
Role of ASHA Workers in Strengthening Rural Health Care Services in Kerala

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Abstract

Kerala's health system, known for its relatively advanced health indicators, has further integrated community health workers into its primary health care reforms, including the transformation of Primary Health Centres into Family Health Centres. In this process, ASHA workers contribute to service delivery, patient follow-up, and community engagement, thereby enhancing the effectiveness of decentralized health care. Their close connection with local communities helped build trust and ensured continuity of care even during crises. Thus, ASHA workers serve as a crucial link between the health system and the rural population, contributing significantly to improved health awareness, disease prevention, and overall strengthening of rural health care services in Kerala. The present study is an attempt to analyse the role of ASHA workers in Strengthening Rural Health Care Services in Kerala.

Key Words: *Community Health Workers, ASHA Workers, Family Health Centres, Decentralized Health Care.*

Introduction

Rural health care in India faces multiple challenges, including shortages of medical professionals, inadequate infrastructure, and limited access to essential services (World Health Organization, 2010). In this context, community-based approaches have emerged as an effective strategy to bridge gaps in health care delivery. The Accredited Social Health Activist (ASHA) programme, launched under the National Rural Health Mission, represents one of the largest community health worker initiatives aimed at improving rural health outcomes (Ministry of Health and Family Welfare, 2005). In Kerala, community health workers, particularly ASHAs, play a vital role in strengthening primary health care services. They act as the first point of contact for rural populations, especially for women and children, and facilitate access to public health facilities. Their responsibilities include home visits, health education, mobilization for immunization, and support for maternal and child health services (NHSRC, 2013; Manu, 2019). ASHAs are community-level health volunteers under India's National Health Mission, serving as a crucial bridge between rural/urban communities and

The Voice of Creative Research

Vol. 8 & Issue 2 (April 2026)

public health systems. They raise awareness on health, nutrition, and sanitation, while facilitating access to services like immunizations, institutional deliveries, and maternal care. Kerala's health system, known for its relatively advanced health indicators, has further integrated community health workers into its primary health care reforms, including the transformation of Primary Health Centres into Family Health Centres. In this process, ASHA workers contribute to service delivery, patient follow-up, and community engagement, thereby enhancing the effectiveness of decentralized health care (Hari Sankar et al., 2024). Moreover, during public health emergencies such as the COVID-19 pandemic, community health workers in Kerala played an expanded role by conducting home visits, delivering medicines, managing outpatient services, and providing psychosocial support. Their close connection with local communities helped build trust and ensured continuity of care even during crises (Hari Sankar et al., 2024). Thus, ASHA workers serve as a crucial link between the health system and the rural population, contributing significantly to improved health awareness, disease prevention, and overall strengthening of rural health care services in Kerala. The present study is an attempt to analyse the role of ASHA workers in Strengthening Rural Health Care Services in Kerala.

Objectives of the Study

- To assess the range of services rendered by ASHA workers in rural areas.
- To examine the level of community satisfaction towards the services provided by ASHA workers.

Methodology

The study adopts a descriptive research design to examine the role of ASHA workers in strengthening rural health care services. The study is based on both primary and secondary data. Primary data were collected from the beneficiaries of ASHA workers' services through structured questionnaires and interviews. Secondary data were collected from government health reports, NHM publications, Journals, books and official websites. A simple random sampling technique is employed to select respondents from rural households in the Thiruvananthapuram district of Kerala who have benefited from ASHA services.

Results and Discussion

The socio-economic profile of the respondents under the study includes key demographic and economic variables such as gender, age group, educational level, occupation, monthly income, and economic category.

| | | Frequency | Percentage |
|------------------|----------|-----------|------------|
| Gender | Male | 100 | 40 |
| | Female | 150 | 60 |
| Age Group | Below 18 | 12 | 4.8 |
| | 18-30 | 96 | 38.4 |
| | 31-45 | 84 | 33.6 |

The Voice of Creative Research

Vol. 8 & Issue 2 (April 2026)

| | | | |
|-----------------------------|------------------|-----|------|
| | 46-60 | 22 | 8.8 |
| | Above 61 | 36 | 14.4 |
| Educational Status | Below SSLC | 36 | 14.4 |
| | SSLC | 56 | 22.4 |
| | Plus Two | 98 | 39.2 |
| | Graduation | 32 | 12.8 |
| | PG | 28 | 11.2 |
| Occupation | Private Employee | 64 | 25.6 |
| | Govt. Employee | 43 | 17.2 |
| | Business | 11 | 4.4 |
| | Farmer | 7 | 2.8 |
| | Self Employed | 28 | 11.2 |
| | Unemployed | 97 | 38.8 |
| Monthly Income | Less than 10000 | 53 | 21.2 |
| | 10000-20000 | 110 | 44 |
| | 20000-40000 | 85 | 34 |
| | Above 40000 | 2 | 0.8 |
| Economic Category | BPL | 140 | 56 |
| | APL | 110 | 44 |
| <i>Source: Primary Data</i> | | | |

It is found that out of the total respondents, 60 per cent are females and the remaining 40 per cent are males. About 96 (36.4%) of the respondents belong to the age group of 18-30. Regarding the educational status, the majority of the respondents (39.2%) have a higher secondary level of education, and the majority (38.8%) are unemployed. Regarding the economic status, about 44 per cent of the respondents have a monthly income of Rs. 10,000 to 20,000, and the majority (56%) come under the BPL category.

Regarding the awareness about ASHA workers and their services, only 15.2 per cent of the respondents are fully aware of it, 70.4 per cent are partly aware, and the remaining 14.4 per cent are unaware of the services of ASHA workers.

| Table 2: Awareness about ASHA Workers and their Services | | |
|---|------------------|-------------------|
| Level of Awareness | Frequency | Percentage |
| Fully Aware | 38 | 15.2 |
| Partly Aware | 176 | 70.4 |
| Not Aware | 36 | 14.4 |
| Total | 250 | 100 |
| <i>Source: Primary Data</i> | | |

To examine the role of ASHA workers in the health sector, the frequency of visits of ASHA workers, 46.8 per cent of the respondents responded that they visited occasionally, and 38.4 per cent responded that the frequency of ASHA workers' visits is monthly.

Table 3: Frequency of Visit of ASHA Workers

The Voice of Creative Research

Vol. 8 & Issue 2 (April 2026)

| Frequency of Visit | Frequency | Percentage |
|--------------------|-----------|------------|
| Daily | 0 | 0 |
| Weekly | 34 | 13.6 |
| Monthly | 96 | 38.4 |
| Occasionally | 117 | 46.8 |
| Never | 3 | 1.2 |
| Total | 250 | 100 |

Source: Primary Data

The services rendered by the ASHA workers are analysed using a Likert scale, comprising respondents' opinions or perceptions of these services.

| Statements | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|---------------|---------------|--------------|----------------|
| ASHA workers provide effective maternal health services | 10 (4%) | 20 (8%) | 30 (12%) | 110 (44%) | 80 (32%) |
| ASHA workers ensure the proper immunization of children | 8 (3.2%) | 15 (6%) | 27 (10.8%) | 120 (48%) | 80 (32%) |
| ASHA workers create awareness about hygiene and sanitation | 12 (4.8%) | 18 (7.2%) | 40 (16%) | 110 (44%) | 70 (28%) |
| ASHA workers assist in institutional deliveries | 5 (2%) | 10 (4%) | 25 (10%) | 130 (52%) | 80 (32%) |
| ASHA workers provide support for family planning services | 15 (6%) | 25 (10%) | 45 (18%) | 100 (40%) | 65 (26%) |
| ASHA workers help in the early identification of diseases | 10 (4%) | 20 (8%) | 35 (14%) | 115 (46%) | 70 (28%) |
| ASHA workers facilitate access to government health schemes | 12 (4.8%) | 22 (8.8%) | 36 (14.4%) | 110 (44%) | 70 (28%) |
| ASHA workers provide regular home visits and follow-up | 14 (5.6%) | 26 (10.4%) | 40 (16%) | 105 (42%) | 65 (26%) |
| ASHA workers play a vital role in COVID-19/epidemic awareness | 9 (3.6%) | 16 (6.4%) | 35 (14%) | 115 (46%) | 75 (30%) |

Source: Primary Data

It is clear from the study that a large majority of respondents agreed or strongly agreed with most statements. In the case of maternal health services, 76% of respondents expressed positive opinions. Regarding the immunization services, 80% indicated agreement. Similarly, 84% acknowledged the role of ASHA workers in helping with institutional deliveries, showing high effectiveness in this area. Awareness creation on hygiene and sanitation received favourable responses from 72% respondents, while 66% of respondents supported ASHA workers in family planning services. Regarding disease identification and access to government schemes, more than 70% of respondents showed agreement. Regular home visits

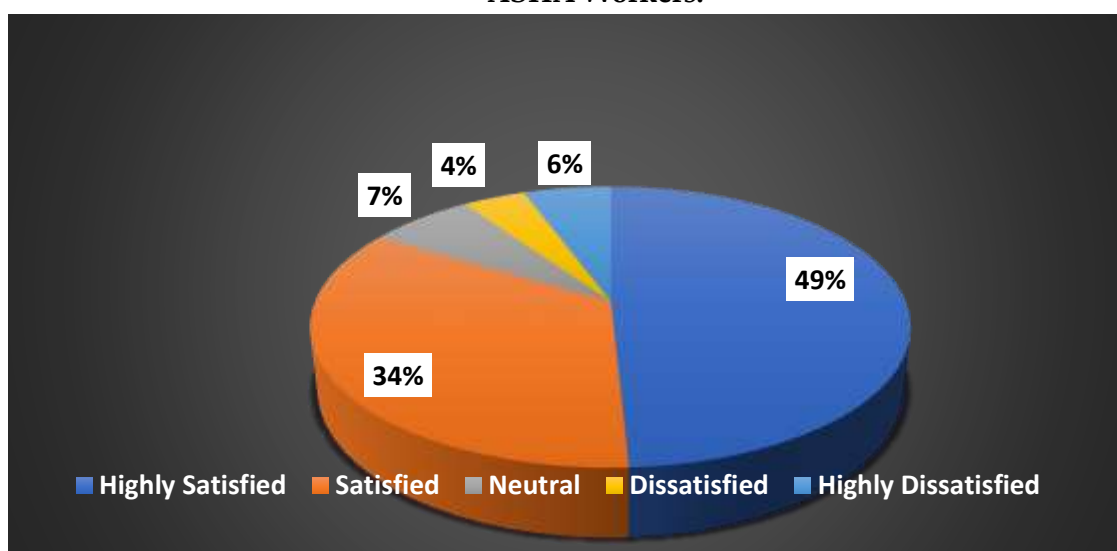
The Voice of Creative Research

Vol. 8 & Issue 2 (April 2026)

and follow-up services received positive ratings from 68% of respondents and 76.0%, recognized the contribution of ASHA workers in raising awareness about epidemics. The findings suggest that people widely view ASHA workers as effective and essential contributors to rural health care.

The study also examined the level of community satisfaction towards the services provided by ASHA workers.

Figure 1: Level of Community Satisfaction towards the Services Provided by ASHA Workers.



Source: Primary Data

The majority of respondents reported positive satisfaction with the services, with 49% highly satisfied and 34% satisfied, totalling 83%. This indicates strong approval. A further 7% of respondents were neutral. Dissatisfaction was expressed by a smaller group, with 4% dissatisfied and 6% highly dissatisfied, making a total of 10%. The results show that ASHA workers' services are generally well-received, with most respondents expressing high satisfaction and only a small percentage reporting negative experience.

Conclusion

The study clearly brings out the importance of ASHA workers in enhancing health care services offered to the rural community in Kerala. This is evident in the findings, which show that most of the respondents were satisfied with the services offered, especially in terms of maternal and child health care, vaccination services, hospital births, and disease prevention, among others. More so, high community satisfaction levels provide evidence of how ASHA workers have been accepted in the rural communities. It should be noted that some of the respondents had neutral or negative views on the services, but they form a smaller number, and hence they cannot undermine the benefits associated with such services. It can therefore be concluded that ASHA workers play an important role as far as the provision of health care services to the rural population is concerned.

The Voice of Creative Research

Vol. 8 & Issue 2 (April 2026)

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