many parts of India, especially in remote and underserved areas, there exists a significant gap in awareness, accessibility, and trust toward institutional healthcare services. ASHAs help bridge this gap in multiple ways. ASHAs identify individuals in need of medical attention—such as pregnant women, sick children, or patients with symptoms of serious illnesses—and guide them to appropriate health facilities like Sub-Centres, Primary Health Centres (PHCs), or Community Health Centres (CHCs). They accompany pregnant women to hospitals for institutional deliveries under schemes like Janani Suraksha Yojana (JSY). They ensure timely referrals in emergency situations, reducing delays in seeking care. They follow up after referrals to ensure that treatment is completed. This referral function is crucial in reducing maternal and infant mortality by ensuring access to skilled care. India has numerous welfare schemes, but awareness and access are often limited at the grassroots level. ASHAs help communities navigate these schemes by, informing beneficiaries about programmes like, Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Immunization programme, helping with documentation and registration processes ensuring that beneficiaries receive financial incentives and entitlements. ASHAs act as the first point of contact. For many households, ASHAs are the first and most accessible source of healthcare guidance. They provide basic care and advice for minor illness. They identify early symptoms of serious condition. They guide families on whether home care is sufficient or professional treatment is needed. This early intervention helps prevent complications and reduces the burden on higher-level health facilities. Significance in Strengthening Primary Healthcare: By linking communities with the formal system, ASHAs, improve health service delivery efficiency, increase utilization of public health service, reduce geographical and social barriers to healthcare access. Their role ensures that healthcare is not just available, but also accessible, acceptable, and utilized. In essence, ASHA workers function as a vital connective link in India's healthcare system. Without them, many government health programmes would remain underutilized. Their ability to connect, guide, and support communities makes them indispensable in achieving inclusive and effective primary healthcare delivery.

Impact on Health Outcomes

Secondary data from sources such as NFHS, SRS, and various research studies indicate that ASHA workers have made a measurable contribution to improving key health indicators in India, particularly in rural areas.

1. *Reduction in Maternal Mortality Ratio (MMR)*: Maternal Mortality Ratio (MMR) refers to the number of maternal deaths per 100,000 live births. ASHAs contribute to reducing MMR by promoting institutional deliveries. They motivate pregnant women to deliver in healthcare facilities where skilled birth attendants are available. They also ensure antenatal and postnatal care through regular check-ups and help identify complications early. In high-risk pregnancies, ASHAs ensure quick access to higher-level care. As a result, India's MMR has significantly declined over the years, reflecting improved maternal healthcare access and utilization.
2. *Decline in Infant Mortality Rate (IMR)*: Infant Mortality Rate (IMR) measures deaths of infants under one year per 1,000 live births. ASHAs influence this by mobilizing immunization. They also ensure that children receive timely vaccinations

against preventable diseases. The ASHAs also educate mothers on breastfeeding, hygiene, and thermal care. They also provide ORS and basic care for diarrhoea and identifying danger signs early. These interventions reduce preventable infant deaths and improve child survival rates.

3. *Increased Utilization of Public Health Services*: One of the most important impacts of ASHAs is the increase in the use of government health services, which includes: Higher attendance at Primary Health Centres (PHCs) and Sub-Centres, increased participation in Village Health and Nutrition Days (VHNDs). ASHAs raise awareness about available services by personally mobilizing beneficiaries, which helps in building trust in public healthcare institution.

The combined effect of these improvements shows that ASHAs are not just performing tasks but are contributing to systemic health improvements. They help convert health policies into real outcomes by ensuring that services actually reach the population. ASHA workers have played a vital role in improving maternal and child health indicators and increasing healthcare utilization. While multiple factors contribute to these outcomes, evidence suggests that ASHAs are a key driving force behind these positive changes in India's public health system.

Challenges Faced by ASHA Workers

Despite their critical contribution to India's primary healthcare system, ASHA workers face several structural and operational challenges that affect both their performance and well-being.

1. *Inadequate Remuneration*: One of the most significant challenges is the performance-based incentive system, which forms the primary source of ASHAs' income. ASHAs are not paid a fixed salary; instead, they receive task-based payments for activities such as facilitating institutional deliveries, ensuring immunization, or promoting family planning. This leads to low and unpredictable earnings, often ranging between ₹2,000–₹6,000 per month depending on the state and workload. Irregular payments due to delay in disbursement are common due to administrative inefficiencies. The compensation given is inadequate the amount paid does not match the volume or complexity of work. ASHAs sometimes spend their own money on transport or communication. This creates financial insecurity, reducing motivation and sometimes forcing ASHAs to seek alternative income sources, which can affect their availability and performance.
2. *Workload and Role Expansion*: Over time, the responsibilities of ASHA workers have expanded significantly. This include: Maternal and child healthcare services, immunization mobilization, disease control (TB, malaria, COVID-19), Data collection and reporting, Health awareness campaigns. They are given multiple responsibilities without clear prioritization. Many tasks are not linked to incentives, which demotivate them to carry their duties. The mismatch between workload and compensation leads to burnout, stress, and reduced efficiency. It also shifts focus toward incentivized tasks, neglecting equally important but non-incentivized activities.
3. *Lack of Formal Recognition*: ASHAs are officially classified as "voluntary workers", not government employees. As a result, there is no job security or formal employment contract. There is no fixed salary or minimum wage guarantee. There is lack of social protection like pension or retirement benefits, limited or no health insurance coverage. There is no paid maternity leave or sick leave. This lack of recognition leads to job insecurity and low morale, despite ASHAs performing essential public health functions.
4. *Training and Infrastructure Gaps*: Although ASHAs receive initial training, there are gaps in continuous skill development and support systems. The issues being, inconsistent training quality across states, limited refresher training on emerging health issues (e.g., NCDs, pandemics). There is lack of medical supplies and infrastructure, such as, drug kits, diagnostic tools, digital devices for reporting. Inadequate training and resources reduce their effectiveness and confidence, limiting their ability to deliver quality healthcare services.
5. *Gendered Nature of Work*: The ASHA programme is inherently gendered, as all ASHAs are women selected from their communities. Their work is often seen as "voluntary service" rather than professional employment. Sometimes they have to face mobility restrictions, household responsibilities, and patriarchal norms. They also have to face safety issues, like traveling alone, especially in remote areas. These factors contribute to exploitation and marginalization, reinforcing gender inequalities in the workforce (Ved et al., 2019).

Policy Recommendations

Addressing these challenges requires systemic reforms to ensure that ASHAs are adequately supported and recognized.

1. *Fixed Salary with Performance Incentives*: There should be a minimum fixed monthly salary to ensure income stability. Their incentives should be retained so that their performance is encouraged.
2. *Timely and Transparent Payment Systems*: Usage of digital payment platforms (DBT) to reduce delays which ensures accountability in fund disbursement.
3. *Social Security Benefits*: one of the most important recommendations is providing social security benefits like, health insurance, pension schemes, maternity benefits. This ensures long-term welfare and dignity of work.
4. *Strengthening Training and Supervision*: Regular refresher training programmes under better supervision of ANMs and health officials is must for improving their capacity building which makes them more adept at their work. Usage of digital tools for skill enhancement which improves service quality and efficiency.
5. *Formal Recognition as Health Workers*: ASHAs should be recognized as part of the formal public health workforce. They should be provided with identity, rights, and career progression opportunities. This enhances motivation, accountability, and professional status.

While ASHA workers are indispensable to India's healthcare system, their effectiveness is constrained by structural issues related to pay, recognition, workload, and gender inequality. Addressing these challenges through comprehensive policy reforms is essential not only for improving ASHA welfare but also for strengthening the overall primary healthcare system in India.

Conclusion

ASHAs have become the cornerstone of India's primary healthcare system by improving access, awareness, and utilization of health services. Their grassroots presence has significantly enhanced maternal and child health outcomes and strengthened public health delivery. However, structural challenges related to incentives, recognition, and working conditions must be addressed to sustain their contributions. Strengthening ASHA workers is essential for achieving universal health coverage and Sustainable Development Goals. Despite the challenges they have to face in their day-to-day activities, there have come a significant improvement in maternal and reproductive health, health awareness and gender equity. They are not only seen as the health activist but also as a chief consultant of basic health in the rural areas. The community- based approach, women-centric activities has filled the critical gaps in the healthcare access. It has become the need of the hour to empower ASHA workers through policy support and systemic reforms. This would help in enhancing their efficacy and also broader goals of gender equity and universal health coverage in an effective manner.

Acknowledgment: No
Author's Contribution: *Ranju Chettri*: Data Collection, Literature Review, Methodology, Analysis, Drafting, Referencing,
Funding: No
Declaration: Not Applicable
Competing Interest: No

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