

Original Research Article

Assessment of quality of life of ASHA workers using WHOQoL-BREF questionnaire

Asha Bullappa*, Prakash Kengnal

Department of Community Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India

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***Correspondence:**

Dr. Asha Bullappa,

E-mail: drashabullappa@gmail.com

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ABSTRACT

Background: ASHA represents a vital role in the strategy of NRHM. There is scarcity of information on quality of life and factors influencing it on ASHA workers. The assessment of quality of life in this group may help to better understand and develop an insight for measures that can be improved in their lives. The objective of the study was to assess the quality of life among ASHA workers of Mangalore and Udupi taluk, Karnataka.

Methods: This is a questionnaire based, cross sectional study conducted for a period of 3 months (June 2015 - Aug 2015) on ASHA workers of Mangalore and Udupi Taluk, Karnataka. Local language Kannada version of WHO QoL BREF questionnaire consisting of 26 questions was used.

Results: The mean age of ASHA workers across the study group was 42.40 years. With respect to perception of QoL and health, around 60% felt their quality of life (QoL) was good and health was satisfactory. Maximum and minimum mean scores was observed for self-esteem and financial resources respectively. Among the various domains of QoL, the ASHA workers had higher mean score in social domain, followed by physical, psychological and environmental.

Conclusions: The ASHA workers had higher mean score in social domain, followed by physical, psychological and environmental.

Keywords: Quality of life, ASHA workers, WHOQoL-BREF questionnaire

INTRODUCTION

The Accredited Social Health Activist (ASHA) represents a vital role in the strategy of National Rural Health Mission (NRHM). She is a person chosen from the community, aged between 25-45 years, literate with formal education up to 8th class with communication and leadership qualities. She is an honorary volunteer and receives performance based incentives for promoting health related activities. Training programmes are conducted for ASHA workers to boost their skills in counselling, to identify the health related problems and to strengthen to tackle the situations^{1,2}

Quality of life is gaining importance as an important tool to assess the health situations. World Health Organization (WHO) defines quality of life (QoL) as "individual's perception of their position in life in context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".³ WHOQOL-BREF questionnaire assesses the individual's perceptions in the context of their culture, value systems, personal goals, standards and concerns.^{4,5} There is scarcity of information on quality of life and factors influencing it on ASHA workers. The assessment of quality of life in this group may help to better understand and develop an insight for measures that can be improved in their lives. To the best of our knowledge,

no study has been done to assess quality of life among ASHA workers in India. Thus, the present study was conducted to assess the quality of life among ASHA workers of Mangalore and Udupi taluk, Karnataka.

METHODS

This is a questionnaire based, cross sectional study conducted for a period of 3 months (June 2015 - August 2015) on ASHA workers of Mangalore and Udupi taluk, Karnataka. Three primary health care centres were selected randomly and all the ASHA workers belonging to these PHCs were included in the study. Those who gave consent (n=98) were administered WHOQoL-BREF questionnaire. The identity of the study subject was not revealed.

WHOQoL-BREF questionnaire

The WHOQoL-BREF instrument contains 26 questions, which measure the following broad domains: physical health, psychological health, social relationships and environment. The questionnaire was validated and was

available in 19 different languages which include Hindi and Kannada (local language). The local language Kannada version is used in this study, which has been validated and has good reliability and internal consistency.

Data analysis

The data was entered in excel sheet and analysed using SPSS version 10. The data was represented using descriptive statistics and graphical methods. The data was analyzed using independent sample t test and ANOVA. The level of statistical significance was set to be less than 0.05.

RESULTS

The mean age of ASHA workers across the study group was 42.40 years. Among the study group more than 50% workers were aged between 45-50 years. Among them, 93 (94.9%) were married, 4 (4.1%) were widow and only 1 was unmarried. Most of the ASHA workers i.e., 62 (63.3%) studied up to SSLC (Table 1).

Table 1: Socio-demographic profile of the study participants.

Variables	No. of Participants	Percentage
Age (in years)		
<30	8	8.2
30-35	8	8.2
35-40	17	17.3
40-45	15	15.3
45-50	50	51.0
Marital Status		
Unmarried/Widow*	5	5.1
Married	93	94.9
Education		
SSLC	62	63.3
PUC	23	23.5
Degree	13	13.3
Total	98	100.0

*Unmarried -1, Widow - 4.

Table 2: Distribution of ASHA workers according to variables and domains.

Variables	Physical	Psychological	Social	Environmental
Marital Status				
Unmarried/Widow*	64.00±13.83	56.25±5.32	65.50±14.84	51.50±5.74
Married	61.81±10.09	53.86±14.12	67.06±16.78	52.32±14.39
F value	0.327	0.634	0.13	1.274
p value	0.722	0.533	0.878	0.285
Education				
SSLC	62.29±10.96	57.10±12.88	67.94±18.30	52.35±15.60
PUC	61.39±5.51	50.09±14.21	67.61±12.13	54.65±13.81
Degree	61.46±12.93	47.00±14.49	62.08±14.68	49.54±5.72
F value	0.083	4.401	0.682	0.542
p value	0.921	0.015	0.508	0.583

*Unmarried -1, Widow - 4.

Table 3: Mean values of the facets of QoL in ASHA workers.

Facets	Mean±SD
1. Overall quality of life	3.42±0.919
2. General health	3.57±0.849
3. Pain and discomfort	3.35±0.719
4. Dependence on medical substances and medical aid	3.69±0.989
5. Positive feelings	3.26±0.865
6. Spirituality, religion and personal beliefs	2.93±0.707
7. Thinking, learning, memory and concentration	3.16±0.782
8. Freedom, physical safety and security	3.04±0.824
9. Physical environment	3.05±0.804
10. Energy and fatigue	3.01±0.902
11. Bodily image and appearance	2.81±0.949
12. Financial resources	2.24±0.874
13. Opportunities for acquiring new information and skills	2.94±0.859
14. Participation in and opportunities for recreation and leisure activities	2.71±0.760
15. Mobility	3.27±0.937
16. Sleep and rest	3.70±0.827
17. Activities of daily living	3.65±0.825
18. Work and capacity	3.66±0.835
19. Self esteem	3.85±0.899
20. Personal relationships	3.70±0.871
21. Sexual activity	3.78±0.839
22. Social support	3.56±0.803
23. Home environment	3.54±0.974
24. Health and social care: Accessibility and quality	3.54±0.993
25. Transport	3.21±1.091
26. Negative feelings	3.01±0.947

With respect to perception of QoL and health, around 60% felt their quality of life (QoL) was good and health was satisfactory (Figure 1 and 2). There is no significant difference in mean scores of the domains according to marital status (p value >0.05). Unmarried/Widow ASHA workers had higher mean scores in physical and psychological domains whereas married ASHA workers had higher mean scores in social and environmental domains. The mean score of different education level were significantly different in the psychological domain ($F = 4.401$, p value $= 0.015$). The ASHA workers who were educated till SSLC had higher mean score than those who studied PUC and degree in all the domains except environmental domain (Table 4).

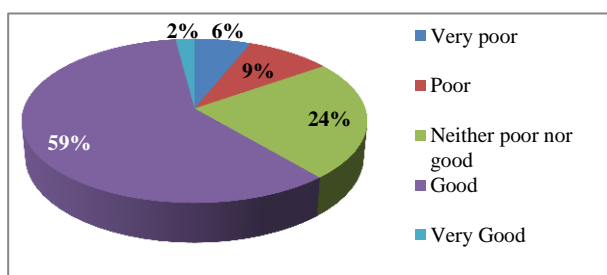


Figure 1: Distribution of ASHA workers according to their perception of quality of life.

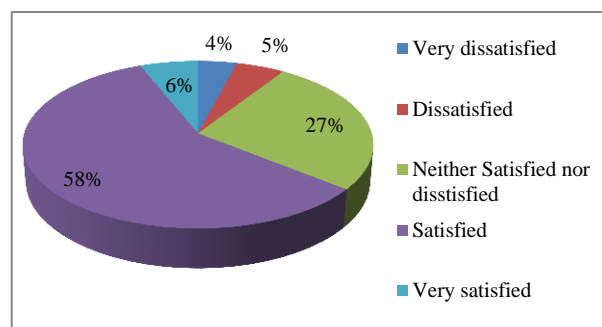


Figure 2: Distribution of ASHA workers according to their health perception.

Scoring of each facet was 0-1 (Very poor), 1-2 (Poor), 2-3 (neither poor nor Good), 3-4 (Good) and 4-5 (very good). Most of the facet's mean score fell in the range 3-4, i.e., good. Maximum mean score was observed for self-esteem and minimum mean score was observed for financial resources (Table 3).

Among the various domains of QoL, the ASHA workers had higher mean score in social domain, followed by physical, psychological and environmental. Also the variation of scores within the study group was highest in social domain as compared to other domains (Figure 3).

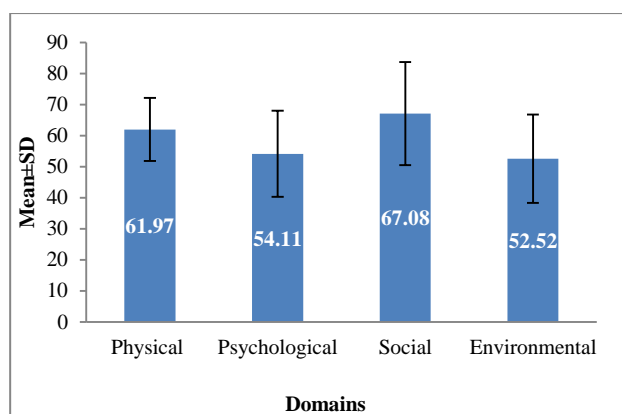


Figure 3: Mean values of all the domains assessing quality of life.

DISCUSSION

ASHAs represent a major role in NRHM to achieve Millennium Development Goals on health related indicators. They play a crucial role in bridging the gap between NRHM and the communities. They have many responsibilities like health education, counselling, escorting, survey, diagnosis, provision of drugs, community sensitization etc. In order to achieve the MDG goals, it is essential to improve performance of ASHA which relies on their efficiency in carrying out her duties. It becomes important to know about their perception about the job satisfaction, their physical, psychological conditions, working environment which has their effects on their working capacity. Quality of life refers to a subjective evaluation, which is embedded in a cultural, social and environmental context.³ Thus this study was done to assess the quality of life of ASHA workers of Mangalore and Udupi taluk, Karnataka.

In the present study, 98 ASHA workers were included in the study. Around 60% perceived that their quality of life (QoL) was good and health was satisfactory. This finding is in line with the study findings done on primary health care workers in private and public set up in Skopje Region where 44% and 46% respectively felt that their quality of life was good and 60% and 56% perceived their health was satisfactory.⁶ Similar result was found in a study done on Anganwadi workers in Mandya.⁷

The highest mean score among domains was found in social domain followed by physical, psychological and environmental. Similar observation was seen in the study done by MP Sheethal among Anganwadi workers in Mandya⁷. But is in contrast to the findings in the study done by Mujchin IG where the environmental and social domain showed the highest and the lowest score. The low score in environmental domain may be due to poor financial resources as ASHA workers work on honorary basis for promoting primary health care services. Payments are often delayed due to the procedures involved. Financial incentives play a major role as a motivating factor along with other factors like prestige

and respect in the community, self-esteem, confidence, government job etc.⁸ This is in support with the findings of the facet's mean scores where financial resources had the minimum mean score (2.24 ± 0.874).

Most of the facet's mean score fell in the range 3-4, i.e., good. Maximum mean score was observed for self-esteem (3.85 ± 0.899) followed by sexual activity (3.78 ± 0.839), personal relationships (3.70 ± 0.871), sleep and rest (3.70 ± 0.827) and minimum mean score was observed for financial resources (2.24 ± 0.874) followed by participation in and opportunities for recreation and leisure activities (2.71 ± 0.760), bodily image and appearance (2.81 ± 0.949) and spirituality, religion and personal beliefs (2.93 ± 0.707).

CONCLUSION

The purpose of this study was to assess the quality of life of ASHA workers using WHOQoL-BREF questionnaire. Findings from this study suggest that around 60% perceived that their quality of life (QoL) was good and health was satisfactory. Among the domains, social and environmental domain had higher and lower means scores. Additionally, factors having an effect on their quality of life were also revealed which included financial resources, participation in and opportunities for recreation and leisure activities, bodily image and appearance and spirituality, religion and personal beliefs.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Govt. of India. National Rural Health Mission (2005-2012). Ministry of Health and Family Welfare, Mission document. Available at: http://nrhm.gov.in/images/pdf/guidelines/nrhmguidelines/mission_document.pdf. Accessed on 2 March 2017.
2. Kishore J. National Health Programs of India. 11th edition, Century publications, 2014.
3. World Health Organization. WHOQoL User Manual. Scoring and Coding for the WHOQOLSRPB Field-Test Instrument. Programme on Mental Health. Available at: www.who.int/mental_health/media/en/620.pdf. Accessed on 2 March 2017.
4. WHO Quality of Life-BREF (WHOQOL-BREF). Management of substance abuse. Available at: http://www.who.int/substance_abuse/research_tools/whoqolbref/en/. Accessed on 2 March 2017.
5. Chandra PS, Deepthi varma S, Jairam KR, Thomas T. Relationship of psychological morbidity and quality of life to illness-related disclosure among HIV-infected persons. J Psycho Somat Res. 2003;54:199–203.

6. Mujchin IG. Quality of Life of the Health Care Workers in the Pre-Retirement Period from the Private Sector of the Primary Health Care from the Skopje Region. *Open Access Maced J Med Sci.* 2015;3(3):514-20.
7. Sheethal MP, Harish BR, Vinay M. Assessment of quality of life among anganwadi workers of Mandya city. *Int J Med Sci Public Health.* 2015;4(3):386-8.
8. Nirupam B, Dholakia RH. Improving the performance of accredited social health activists in

India. Working papers series, Columbia Global Centers, South Asia, Columbia University. Working Paper No. 1, 2011.

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